



\* Pregnant women should complete all \*starred\* sections on this page and the next page \*

**\* PARTICIPANT INFORMATION: Fill out information about the child or woman applying to the program \***

Last:	First/Middle:	Preferred: Male <input type="checkbox"/> Female <input type="checkbox"/>
Applying as an Expecting Mother: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated due date:	
Birth Date:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Parental Status: One <input type="checkbox"/> Two <input type="checkbox"/>
Living Address:		
City:	State:	Zip

**Program Options**

Are you interested in: Center-based services  Home-based services  Either

**\* DEMOGRAPHIC information for the child or parent applying to the program \***

<b>Race</b> (check all that apply): <input type="checkbox"/> American Indian/Alaskan Native	<b>Language</b>	Primary Language?	Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hawaiian/Pacific Islander	English	<input type="checkbox"/> Yes <input type="checkbox"/> No	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>
<input type="checkbox"/> White <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>
<b>Ethnicity:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>
<b>Nationality:</b>	Military?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**FAMILY INFORMATION: Fill out information about adults and family who are part of child's life**

<b>PARENT/GUARDIAN</b>	Name:	Primary Adult? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Child:	Birth Date:		
Living Address:			
City	State	Zip	
E-mail Address:	Homeless? Yes or No		
Phone Number	Primary Phone?	Phone Type (Work, Home, Cell)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Teen Parent (19 or younger): <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Relationship to Adult:	English Level:	Education Level:	Employment Status:
Natural/Adopted/Step-Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Child <input type="checkbox"/> Other <input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	Some College <input type="checkbox"/> Certificate <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> Master's Degree <input type="checkbox"/>	<Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Associate's BA <input type="checkbox"/> Full Time (35+hours) <input type="checkbox"/> Part Time <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School <input type="checkbox"/>
			Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>

<b>PARENT/GUARDIAN</b>	Name:	Primary Adult? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Child:	Birth Date:		
Living Address:			
City	State	Zip	
E-mail Address:			
Phone Number	Primary Phone?	Phone Type (Work, Home, Cell)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Teen Parent (19 or younger): <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Relationship to Adult:	English Level:	Education Level:	Employment Status:
Natural/Adopted/Step-Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Child <input type="checkbox"/> Other <input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/>	Some College <input type="checkbox"/> Certificate <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/>	<Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Full Time (35+hours) <input type="checkbox"/> Part Time Training <input type="checkbox"/> Retired/Disabled <input type="checkbox"/>
			Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonally Employed <input type="checkbox"/>

Foster Child	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	GED	<input type="checkbox"/>	Associate's	<input type="checkbox"/>	Technical Education	<input type="checkbox"/>	Seasonal Employee	<input type="checkbox"/>
Other	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Master's Degree	<input type="checkbox"/>	BA	<input type="checkbox"/>	Training or School	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>

# Application for Head Start/EHS Program Participation

*\* Pregnant women should complete all \*starred\* sections \**

## \* ADDITIONAL MEMBERS of Family / Household \*

Name:	Relationship to Child:	Date of Birth:
Name:	Relationship to Child:	Date of Birth:
Name:	Relationship to Child:	Date of Birth:
Name:	Relationship to Child:	Date of Birth:
Name:	Relationship to Child:	Date of Birth:
Name:	Relationship to Child:	Date of Birth:
Name:	Relationship to Child:	Date of Birth:

Total # of people (including the participant and adults listed on front, and all listed above) who live in child's household and are part of his/her family: \_\_\_

## CHILD'S NEEDS ++

Does your child have a disability (diagnosed by a doctor or specialist)? Yes \_\_\_ No \_\_\_ Does s/he have an IEP or IFSP? Yes \_\_\_ No \_\_\_

If yes, please list the specific disability: \_\_\_\_\_

Do you have any concerns about your child in any of the areas listed below? *If yes, please check appropriate item(s).*

\_\_\_ Hearing \_\_\_ Vision \_\_\_ Obesity \_\_\_ Allergies \_\_\_ Asthma \_\_\_ Dental problems

\_\_\_ Other medical problems - *Please describe:* \_\_\_\_\_ \_\_\_ Other development concerns - *Please describe:* \_\_\_\_\_

\_\_\_ Speech or language development \_\_\_ Physical development **\*please provide medical documentation of concerns if available\***

\_\_\_ Behavior or emotional problems (e.g. tantrums) - *Please describe:* \_\_\_\_\_

## \* SERVICES: What services is your family receiving? \*

\_\_\_ Food Stamps \_\_\_ Unemployment \_\_\_ Utility/Energy Assistance

\_\_\_ Foster Care/Adoption Subsidy \_\_\_ Public Housing \_\_\_ Child Support

\_\_\_ Medicaid \_\_\_ Section 8 Vouchers \_\_\_ Private Health Insurance

\_\_\_ State Health Insurance \_\_\_ Social services from other agency

\_\_\_ Emergency/Crisis Intervention *Which agency?:* \_\_\_\_\_

**DO YOU HAVE:** **TANF?** Yes \_\_\_ No \_\_\_ **SSI?** Yes \_\_\_ No \_\_\_ **WIC?** Yes \_\_\_ No \_\_\_ **Referred to:** \_\_\_\_\_

**Child Care Subsidy/Voucher?** Yes \_\_\_ No \_\_\_ Don't know about it \_\_\_

## \* LEGAL ISSUES: Is your family currently dealing with legal issues? \* ++

Is your family currently dealing with legal issues such as divorce, probation, custody, restraining orders, etc.? \_\_\_ Yes \_\_\_ No

If yes, please clarify: \_\_\_\_\_

## Additional Information

Has your child previously been enrolled in Head Start or another preschool program? Yes  No

If yes, what program? \_\_\_\_\_

Has your child had a sibling previously enrolled in this Head Start program? Yes  No

If yes, is he or she currently enrolled? \_\_\_ Yes \_\_\_ No  
Specify dates of attendance? \_\_\_\_\_ to \_\_\_\_\_

How did you hear about our program?  
\_\_\_ Word of mouth (friend, family)  
\_\_\_ Saw/received a flyer  
\_\_\_ Saw/passed the center  
\_\_\_ Know someone who works here

\_\_\_ Referred by agency (WIC, child support services, child care subsidy, etc.)  
*Please specify:*

\_\_\_ Other \_\_\_\_\_

I—or another adult in my family—accesses the Internet: *Mark one of the following:* Every day  Several times per week  Once a week   
Several times per month  Rarely or never

**PLEASE SIGN HERE to verify that you have completed this application and provided true information.**

*\* For pregnant women under 18, a parent/guardian should sign here \**

Signature of Parent/Guardian: \_\_\_\_\_

Print Name:

Date:







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