

# WCAP Head Start Prenatal to Pre-K Individual Intake Screening Sheet

Date of Inquiry: \_\_\_\_\_ Staff Documenting the Inquiry: \_\_\_\_\_

Child/ Applicant's name: \_\_\_\_\_ Child/ Applicant's DOB: \_\_\_\_\_ Male or Female  
(Circle one)

Parent/Guardian inquiring: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_ Need interpretation: **Y or N**

Phone#: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_ Other Contact Method: \_\_\_\_\_

Physical Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Box # and street name Town Zip code (Mailing Address if different than physical address)

**In many of our program options, we do not provide transportation. If your child is accepted, you will need to arrange transportation.**

**Indicate:**  Head Start/Pre-K  Early Head Start Center Based  Early Head Start Home Visiting

PROGRAM TYPES & OPTIONS	CHECK ALL THAT APPLY	NOTES /COMMENTS:
Part Day Option – 4 hours/ 4 days		
Full Day Option – 6 hrs / 4 days (or according to location hours may be more than 6)		
Home Based/Visiting Option > Please ask: Are you currently enrolled in any type of Home Visiting program such as ME Families?		If yes, list program name and child who is enrolled and/or receiving services:
Pregnant Family Home Based Option		<b>Due Date:</b>
Other needs / options requested		
Location Preference #1		
Location Preference #2		
Have you ever applied for Early Head Start or Head Start before?		If yes, list approximate date, program name and child for whom services were applied for:

**STOP:** within **24 hours** of recording intake, fill in the name of **Intake Assigned to** below and submit to the enrollment staff at your site or location then submit (*fax*) to Office Clerk for tracking, **original:** is sent through in-house mail with the completed application (see back of form for complete instructions)  
**Copy OR Fax – Office Clerk for tracking HEAD START MAIN OFFICE FAX NUMBER: 207-338-4437**

**Intake Assigned to:** \_\_\_\_\_ **Date Assigned:** \_\_\_\_\_

**Once assigned, the following section may be completed by the enrollment Staff and a date for application appointment established with the inquiring family.**

Date of planned application: \_\_\_\_\_ Location: \_\_\_\_\_ Staff: \_\_\_\_\_

1. Any special needs or family circumstances to share? \_\_\_\_\_
2. Is there a medical or disability related diagnosis? Circle one: **Y or N** If yes: \_\_\_\_\_
3. How did you hear about our program? \_\_\_\_\_
4. Past Head Start family member? **Y or N** If yes, Indicate the relationship to the applicant? \_\_\_\_\_
5. Explain poverty guidelines to family; list all financial household members and birth dates here: \_\_\_\_\_

**WALDO COMMUNITY ACTION PARTNERS  
HEADSTART  
PRENATAL TO PRE-K  
Instruction for Intake Screening Sheet**

**NOTE:** All application intake/screening forms must be copied the day it is assigned and the copy submitted to the main office. A completed application intake/screening form must accompany every new application (not required for transitioning clients). Every effort must be made to complete an application, enter application data in to PROMIS and submit the completed packet to the Head Start Office Clerk for processing within a reasonable timeframe;  
**recommendation – 10 business days from date of inquiry.** No application data will be entered in to PROMIS until proof of income has been obtained from the applicant and is authorized by the \*enrollment Staff. An application is considered to be **-in process-** until proof of income is obtained and entered, otherwise the application should not be sent to the main office for processing. A contact log sheet will be used for every contact with or about the applicant after the initial intake inquiry.

**Purpose:** To record contact with all potential applicants to insure prompt follow up and expedite the application process.

**Description:** The application intake/screening form is a record of contact information taken prior to the completion of an application for all potential applicants (**all subsequent contact will be recorded on the contact log**).

**Who Completes the Form:** Any Staff Member or Public School Representative

**Paper Trail/Tracking:** The Staff Member initially receiving the intake call or request will complete the form as instructed following the guidance given on the intake sheet. Once intake has been assigned, the assigned Staff Member will attempt to contact the inquiring family within **3 business days** to complete the intake screening questions and will log the contact on an attached contact log. The Head Start Office Clerk will be assigned all Early Head Start Home Visiting intakes unless a Staff Member is already working with the family. If an application appointment is not kept by the family, follow up will continue **weekly** or until the enrollment process is complete or other information is gathered indicating the family is no longer interested in our program. If a family indicates they are no longer interested in applying for services or four attempts to contact the family have been made and **logged**, please forward all information in a folder to the Head Start Office Clerk for tracking and filing in our dropped records system.

**2016 HHS Poverty Guidelines**

Persons in Family or Household	100% Guidelines	130% Guidelines	200% Guidelines
1	\$11,880	\$15,444	\$23,760
2	16,020	20,826	32,040
3	20,160	26,208	40,320
4	24,300	31,590	48,600
5	28,440	36,972	56,880
6	32,580	42,354	65,160
7	36,730	47,749	73,460
8	40,890	53,157	81,780

Families/households with more than 8 persons, add \$4,160 for each additional person

**SOURCE:** *Federal Register*, U.S. Department of Health & Human Services, January 25, 2016

Income Eligible       Over Income but under 200%       Community Eligible (over 200%)

**Items to bring to the application appointment:**

**\*Legal Birth Certificate    \*Social Security card (client only)    \*Immunization Records    \*Insurance Card**  
**\*Income Verification    \*Legal Documentation if applicable    \*Proof of Residence**

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\* **Enrollment Staff:** Family Advocates, Case Manager, Office Clerk & Home Visitors

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**Original** – stays with the applicant record (once application is complete, application is sent to the main office)