Children’s Services
Welcome to Head Start & Early Head Start!
Program Year_____

Thank you for taking the time to complete the attached application. You may submit your application to the Early Head Start or the Head Start Program.

To complete the application for Head Start or Early Head Start, we will need the following:

1. Proof of all income from the previous year or 12 months from the date you turn in your application.
   Examples:
   ____ Most recent income Tax Form 1040A or 1040 and W-2 forms
   ____ Pay stubs for all jobs
   ____ Computer printout of TANF benefits or SSI
   ____ Proof of Child Support Benefits letter or print out documentation

2. ____ Child’s original Birth Certificate or Baptismal Record

For your child to be enrolled we will need:

1. ____ Child Immunization Record

2. ____ Class schedule showing parent’s school status (if applicable) or job training for Full Day/Full Year applicants.

3. ____ Child’s Certificate of Indian Blood (CIB) if applicable.

4. ____ Current Medicaid Card/Insurance Card

5. ____ If your child has a diagnosed disability, please submit copies of your child’s most recent IEP IFSP records from the Special Education Program providing services (we can assist you in obtaining these records with your written authorization.)

6. ____ For children who are in Protective Custody or who are living with Foster Parents, please submit court documentation of this placement.
For Office Use Only

Session Requested__________

☐ Application Completed (initial)_____ Selected ☐ YES ☐ NO Date Selected_______ #Household_____

☐ Criteria Weight_____________ ☐ Over Income by $   ☐ Income Eligible ☐ Child Age ______

☐ If over income approved, give reason____________________________________________________

-------------------------------------------------------------------------------

Authorized Personnel________ Authorized Personnel________ Authorized Personnel_____

COUNTY:_____________________ SCHOOL DISTRICT:__________________________

SITE:________________________ PROGRAM:__________________________

APPLICATION DATE:____________ SITE PREFERENCE:_____________________

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SECTION 1: APPLICANT INFORMATION

How did you hear about Head Start/Early Head Start?____________________________

Child’s Name:____________________________ Date of Birth:______________

Parent/Guardian’s Name:________________________

Mailing Address:__________________________

Street or PO Box City State Zip

Living Address:__________________________

Street or County Rd. City State Zip

Home Phone #: __________________ Cell Phone #: _________ Email: _______________________

Child’s Race: ___________________________

☐ White
☐ American Indian Tribal Affiliation/Census#___________
☐ African American/Black
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Bi-racial

Child’s Ethnicity __________________________

☐ Hispanic or Latino or Spanish Origin
☐ Not Hispanic or Latino or Spanish Origin

Language:

What language is spoken the most in your home?_______________________________

Does your child speak English? ☐ Very Well ☐ Well ☐ Not Well ☐ Not at all

Does your child speak any other language?__________________________

Rev. 3-2019
SECTION 2: DISABILITIES INFORMATION

Has your child been diagnosed with or suspected of having a disability of developmental delay?

☐ YES ☐ NO

If yes please list: ________________________________

______________________________

______________________________

Date of Evaluation: ________________________________

Who Completed Evaluation: ________________________________

Does your child require any medical accommodations? ☐ Yes ☐ No

Does your child take any medications? ☐ Yes ☐ No

If YES please specify: ________________________________

Is your child on a special diet or have allergies to any foods? ☐ Yes ☐ No

If YES please specify: ________________________________

Complications at Birth:

☐ Low birth weight

☐ Premature

☐ Prenatal exposure to drugs, medications, etc. known to be associated with developmental delay.

SECTION 3: FAMILY INFORMATION

Any Behavioral Concerns:  ☐ Yes ☐ No

If yes, please specify: ________________________________

Indicate Family Type:

☐ Two parent family (married or common law)

☐ Single Parent Family: Child lives with _______Mother _______Father

☐ Other Relative(s): Specify: ________________________________

☐ Foster Family

☐ Other Family Type: ________________________________

☐ Living Together

Please list below everyone living in your household beginning with the Head of Household:

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Relationship to Child</th>
<th>Language</th>
<th>Employed PT/FT</th>
<th>PT/FT Grade EHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Parent/Step Parent or Guardian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Parent/Step Parent or Guardian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<td>7</td>
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<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of Adults: __________  3  Number of Children: ______
### SECTION 4: EDUCATION/EMPLOYMENT INFORMATION

<table>
<thead>
<tr>
<th>Mother/Guardian’s Name:</th>
<th>DOB:</th>
<th>Father/Guardian’s Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race:</td>
<td></td>
<td>Race:</td>
<td></td>
</tr>
<tr>
<td>□ Bi-Racial</td>
<td></td>
<td>□ Bi-Racial</td>
<td></td>
</tr>
<tr>
<td>□ White</td>
<td></td>
<td>□ White</td>
<td></td>
</tr>
<tr>
<td>□ American Indian or Alaskan Native</td>
<td></td>
<td>□ American Indian or Alaskan Native</td>
<td></td>
</tr>
<tr>
<td>□ Hawaiian or Other Pacific Islander</td>
<td></td>
<td>□ Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>□ Asian</td>
<td></td>
<td>□ Asian</td>
<td></td>
</tr>
<tr>
<td>□ Black or African American</td>
<td></td>
<td>□ Black or African American</td>
<td></td>
</tr>
<tr>
<td>Ethnicity:</td>
<td></td>
<td>Ethnicity:</td>
<td></td>
</tr>
<tr>
<td>□ Hispanic or Spanish Origin</td>
<td></td>
<td>□ Hispanic or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>□ Not Hispanic or Spanish Origin</td>
<td></td>
<td>□ Not Hispanic or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>Language:</td>
<td></td>
<td>Language:</td>
<td></td>
</tr>
<tr>
<td>What language is spoken?</td>
<td></td>
<td>What language is spoken?</td>
<td></td>
</tr>
<tr>
<td>Do you speak any other language(s)?</td>
<td></td>
<td>Do you speak any other language(s)?</td>
<td></td>
</tr>
<tr>
<td>Employment:</td>
<td></td>
<td>Employment:</td>
<td></td>
</tr>
<tr>
<td>□ Employed Hours per Week</td>
<td></td>
<td>□ Employed Hours per Week</td>
<td></td>
</tr>
<tr>
<td>□ Full Time (28+ hours)</td>
<td></td>
<td>□ Full Time (28+ hours)</td>
<td></td>
</tr>
<tr>
<td>□ Part Time</td>
<td></td>
<td>□ Part Time</td>
<td></td>
</tr>
<tr>
<td>□ Seasonal</td>
<td></td>
<td>□ Seasonal</td>
<td></td>
</tr>
<tr>
<td>□ Temp.</td>
<td></td>
<td>□ Temp.</td>
<td></td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td>Employer:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

### Education

**Highest Grade Completed:**

- □ No school completed
- □ High School Graduate □ GED
- □ Less than or equal to 8th Grade
- □ 9th Grade □ 10th Grade □ 11th Grade □ 12th Grade (no diploma)
- □ Some College (no degree) □ Associate’s Degree
- □ Bachelor’s Degree □ Graduate Degree □ Other
- □ Completion Date: __________

**Student?** □ Yes or □ No

- □ Full Time (12+hours)
- □ Part Time (less than 12 credit hours)

**Field of Study:** ______________________________

**School:** ______________________________

### Education

**Highest Grade Completed:**

- □ No school completed
- □ High School Graduate □ GED
- □ Less than or equal to 8th Grade
- □ 9th Grade □ 10th Grade □ 11th Grade □ 12th Grade (no diploma)
- □ Some College (no degree) □ Associate’s Degree
- □ Bachelor’s Degree □ Graduate Degree □ Other
- □ Completion Date: __________

**Student?** □ Yes or □ No

- □ Full Time (12+hours)
- □ Part Time (less than 12 credit hours)

**Field of Study:** ______________________________

**School:** ______________________________
SECTION 5: CHILD CARE INFORMATION

If applicable, who cares for your child when you are at work or school?

☐ Child care center, please specify: _______________________________
☐ Child care home please specify: _______________________________
☐ Relative or other adult in your home
☐ Relative or other adult in their home.
☐ Other: _______________________________
☐ Does not apply

How is the child care paid for:

☐ Self-Pay ☐ Full Price ☐ Sliding Scale ☐ Co-Pay
☐ Assistance (specify source) _______________________________

Do you need child care year round? ☐ YES, why? _______________________________
☐ NO, why? _______________________________

SECTION 6: HOUSING INFORMATION

Type of Housing: Do you:

☐ Mobile Home ☐ House ☐ Apartment ☐ Other
☐ Rent ☐ Own ☐ Other

Length of time at current address: _______________

Number of times family has moved in the past 12 months: _______________

Have you been homeless in the past 12 months: ☐ YES ☐ NO

SECTION 7: TRANSPORTATION INFORMATION

Do you have access to a vehicle: ☐ YES ☐ NO

SECTION 8: PROGRAM INFORMATION

Early Head Start (0 to 36 months) ☐
Head Start (3 to 5 years) ☐

FOR EHS ONLY:

My preference is:

<table>
<thead>
<tr>
<th>PROGRAM SERVICES</th>
<th>EXPLAIN WHY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Day Year Round (times vary)</td>
<td></td>
</tr>
<tr>
<td>Home Based Services</td>
<td></td>
</tr>
</tbody>
</table>
SECTION 9: FAMILY ASSISTANCE INFORMATION

What services are you currently receiving?

□ TANF/CASH Grant  □ Food Stamps
□ Unemployment Insurance  □ WIC/ECHO
□ SSDI – Disabilities/Survivor’s  □ Medicaid
□ HUD

Family Issues:

□ Chronic Health Problems
□ Parents with Disabilities
□ Parent is Incarcerated
□ Homelessness
□ Physical Isolation
□ Substandard Housing
□ No Transportation
□ Violence in the Home

□ Other: _________________ □ None of the above

What Services Do You Need?

□ TANF/CASH Grant
□ WIC/ECHO
□ Medicaid
□ Unemployment Insurance
□ SSDI- Disabilities/Survivor’s
□ HUD
□ Food Stamps
□ Other: _________________
□ None of the Above

Emergency Assistance Needed:

□ Food
□ Housing
□ Utilities
□ Clothing
□ Health Care

SECTION 10: EXPECTANT WOMAN INFORMATION FOR PREGNANT WOMEN ONLY

Would you be interested in our prenatal home based program? □ YES □ NO

What is your current month of pregnancy? __________

What is the expected due date? _________________

SECTION 11: SIGNATURES

To the best of my knowledge, all information provided in this application is true and correct.

__________________________   _________________
Parent/Guardian Signature      Date