

Applicant & Family Member Information

 Head Start
 Early Head Start

Applicant					
First	Last	Birthdate	Gender	SSN	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		
Primary Health Coverage	Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home
			<input type="checkbox"/> Not Eligible		
			<input type="checkbox"/> On Medicaid		
			<input type="checkbox"/> Potentially		
Dental Coverage	Dental Coverage #			Dentist/Dental Home	
Please answer the following health questions					
Hospital Preference			In emergency, the closest hospital to the Head Start/Early Head Start site will be used		
Does this child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Medications taken on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Medical conditions requiring doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, medical condition:					
Does this child have special needs (disability)? <input type="checkbox"/> Suspected <input type="checkbox"/> Documented if yes, explain					
Does this child have an IEP or IFSP					
Does your child have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, medications taken for asthma: (Asthma Action Plan is needed if Yes)					
Does your child have any particular fears? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:					
Does your child have unique characteristics? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:					
How did you learn about the Head Start program? <input type="checkbox"/> Flyer, <input type="checkbox"/> Poster; <input type="checkbox"/> Staff; <input type="checkbox"/> Word of Mouth; <input type="checkbox"/> Radio/TV/Newspaper; <input type="checkbox"/> Family/Friend; <input type="checkbox"/> Other					
Is this child currently or has this child previously been enrolled in Head Start, childcare, or other child development program?					
<input type="checkbox"/> No, this child has never attended childcare or pre-school					
<input type="checkbox"/> Yes. Last or current facility attended: _____ From ____/____/____ To ____/____/____					

Primary Adult						
First	Last	Birthdate	Gender			
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:		
<input type="checkbox"/> Associate's	<input type="checkbox"/> Full Time	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with extended Family		
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Part Time	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Lives alone with children		
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent		
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Foster		Do you receive a subsidy?		
<input type="checkbox"/> GED	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Retired or Disabled		Are you on waiting list for subsidy: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Grade 11					
	<input type="checkbox"/> Grade 12					
	<input type="checkbox"/> < Grade 9					
	<input type="checkbox"/> HS Graduate					
	<input type="checkbox"/> Master's					

Email Address: _____

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

** Enter additional household members on back.

Other Adult						
First	Last		Birthday		Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with extended Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Lives alone with children
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Currently in School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		Do you receive a subsidy?
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Master's					Are you on waiting list for subsidy?
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Email Address: _____

Additional Child (Non-Applicant) *						
First	Last		Birthday		Gender	
Race		Hispanic	English Proficiency	Child's Relationship	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient	<input type="checkbox"/> Foster		
				<input type="checkbox"/> Other		

Additional Child (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic	English Proficiency	Child's Relationship	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Poor		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Proficient		
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient	<input type="checkbox"/> Foster			
				<input type="checkbox"/> Other			

Additional Child (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic	English Proficiency	Child's Relationship	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Poor		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Proficient		
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient	<input type="checkbox"/> Foster			
				<input type="checkbox"/> Other			

Other Adult						
First	Last		Birthday		Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with extended Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Lives alone with children
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Currently in School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		Do you receive a subsidy?
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Master's					Are you on waiting list for subsidy?
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Name: _____

Family Information, Income & Contacts

Family Information							
Family Living Address							
Living Address				ZIP	City	State	County
Family Mailing Address							
Same as living?		Mailing Address		ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)		Type (check one)		Note (for example, an extension or best time to call)			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
Parental Status (check one)	Primary Language at Home	*Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	Language you prefer written correspondence
<input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other

*Homeless is considered as temporary housing or living with friends/family as a result of crisis

Family Income Type					
Income Verified by		TANF Status		Received SSI	
Unemployment <input type="checkbox"/> yes <input type="checkbox"/> no		Foster care/Adoption subsidy <input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Support/Alimony <input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> Formerly on TANF/Not now <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contacts									
Contact 1	Name		Relationship		Emergency Contact		Release To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Phone Number 1		Phone Number 2		Phone Number 3				
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Contact 2	Name		Relationship		Emergency Contact		Release To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Phone Number 1		Phone Number 2		Phone Number 3				
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Contact 3	Name		Relationship		Emergency Contact		Release To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Phone Number 1		Phone Number 2		Phone Number 3				
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Contact 1	Name		Relationship		Emergency Contact		Release To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Phone Number 1		Phone Number 2		Phone Number 3				
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Interview with parent done via telephone/in person by _____ Date _____

Comments: (parent not available due to) _____

Staff Signature: _____