

* 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 ***

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

PARENT/GUARDIAN	Name:	Primary Adult? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Child:		Birth Date:	
Living Address:			
City		State	
E-mail Address:		Homeless? Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Phone Number	Primary Phone?	Phone Type (Work, Home, Cell)	Notes (when not to call, etc.)
	<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"/>

PARENT/GUARDIAN	Name:	Primary Adult? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Child:		Birth Date:	
Living Address:			
City		State	
E-mail Address:		Zip	
Phone Number	Primary Phone?	Phone Type (Work, Home, Cell)	Notes (when not to call, etc.)
	<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 Training <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"/>

