



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 or written statement for all jobs
- ___ Documentation of TANF, SSI or Homelessness
- ___ Documentation of Child Support

2. ___ Child's original Birth Certificate or Baptismal Record
3. ___ Marriage License and/or Divorce Decree (Little Feet Only)

For your child to be enrolled we will need:

1. ___ Child Immunization Record or State Exemption Form
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.
7. ___ Court documentation (restraining orders, custody arrangements, parenting plans, etc.)



PRESBYTERIAN MEDICAL SERVICES
CHILDREN'S SERVICES
7200.A-1a



For Office Use Only

- 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
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COUNTY: _____	SCHOOL DISTRICT: _____	
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SITE: _____	PROGRAM: _____	
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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: _____ Male Female

Parent/Guardian's Name: _____ Home Phone: _____ Cell: _____ Email: _____

Parent/Guardian's Name: _____ Home Phone: _____ Cell: _____ Email: _____

Mailing Address: _____
Street or PO Box City State Zip

Living Address: _____
Street or County Rd. City State Zip

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? _____



SECTION 2: DISABILITIES INFORMATION

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

YES NO

If yes please list: _____

At risk for developmental delay due to biological, medical, or environmental factors?

YES NO

Complications at Birth:

- Low birth weight
- Premature
- Prenatal exposure to drugs, medications, etc. known to be associated with developmental delay.

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: _____

Any Behavioral Concerns: Yes No

If yes, please specify: _____

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SECTION 3: FAMILY INFORMATION

Indicate Family Type:

- Two parent family
- 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:

	Name	DOB	Relationship to Child	Language	Employed PT/FT	School PT/FT	Office Use Only √ if Not financially Responsible for Child
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Number of Adults: _____

Number of Children: _____



SECTION 4: EDUCATION/EMPLOYMENT INFORMATION

Mother/Guardian's Name: _____ DOB: _____ Father/Guardian's Name: _____ DOB: _____

<p>Race:</p> <p><input type="checkbox"/> Bi-Racial _____ Marital Status:</p> <p><input type="checkbox"/> White _____ single</p> <p><input type="checkbox"/> American Indian or Alaskan Native _____ married</p> <p><input type="checkbox"/> Hawaiian or Other Pacific Islander _____ divorced</p> <p><input type="checkbox"/> Asian _____ living with partner</p> <p><input type="checkbox"/> Black or African American _____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Spanish Origin</p> <p><input type="checkbox"/> Not Hispanic or Spanish Origin</p>	<p>Race:</p> <p><input type="checkbox"/> Bi-Racial _____ Marital Status:</p> <p><input type="checkbox"/> White _____ single</p> <p><input type="checkbox"/> American Indian or Alaskan Native _____ married</p> <p><input type="checkbox"/> Hawaiian or Other Pacific Islander _____ divorced</p> <p><input type="checkbox"/> Asian _____ living with partner</p> <p><input type="checkbox"/> Black or African American _____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Spanish Origin</p> <p><input type="checkbox"/> Not Hispanic or Spanish Origin</p>
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<p>Language:</p> <p>What language is spoken? _____</p> <p>Do you speak any other language(s)? _____</p>	<p>Language:</p> <p>What language is spoken? _____</p> <p>Do you speak any other language(s)? _____</p>
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<p>Employment:</p> <p><input type="checkbox"/> Employed Hours per Week _____</p> <p><input type="checkbox"/> Full Time (28+ hours) <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp.</p> <p><input type="checkbox"/> Parent is Incarcerated</p> <p>Employer:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Phone: _____</p>	<p>Employment:</p> <p><input type="checkbox"/> Employed Hours per Week _____</p> <p><input type="checkbox"/> Full Time (28+ hours) <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp.</p> <p><input type="checkbox"/> Parent is Incarcerated</p> <p>Employer:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Phone: _____</p>
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<p>Education</p> <p><u>Highest Grade Completed:</u></p> <p><input type="checkbox"/> No school completed</p> <p><input type="checkbox"/> High School Graduate <input type="checkbox"/> GED</p> <p><input type="checkbox"/> Less than or equal to 8th Grade</p> <p><input type="checkbox"/> 9th Grade <input type="checkbox"/> 10th Grade <input type="checkbox"/> 11th Grade <input type="checkbox"/> 12th Grade (no diploma)</p> <p><input type="checkbox"/> Some College (no degree) <input type="checkbox"/> Associate's Degree</p> <p><input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Completion Date: _____</p> <p><u>Student?</u> <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p><input type="checkbox"/> Full Time (12+ hours)</p> <p><input type="checkbox"/> Part Time (less than 12 credit hours)</p> <p>Field of Study: _____</p> <p>School: _____</p>	<p>Education</p> <p><u>Highest Grade Completed:</u></p> <p><input type="checkbox"/> No school completed</p> <p><input type="checkbox"/> High School Graduate <input type="checkbox"/> GED</p> <p><input type="checkbox"/> Less than or equal to 8th Grade</p> <p><input type="checkbox"/> 9th Grade <input type="checkbox"/> 10th Grade <input type="checkbox"/> 11th Grade <input type="checkbox"/> 12th Grade (no diploma)</p> <p><input type="checkbox"/> Some College (no degree) <input type="checkbox"/> Associate's Degree</p> <p><input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Completion Date: _____</p> <p><u>Student?</u> <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p><input type="checkbox"/> Full Time (12+ hours)</p> <p><input type="checkbox"/> Part Time (less than 12 credit hours)</p> <p>Field of Study: _____</p> <p>School: _____</p>
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SECTION 5: CHILD CARE INFORMATION

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

- Childcare center, please specify: _____
- Childcare 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? _____

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SECTION 6: HOUSING INFORMATION

Type of Housing:

- Mobile Home House Apartment Other

Do you:

- 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

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SECTION 7: TRANSPORTATION INFORMATION

Do you have access to a vehicle: YES NO

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SECTION 8: PROGRAM INFORMATION

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

FOR EHS ONLY:

My preference is:

	PROGRAM SERVICES	EXPLAIN WHY
	Full Day, Year Round (times vary)	
	Home Based Services	



SECTION 9: FAMILY ASSISTANCE INFORMATION

What services are you currently receiving?

- NMWorks (TANF)
- Unemployment Insurance
- SSDI – Disabilities/Survivor’s
- HUD
- SNAP (Nutrition Assistance Program)
- WIC/ECHO
- Medicaid
- Other: _____
- None of the above

Family Issues:

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

What Services Do You Need?

- NMWorks (TANF)
- WIC/ECHO
- Medicaid
- Unemployment Insurance
- SSDI- Disabilities/Survivor’s
- HUD
- SNAP (Nutrition Assistance Program)
- Other:
- None of the Above

Emergency Assistance Needed:

- Food
- Housing
- Utilities
- Clothing
- Health Care

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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? _____

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SECTION 11: SIGNATURES

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

Parent/Guardian Signature

Date