

## **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.

REGION 10
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: Nickname:
Date of birth:/
Address:Street
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:
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

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)	Father/Guardian name: (circle one)		
First name Last name	First name Last name		
Date of Birth://	Date of Birth://		
· ·	, and the second		
Primary language spoken in home:	Primary language spoken in home:		
Race/Ethnicity (check only one)  American Indian / Alaskan Native	Race/Ethnicity (check only one)  American Indian / Alaskan Native		
Native Hawaiian / Pacific Islander	Native Hawaiian / Pacific Islander		
Bi-racial / Multi-racial	Bi-racial / Multi-racial		
White (non-Hispanic)	White (non-Hispanic)		
Black (non-Hispanic)	Black (non-Hispanic)		
Hispanic / Latino	Hispanic / Latino		
Asian	Asian		
Other specify:	Other specify:		
Address:	Address: Street (only if different from child's)		
City Zip Code			
Home phone Cell phone	Home phone Cell phone		
Place of Employment: Place of Employment:			
Start Date:/ Work telephone #:	Start Date:/ Work telephone #:		
May we contact you at work? ☐ Yes ☐ No	May we contact you at work? ☐ Yes ☐ No		
Does mother/guardian financially support the child? ☐ Yes ☐ No	Does father/guardian financially support the child? ☐ Yes ☐ No		
Does mother live in the house? ☐ Yes ☐ No	Does father live in the house? ☐ Yes ☐ No		
EMPLOYMENT STATUS:	EMPLOYMENT STATUS:		
☐ Employed ☐ Unemployed	☐ Employed ☐ Unemployed		
☐ Retired ☐ Disabled	☐ Retired ☐ Disabled		
☐ Stay at home parent ☐ Active duty military	☐ Stay at home parent ☐ Active duty military		
EDUCATION: (mark highest grade completed)	EDUCATION: (mark highest grade completed)		
☐ No school completed	☐ No school completed		
Less than or equal to 4 <sup>th</sup> grade	Less than or equal to 4 <sup>th</sup> grade		
$\Box$ 5 <sup>th</sup> - 8 <sup>th</sup> grade $\Box$ 9 <sup>th</sup> grade $\Box$ 10 <sup>th</sup> grade	$\int 5^{th} - 8^{th}$ grade $\int 9^{th}$ grade $\int 10^{th}$ grade		
11 <sup>th</sup> grade 12 <sup>th</sup> grade (no diploma)	☐ 11 <sup>th</sup> grade ☐ 12 <sup>th</sup> grade (no diploma)		
High School graduate / GED	☐ High School graduate / GED		
☐ Vocational school	☐ Vocational school		
Some college or Associate degree (circle one)	Some college or Associate degree (circle one)		
☐ Bachelor's or advanced degree	☐ Bachelor's or advanced degree		
IN SCHOOL:	IN SCHOOL:		
☐ Towards high school diploma / GED	☐ Towards high school diploma / GED		
☐ Towards trade / business qualification	☐ Towards trade / business qualification		
☐ Towards college degree	☐ Towards college degree		
Comments:	Comments:		

Child's Name:		
(Mother's name if Early Head	Start pregnant woman)	
OTHER ELIGIBILITY INFORMATION:		
In order to determine if your family income is at or below the your household as well as your family income. For our purp supported by the income of the parent(s) or guardian(s) of the by blood, marriage, or adoption." (Performance Standard 45 C	poses, a family is "all persons living child enrolling in the program, and (2) re	in the same household who are (1)
Please list <u>all people in the family</u> who are supported by the <u>p</u> use another sheet of paper.) <u>Do not include the child/applicate</u>		n, write on the back of this page or
Name (first, last)	Relationship to Applicant/Child	Date of Birth
1)		
2)		-
3)		-
4)		<u>.</u>
5)		-
☐ Single parent family (father figure only) ☐ Gran ☐ Single parent family (mother figure only) living with partr ☐ Single parent family (father figure only) living with partne  Marital Status: ☐ Married ☐ Divorced ☐ N  Family Income:	dparents raising grandchildren ner er Never married	
Income must include the total gross income of all members of t calendar year. <u>If neither the last 12 months nor the preceding y information regarding this.</u>		
PUBLIC ASSISTANCE (TANF) – FOSTER CARE – CHI	LD SUPPORT - SSI:	
1. Is your family <b>currently</b> receiving <b>TANF</b> benefits? $\square$ Ye	es 🗌 No	
2. Are you or anyone in your family <b>currently</b> receiving Sup	oplemental Security Income (SSI)? T	es No
3. Is this application for a <b>foster child</b> ? ☐ Yes ☐ No		
4. Do you receive <b>child support</b> ? ☐ Yes ☐ No Court orde	ered child support	
Other arrangement please indicate:		
Please provide documentation of the above public assistan	ce, foster care or child support.	
OTHER ASSISTANCE: (mark all that apply)  Are you currently receiving assistance from any other agency?  Energy Assistance  Food Stamps  Subs	(Please check all that apply) idized Housing (Low income: Section 8)	)

Other: \_\_\_\_\_

☐ Medicaid/CHIP

☐ WIC

Child's Name:
(Mother's name if Early Head Start pregnant woman)
IDENTIFICATION OF HOMELESS FAMILY:
Is your current address a <b>temporary</b> 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 <b>temporary</b> living arrangements due to a loss of housing, economic hardship or similar situation within the past year? $\square$ Yes $\square$ 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): $\square$ Yes $\square$ 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 <b>temporary</b> or <b>seasonal work</b> ?  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.