

UMATILLA MORROW HEAD START, INC.

Total Points

PIR Information Update - Early Head Start/Head Start

Family Name Estevan Child's Name Pedro Estevan Date 4-16-09

PIR Child and Family Information

Adults

Name (Check who family considers Head of Household)	Sex	Date of Birth	Social Security Number	How Related to Child	Ed level	Employ. Status*	School or Training	Where Employed
Juanita Estevan	F	8-16-81	561-38-7934	Mother	8th	E	N/A	Union Farms

*FT (Full Time - 35 or more hours a week, year around) PT (Part Time - less than 35 hours per week, year around) S (Seasonal position - is not year around), U (Unemployed - If because of retirement or disability indicate this in "Where Employed")

Children

Name (Check child being recruited)	Social Security Number	Date of Birth	Age	How Related in Family	Ethnicity/Race	Primary & Other Languages Spoken	Sibling Eligibility for EHS/HS
Pedro Estevan	620-09-8999	8-22-05	4	SON	H	English/SP	N

Race/Ethnicity: B - Black C - Caucasian H - Hispanic NA - Native American A - Asian/Pacific Islander O - Other
 Language Spoken: En - English Sp - Spanish O - Other (Please list the primary and secondary languages in order, if more than one language is spoken. Please specify when using "other")

Insurance Information

No Insurance
 OHP/Medicaid: Health/Dental Plan Family Care Policy # B F730015 F
 Re-certification Date: May 2010
 Private Health Insurance: Company Name _____ Policy # _____
 Private Dental Insurance: Company Name _____ Policy # _____
 Have you recently applied for the Oregon Health Plan? Yes No If yes, when did you last apply?
 Is this family potentially eligible? Yes No
 Child's Country of Birth: USA

Does the child being recruited for Head Start need Full Day/Full Year Child Care? Yes No

If yes, what categories of child care are they currently using? <u>N/A</u> <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Child Care Center or Classroom <input type="checkbox"/> Home of Relative or Unrelated Adult <input type="checkbox"/> Public School Pre-Kindergarten program	If enrolled in one of the full day centers, which categories of child care will they continue to use <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Child Care Center or Classroom <input type="checkbox"/> Home of Relative or Unrelated Adult <input type="checkbox"/> Public School Pre-Kindergarten program
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Have you or a member of your family applied for or received services in the following areas?:

Community Services Available - History of Use/Access	Notes regarding family history with community services																								
<table border="1"> <thead> <tr> <th>DHS:</th> <th>Now</th> <th>Past</th> </tr> </thead> <tbody> <tr> <td>Self-Sufficiency (AFS) Cash</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Food Stamps</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ERDC (TANF)</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Child Care (Other)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Child Welfare (SCF)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Vocational Rehabilitation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Senior and Disabled Services</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	DHS:	Now	Past	Self-Sufficiency (AFS) Cash	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food Stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ERDC (TANF)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Child Care (Other)	<input type="checkbox"/>	<input type="checkbox"/>	Child Welfare (SCF)	<input type="checkbox"/>	<input type="checkbox"/>	Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	Senior and Disabled Services	<input type="checkbox"/>	<input type="checkbox"/>	Case worker: <u>L. M.</u>
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The following questions are asked only to collect data requested on annual state and federal reports. Has a member of your household (parent, sibling, significant other) been incarcerated? If in the past, has it been within the last 3 years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Who? _____ Has a member of your household (parent, sibling, significant other) been on probation or parole? If in the past, has it been within the last 3 years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Who? _____ Did the mother of the child applying for Head Start use alcohol during her pregnancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Tobacco? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> other drugs? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is either parent diagnosed with a developmental disability? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was the family homeless in the last 12 months? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, did they find housing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Now	Past
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Program Options (family preference)

<input type="checkbox"/> 3 day, part day	<input checked="" type="checkbox"/> 4 day, part day	<input type="checkbox"/> Full-day, full year	<input type="checkbox"/> Family Child Care Home	<input type="checkbox"/> Home Base
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Intent To Re-enroll

I want my child to continue in the Head Start program next year. I understand that I will need to attend an enrollment appointment to update my child's records/information.

Quiero que mi niño/a continúe en el programa de Head Start el siguiente año. Entiendo que necesitaré asistir a una cita de matrícula para actualizar los registros e información del niño/a

Preference for next year: "Same as current year" "Other"

Preferencia para el siguiente año: "Igual al año actual" "Otro"

Number in Family, Numero en su Familia 2

Signature of Parent/Guardian-Firma de padre/guardian Juanita Estevan Date/Fecha: 4-16-09

I have completed a review with the family and updated PIR information to reflect the current family situation.

Verifying Staff Member: Ana M. Reynaud Date: 04-16-09