

Applicant and Family Information: If a family has more than two children applying for services, complete a separate copy of this form for each additional child.

Applicant & Family Member Information

Applicant (child or unborn child)							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Expected Delivery Date of Unborn
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home	
				<input type="checkbox"/> Not Eligible			
				<input type="checkbox"/> On Medicaid			
				<input type="checkbox"/> Potentially			
Dental Coverage		Dental Coverage #		Dentist/Dental Home			

Applicant (child)							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Expected Delivery Date of Unborn
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home	
				<input type="checkbox"/> Not Eligible			
				<input type="checkbox"/> On Medicaid			
				<input type="checkbox"/> Potentially			
Dental Coverage		Dental Coverage #		Dentist/Dental Home			

Primary Adult							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Alt ID
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		If teen parent, subsidized?	
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Master's						
Email Address:							

Secondary or Other Adult that lives in the household							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Alt ID
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		If teen parent, subsidized?	
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Master's						
Email Address:							

Additional Child or Adult Family Member (Non-Applicant)						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	

Additional Child or Adult Family Member (Non-Applicant)						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	

Additional Child or Adult Family Member (Non-Applicant)						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	

Family Information, Income & Contacts

Family Information									
Family Living Address									
Started Living at Date	Living Address	Address Line 2	ZIP	City	State	County			
Family Mailing Address									
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State			
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Phone Number(s)	Type (check one)	Note (extension or best time to call)	Opt in for Text Messages						
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Parental Status (check one)	Primary Language at Home	Relationship to Participant(s)	Acquired/learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income						
Income Verified by		Verification Date		TANF Status		SSI
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note
	\$		\$			
	\$		\$			
	\$		\$			
Income Notes						

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature

Date

Emergency Contacts

Emergency Contacts				
Contact 1	Name		Relationship	
	Address		ZIP	
Phone Number 1		Phone Number 2		Phone Number 3
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Contact 2	Name		Relationship	
	Address		ZIP	
Phone Number 1		Phone Number 2		Phone Number 3
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Contact 3	Name		Relationship	
	Address		ZIP	
Phone Number 1		Phone Number 2		Phone Number 3
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Parental Concerns for child (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Overweight |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> High Lead |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Physical Underdevelopment |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Behavioral Problems |
| <input type="checkbox"/> Underweight | <input type="checkbox"/> Emotional Problems |
| <input type="checkbox"/> Other Medical/Dental Concerns (please describe) _____ | |

How did you hear about the program?

- Word of Mouth
- Flyer
- Saw the center
- Know someone who works here
- Referred by child welfare agency
- Referred by another agency (WIC, Child Care South Subsidy, Early Intervention, etc.)
- Online/website
- Other (please describe) _____

Was the participant previously enrolled in another (Early)Head Start Program? _____

Certification: *I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.*

Parent/Guardian Signature

Date
