



Head Start/Early Head Start Application

Child's Name: _____
(Mother's Name if Early Head Start Pregnant Woman)

Please complete in blue or black ink

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

Child's Name: _____
First Name Last Name

Date of Birth: ____/____/____ Social Security Number: ____-____-____ Gender Male Female

Address: _____
Street Apartment Number (If applicable) City State Zip Code County

Home phone # (_____) Cell # (_____) Other # (_____) E-mail _____

Ethnicity *(check only one):*

Hispanic/Latino Origin Non-Hispanic/Non-Latino Origin

Race *(check all that apply)*

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander
 White Hispanic/Latino Bi-racial / Multi-racial Other _____

Primary language(s) family speaks in the home: _____

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

Do you have a child currently enrolled in: Early Head Start? Yes No Head Start? Yes No

SPECIAL NEEDS:

Does your child have a disability? Yes No – If **Yes**, does your child have an Individual Education Plan (IEP)? Yes No

Is your child in Early Childhood Intervention (ECI)? Yes No

If **Yes**, does your child have an Individual Family Service Plan (IFSP)? Yes No

Copies of IEP or IFSP provided. What type of disability does your child have? _____

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

Describe concerns: _____

Concerns also 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: _____

FAMILY PROFILE:

Mother/Guardian name: *(circle one)*

First name Last name
Date of Birth: _____/_____/_____
Month Day Year

Race/Ethnicity (check only one)

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

Same address as child: Yes No

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

City State 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)*

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

CURRENTLY IN SCHOOL:

- High School diploma or GED classes
- Vocational school
- College

Comments: _____

FAMILY PROFILE:

Father/Guardian name: *(circle one)*

First name Last name
Date of Birth: _____/_____/_____
Month Day Year

Race/Ethnicity (check only one)

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

Same address as child: Yes No

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

City State 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)*

- Less than or equal to 4th grade
- 5th – 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade (no diploma)
- High School graduate/GED
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- Bachelor's or advanced degree

CURRENTLY IN SCHOOL:

- High School diploma or GED classes
- Vocational school
- College

Comments: _____

OTHER ELIGIBILITY INFORMATION:

In order to determine if your family income is at or below the Federal Poverty Guidelines, we must know how many people are living in your household as well as your family income. For our purposes, a family is "...all persons living in the same household who are (1) supported by the income of the parent(s) or guardian(s) of the child enrolling in the program, and (2) related to the parent(s) or guardian(s) by blood, marriage, or adoption." (Performance Standard 45 CFR 1305.2)

Please list **all people in the family** who are supported by the **parents'** income.
(If you need more room, please use another sheet of paper.)

Name	Relationship to Applicant/Child	Date of Birth
1. _____	_____	____/____/____
2. _____	_____	____/____/____
3. _____	_____	____/____/____
4. _____	_____	____/____/____
5. _____	_____	____/____/____
6. _____	_____	____/____/____
7. _____	_____	____/____/____
8. _____	_____	____/____/____

Total number in household supported by your income: _____

FAMILY TYPE: (mark all that apply)

- One-parent family
- Two-parent family
- Foster family
- Grandparents raising grandchildren
- Person with legal custody: _____

MARITAL STATUS:

- Married
- Spouse Deceased
- Divorced
- Single
- Separated (Date: _____)

FAMILY INCOME:

Income must include the total gross income of all members of the family listed for either the past twelve months or for the previous calendar year. If neither the last 12 months nor the preceding year reflect your current financial situation, please be prepared to share information regarding this.

Are you or anyone in your family currently receiving any of the following income? If yes, please provide documentation.

- Yes No TANF (Temporary Assistance for Needy Families)
- Yes No SSI (Supplemental Security Income)
- Yes No Social Security Benefits (not SSI)
- Yes No Child Support
- Yes No Unemployment Benefits
- Yes No Pell Grants or Scholarships
- Yes No Foster Care Subsidy

Other arrangement please indicate: _____

OTHER ASSISTANCE: (mark all that apply)

Are you currently receiving assistance from any other agency? (Please check all that apply)

- Yes No Energy Assistance
- Yes No WIC
- Yes No SNAP (formerly Food Stamps)
- Yes No Medicaid/CHIP
- Yes No Subsidized Housing (Section 8)
- Yes No Other: _____

ADDITIONAL INFORMATION:

What type of transportation do you have?

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

Do you have a primary fixed nighttime residence? Yes No

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

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

How many times has your family moved in the past 12 months? none 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

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:

Name	Relationship	Primary Language	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.