



Head Start/Early Head Start Application

Head Start is for three and/or four year old children.
Early Head Start is for pregnant women, infants, and toddlers through age two.

Child's Name: _____
(Mother's name if Early Head Start pregnant woman)

BASIC DEMOGRAPHIC DATA: *(Do not complete if you are a pregnant mother applying for Early Head Start.)*

Child's name: _____ Nickname: _____
First name Last name

Date of birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____ Gender M F
Month Day Year

Address: _____
Street Apartment number

_____ City State Zip Code County

Home phone # (_____) _____ Cell # (_____) _____ Other # (_____) _____

E-mail address: _____

Race / Ethnicity *(check only one):*

- American Indian/Alaskan Native White (non-Hispanic) Asian Hispanic/Latino
- Native Hawaiian/Pacific Islander Black (non-Hispanic) Bi-racial / Multi-racial Other _____

Primary language(s) family speaks in the home *(as indicated on the Home Language Survey):* _____

Language child speaks most of the time: _____

Has your child previously been enrolled in: Early Head Start? Yes No Head Start? Yes No

SPECIAL NEEDS:

Does your child have a disability? Yes No Is your child in ECI? Yes No

Does your child have an Individual Family Service Plan (IFSP) or Individual Education Plan (IEP)? Yes No

What type of disability does your child have? _____

Do you have a copy of your child's IEP? Yes No If yes, please provide a copy.

Do you have concerns about your child's overall health and development? Yes No

Describe concerns: _____

Concerns expressed by: Medical Provider Primary Care Provider Family Member Program Staff
 Social Services Agency Other: _____

THIS SECTION COMPLETED BY EARLY HEAD START APPLICANTS ONLY:
*(If you are **not** applying for Early Head Start, proceed to the Family Profile section)*

Is applicant currently enrolled in school? Yes No

If yes, list current grade in school: _____ Name of School: _____

Is applicant currently pregnant? Yes No Due date: _____ / _____ / _____

Is applicant a teen parent? Yes No Is applicant currently enrolled in a teen parent program in school? yes No

Has teen parent dropped out of school? Yes No N/A Reason: _____

Child's Name: _____
(Mother's name if Early Head Start pregnant woman)

FAMILY PROFILE:

Mother/Guardian name: (circle one)

First name Last name

Date of Birth: ____/____/____
Month Day Year

Primary language spoken in home: _____

Race/Ethnicity (check only one)

- American Indian / Alaskan Native
- Native Hawaiian / Pacific Islander
- Bi-racial / Multi-racial
- White (non-Hispanic)
- Black (non-Hispanic)
- Hispanic / Latino
- Asian
- Other specify: _____

Address: _____
Street (only if different from child's)

City Zip Code

Home phone Cell phone

Place of Employment: _____

Start Date: ____/____/____ Work telephone #: _____

May we contact you at work? Yes No

Does mother/guardian financially support the child? Yes No

Does mother live in the house? Yes No

EMPLOYMENT STATUS:

- Employed Unemployed
- Retired Disabled
- Stay at home parent Active duty military

EDUCATION: (mark highest grade completed)

- No school completed
- Less than or equal to 4th grade
- 5th – 8th grade 9th grade 10th grade
- 11th grade 12th grade (no diploma)
- High School graduate / GED
- Vocational school
- Some college or Associate degree (circle one)
- Bachelor's or advanced degree

IN SCHOOL:

- Towards high school diploma / GED
- Towards trade / business qualification
- Towards college degree

Comments: _____

Father/Guardian name: (circle one)

First name Last name

Date of Birth: ____/____/____
Month Day Year

Primary language spoken in home: _____

Race/Ethnicity (check only one)

- American Indian / Alaskan Native
- Native Hawaiian / Pacific Islander
- Bi-racial / Multi-racial
- White (non-Hispanic)
- Black (non-Hispanic)
- Hispanic / Latino
- Asian
- Other specify: _____

Address: _____
Street (only if different from child's)

City Zip Code

Home phone Cell phone

Place of Employment: _____

Start Date: ____/____/____ Work telephone #: _____

May we contact you at work? Yes No

Does father/guardian financially support the child? Yes No

Does father live in the house? Yes No

EMPLOYMENT STATUS:

- Employed Unemployed
- Retired Disabled
- Stay at home parent Active duty military

EDUCATION: (mark highest grade completed)

- No school completed
- Less than or equal to 4th grade
- 5th – 8th grade 9th grade 10th grade
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IN SCHOOL:

- Towards high school diploma / GED
- Towards trade / business qualification
- Towards college degree

Comments: _____

Child's Name: _____
(Mother's name if Early Head Start pregnant woman)

IDENTIFICATION OF HOMELESS FAMILY:

Is your current address a **temporary** living arrangement? Yes No

If yes, check one of the following arrangements:

- Hotel/Motel Shelter With more than one family in a house or apartment Moving from place to place
 In a place not designed for ordinary sleeping accommodations such as a car, park or campsite
 Other (specify): _____ Length of time at temporary housing: _____

Is your **temporary** living arrangements due to a loss of housing, economic hardship or similar situation within the past year? Yes No

Do you have a primary fixed nighttime residence? Yes No

Please indicate if you are an unaccompanied youth (*not in the physical custody of your parent or guardian*): Yes No

IDENTIFICATION OF MIGRANT FAMILY:

How many times has your family moved in the past 12 months? one two three four or more

Were these moves made to look for **temporary** or **seasonal work**? Yes No

If yes, mark all that apply:

- food processing fishing forestry harvesting
 agriculture (picking – hoeing – sorting – packaging vegetables/fruits)
 other (specify) _____

Do you have a migrant certificate? Yes No

What type of transportation do you have?

- Private vehicle (car, truck, van) Public transportation (bus, taxi) Friend's or relative's vehicle

This information will help us to determine your child's eligibility for Head Start/Early Head Start.

I agree that the information provided is correct to the best of my knowledge. I also understand that my child may be withdrawn from the program if the information was deliberately falsified. In addition, I agree to notify Head Start /Early Head Start of any address or telephone change.

Printed Name: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Please list two (2) people to contact if we cannot reach you:

Contact Name: _____

Contact Telephone: _____

Contact Name: _____

Contact Telephone: _____

It is the policy of Region 10 Education Service Center not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 503 and 504 of the Rehabilitation Act of 1973, as amended. Region 10 Education Service Center will take steps to ensure that lack of English language skills will not be a barrier to admission and participation in all educational programs and services.