



## PROGRAM OPTIONS

The City of Oakland Head Start/Early Head Start is a federally and state funded early childhood education program aimed to promote school readiness of children ages birth to five for low-income families by supporting their growth and development. The program offers free early childhood education and care, prenatal education and family services to eligible Oakland residents.

### CENTER-BASED (Classroom Setting)

Hours: 8:30 am – 4:30 pm

#### EARLY HEAD START:

- ❖ **Broadway** – 2619 Broadway
  - 0 – 3 years
- ❖ **West Grand** – 1058 West Grand
  - 0 – 3 years
- ❖ **San Antonio Park** – 1701 E. 19<sup>th</sup> St.
  - 18 meses – 3 years
- ❖ **Arroyo Viejo Park** – 7701 Krause Ave
  - 18 months – 3 years

#### EARLY HEAD START & HEAD START:

- ❖ **85<sup>th</sup> Avenue** – 8501 International Blvd.
  - 0 – 5 years
- ❖ **Lion Creek** – 6818 Lion Way, Suite #110
  - 18 months – 5 years

#### HEAD START: 3 - 5 years

- ❖ **Brookfield** – 9600 Edes Ave
- ❖ **Franklin** – 1010 E. 15<sup>th</sup> Street
- ❖ **Manzanita** – 2701 22nd Ave
- ❖ **San Antonio CDC** – 2228 East 15<sup>th</sup> St.
- ❖ **Sungate** – 2563 International Blvd.
- ❖ **Tassafaronga** – 975 85th Ave.
- ❖ **Laney College** – 900 Fallon Street
- ❖ **Merritt College** – 12500 Campus Drive

### Family Child Care Providers (Homes)

City of Oakland, in partnership with BANANAS – Tiny Steps, offers early childhood education services at Child Care Provider homes. The providers offer the same services expected at the Head Start / Early Head Start centers. The homes are licensed and governed by the same regulations as well. Some benefits include:

- ❖ Extended hours & year-round services
- ❖ Small group setting (teacher to student ratio)
- ❖ Many locations throughout Oakland
- ❖ Most Family Child Care providers offer services to 0 to 5 years

### HOME-BASED PROGRAM

The Home-Based Program option offers weekly 90-minute home educational visits with parent(s) and/or guardian from a Childhood Education Specialist to cover developmental education for pregnant women, infants, and children 2-5 years old. In addition to families receiving services right in their own home, the program also offers free socialization playgroups which are held twice a month, that include afternoon snacks and food.

**For more information, please contact us at (510) 238-3165 or visit our website.**

**WWW.OAKLANDHEADSTART.COM**



150 Frank H. Ogawa Plaza, Suite 5352 Oakland, CA 94612  
 TEL: (510) 238-3165 ◆ FAX: (510) 238-6784 ◆ ERSEA@oaklandca.gov

## ENROLLMENT APPLICATION CHECKLIST

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PARENTS/CAREGIVERS/GUARDIANS:**

Please ensure you submit ALL required documentation listed below. If you do not submit all required documentation, the enrollment application process will be delayed. Please submit the following documentation:

**1. ENROLLMENT APPLICATION**

**2. PROOF OF AGE** - Provide **ONE** of the following:

- Birth Certificate, Passport/Visa, Medi-CAL Card, Hospital Letter, Social Services Letter, among others
- Proof of pregnancy for Pregnant Mother Applications
- If no document is available, please speak to a staff member to document the reason

**3. DOCUMENTATION TO DETERMINE ELIGIBILITY:** You do not need to submit income information if you submit proof of Public Assistance, proof of homelessness, or proof of Foster Care. Submit one of the following:

- **Public Assistance:**
  - TANF** (CalWORKS) Statement, OR
  - Security Supplemental Income (**SSI**) Statement from Social Security Administration, OR
  - SNAP/Cal-Fresh** (Food Stamps) Statement or copy of EBT card (must have name and family ID on EBT card)
- **Proof of Homelessness:**
  - Shelter, school, or Social Services Agency Letter about housing status, OR
  - Family Housing Survey Form if you are experiencing homelessness or would like to know if you meet the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.
- **Foster Care:**
  - Social Services Letter, Court-Order, or foster care payment statement
- **Income:** Gross Family Income from all sources for 2021 calendar year, or last 12 months
  - 2021 IRS Tax Forms; 1040, Tax Transcript (download from IRS website), OR
  - W-2 Forms (submit ALL W-2 for the last calendar year)

**YOU MAY EMAIL THE APPLICATION PACKET AND DOCUMENTS TO ERSEA@OAKLANDCA.GOV OR VISIT US IN PERSON.**

**PROGRAM STAFF ONLY:**

- Ensure family has submitted:
  - Proof of Age
  - Proof of Public Assistance **OR** proof of Foster Care **OR** proof of Homelessness **OR** proof of income.
- Make copies (Block/cover private and/or sensitive information)
- Send completed application packet to ERSEA staff. **Incomplete application packets will be returned to receiving staff.** ERSEA staff will not process incomplete application packets. If unable to gather from family, please make note of specific situation or efforts made to gather documents from family below.

Application Type:    New Application    EHS to HS Transition Application    Head Start Third-Year Application

Receiving Staff Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

NOTES TO ERSEA STAFF:



### ENROLLMENT APPLICATION

CPID: \_\_\_\_\_

**CHILD** Information about the applicant child (Leave BLANK if Pregnant Mom Application)

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender:  Male  Female Ethnicity:  Hispanic  Non-Hispanic Race:  Asian  Black  Native Hawaiian or Pacific Islander  American Indian or Alaskan Native  White/Caucasian  Hispanic/Latino

Primary Language: \_\_\_\_\_ 2nd Language: \_\_\_\_\_  Other: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_ English Proficiency:  None  Little  Moderate  Proficient

**PRIMARY PARENT/GUARDIAN (A)** Information about the child's primary parent/guardian or Pregnant Mom Applicant

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender:  Male  Female Ethnicity:  Hispanic  Non-Hispanic Race:  Asian  Black  Native Hawaiian or Pacific Islander  American Indian or Alaskan Native  White/Caucasian  Hispanic/Latino

1st Language: \_\_\_\_\_ 2nd Language: \_\_\_\_\_ English Proficiency:  None  Little  Moderate  Proficient

Parental Status:  Two Parents  Single Parent - If single parent, do you receive child support?  Yes  No

Employment Status:  Employed  Unemployed  Retired or Disabled  In School Highest Grade Completed:  Less than HS  HS Diploma/GED  Some College  Bachelor Degree/Higher Relationship to Child:  Biological / Adopted / Step  Foster  Grandparent / Legal Guardian / Caregiver

**SECONDARY PARENT/GUARDIAN (B)** Information about the child's secondary parent/guardian

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Lives in the same household with child?  Yes  No IF NO, does parent (B) provide child support?  Yes  No

Gender:  Male  Female Ethnicity:  Hispanic  Non-Hispanic Race:  Asian  Black  Native Hawaiian or Pacific Islander  American Indian or Alaskan Native  White/Caucasian  Hispanic/Latino

1st Language: \_\_\_\_\_ 2nd Language: \_\_\_\_\_ English Proficiency:  None  Little  Moderate  Proficient

Employment Status:  Employed  Unemployed  Retired or Disabled  In School Highest Grade Completed:  Less than HS  HS Diploma/GED  Some College  Bachelor Degree/Higher Relationship to Child:  Biological / Adopted / Step  Foster  Grandparent / Legal Guardian / Caregiver

**OTHER HOUSEHOLD MEMBERS** List OTHER family members that are supported by the child's parent(s)/guardian(s) income

First, Middle Initial, Last Name	Date of Birth	Gender	Relationship to child
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**FAMILY SERVICES****Information about benefits/services received by family and other situations**

Family receives any of the following benefits? Please check all that apply. This will help establish program eligibility.

SSI (Supplemental Income)    CalWORKS (TANF/Cash Aid)    Food Stamps (SNAP)    WIC    Unemployment (EDD)

Active Child Protective Services (CPS) Case?    Yes    No   Active court order?    Yes    No

**CHILD'S HOME****Information about the family's living situation / Contact information**

Living Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_  Mobile    Home   Secondary Phone #: \_\_\_\_\_  Mobile    Home

Work Phone #: \_\_\_\_\_  Mobile    Desk phone/Other   Can we text you?    Yes    No

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Housing Status:

Rent or own home/apartment    In Transitional Housing    Living with relatives/friends    In Homeless Shelter

In Vehicle    In Hotel/Motel   Other living situation: \_\_\_\_\_

Is your family's housing situation temporary or inadequate?    No    Yes   Is it due to economic hardship?    No    Yes

Is your family at risk of losing your primary nighttime residence within the next 30 days?    No    Yes

*If you answered "Yes" to any of the questions above, please submit Housing Survey Form with application.*

**CHILD'S HEALTH****Information about the Child's health, medical insurance, and other concerns**

Does the child have medical insurance?    Yes    No   Medi-CAL: # \_\_\_\_\_

Insurance Type (check all that apply):    Alameda Alliance    Blue Shield    Kaiser    Other: \_\_\_\_\_

Does the child have Health or other concerns?    Yes    No   Child has an IEP/IFSP (diagnosed disability)?    Yes    No

Nutrition    Vision Concerns    Child has allergies    Hearing Aid    Child has asthma    Child needs to take medication

**PROGRAM OPTIONS****Select your preferred program option(s) (REVIEW OPTIONS/HOURS ON COVER PAGE)**

Center-Based (classroom setting) – 8:30 am to 4:30 pm    Home-Based (educational home visits at your home)

Family Childcare Providers (licenced homes provide same services as centers. More service hours/days)

School Choices: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

**PARENT/GUARDIAN ACKNOWLEDGEMENT**

I certify under penalty and perjury that the above information is true and correct to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification from the program. I understand that this application is not complete until all documentation required is submitted, reviewed, and verified.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Interview due to COVID 19 or similar reason   Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us?    Friend/Family    Flyer/Brochure    Google/Internet    AC Transit Bus    Community Agency

Community Event / Fair / Other: \_\_\_\_\_

Is the applicant an immediate relative to an employee of City of Oakland HS/EHS Program?    Yes    No

Do you have any of the following social media accounts?    Facebook    Instagram    Twitter



### FAMILY HOUSING SURVEY

The answers to these questions can help determine your family’s category of eligibility for services under the McKinney-Vento Act 42 USC 11435. Families who are experiencing homelessness can enroll and begin attending Head Start/Early Head Start programs right away, even if they don’t have the documents normally needed for enrollment (such as immunization records or birth certificate). In addition, families experiencing homelessness receive priority for enrollment.

Child’s Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

#### 1. Where are you and your family currently staying?

##### SECTION A (Check one box)

- I rent or own my own home or apartment (*if checked, you DO NOT need to answer the following questions*)
- Current address is a temporary living arrangement (*if checked, please answer the following questions*)

##### SECTION B

- Sharing housing with others because we cannot afford or find affordable housing
  - **If yes**, can your family be asked to leave at any time with no legal recourse?  Yes  No
- In a shelter or transition housing
- In a hotel/motel
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- Other temporary living situation: \_\_\_\_\_

2. Is this a temporary living arrangement due to loss of housing or economic hardship?  Yes  No

3. How long will you be at your current location? \_\_\_\_\_

4. Please share additional details/information about your housing situation (if any):

#### Third Party Verification:

- I DO NOT** consent third party verification about my family’s eligibility.
- I CONSENT** third-party verification about my family’s eligibility. City of Oakland may contact the following person/organization to verify my family’s eligibility:

Name/Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify that the information I have provided is correct to the best of my knowledge. If my housing situation does not meet The McKinney-Veto Act definition, I understand program staff will verify my eligibility based on other eligibility categories.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Interview due to COVID 19 or similar reason Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF ONLY:** Third-Party Verification (If consent by parent/guardian is given above)  Additional notes in CP

1<sup>st</sup> Third-Party Verification Attempt: \_\_\_\_\_  2nd Attempt (if applicable): \_\_\_\_\_

Third-Party Verification Outcome:  Verified  Unable to Verify Staff Name: \_\_\_\_\_