

# CHILD/FAMILY SERVICES HEAD START APPLICATION

(MSHS/MEHS/EHS/HS)

GENERAL INFORMATION			
Original Application Date:		Current Year Application Date:	
Original Enrollment Date:		Current Year Enrollment Date:	
Child's First Name and Middle Name/Initial:		Child's Last Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Unborn Child: (EHS/MEHS) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth Date:		Unborn Child Due Date:	
PRIMARY CAREGIVER GENERAL INFORMATION			
First Name and Middle Name/Initial:		Last Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language:		Other Language:	
Ethnicity (Hispanic): <input type="checkbox"/> Yes <input type="checkbox"/> No		Receiving WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously	
Race (select one): <input type="checkbox"/> Asian <input type="checkbox"/> Bi/Multi-Racial (specify in comments in COPA) <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Unspecified <input type="checkbox"/> Other (specify in comments in COPA):		Receiving Food Stamps/SNAP: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education Level: <input type="checkbox"/> No Formal Schooling <input type="checkbox"/> Up to Third Grade <input type="checkbox"/> Up to Sixth Grade <input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Vocational School/AA Degree <input type="checkbox"/> BA Degree or Higher <input type="checkbox"/> Unknown			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Training/School <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking Employment			
Employer / School / Training Institution:		Employment / School / Training Hours: <input type="checkbox"/> 6 or more hrs. <input type="checkbox"/> Less than 6 hrs.	
Phone (home):		Phone (cell):	
Phone (work):		Phone (other/Emergency):	
Home Address: (including city/zip)			
Other Address: (including city/zip)		Email Address:	
# in Family: _____		Current Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____	
# in Household: _____		Previous Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____	
Child's Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify: <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDI-CAL <input type="checkbox"/> Healthy Families <input type="checkbox"/> Private <input type="checkbox"/> Other: _____	
SECONDARY CAREGIVER GENERAL INFORMATION			
First Name and Middle Name/Initial:		Last Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language:		Other Language:	
Race (select one): <input type="checkbox"/> Asian <input type="checkbox"/> Bi/Multi-Racial (specify in comments in COPA) <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Unspecified <input type="checkbox"/> Other (specify in comments in COPA):		Ethnicity (Hispanic): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education Level: <input type="checkbox"/> No Formal Schooling <input type="checkbox"/> Up to Third Grade <input type="checkbox"/> Up to Sixth Grade <input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Vocational School/AA Degree <input type="checkbox"/> BA Degree or Higher <input type="checkbox"/> Unknown			
Status: <input type="checkbox"/> Employed <input type="checkbox"/> Training/School <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking Employment			
Employer / School / Training Institution:		Employment / School / Training Hours: <input type="checkbox"/> 6 or more hrs. <input type="checkbox"/> Less than 6 hrs.	
Phone (home):		Phone (cell):	
Phone (work):		Phone (other/Emergency):	
Other Address (including city/zip):		Email Address:	
CAREGIVER INCOME INFORMATION			
RHS/EHS		MSHS/MEHS	
Primary Caregiver Income:		Total Unearned Income:	<b>Eligibility Status</b> <input type="checkbox"/> Income Eligible <input type="checkbox"/> Over Income*
		Total Earned Income:	
Secondary Caregiver Income:		Total Ag. Income:	<input type="checkbox"/> Receive SSI <input type="checkbox"/> TANF <input type="checkbox"/> Homeless <input type="checkbox"/> in Foster Care
		Total Non-Ag. Income:	
<b>Total Annual Income:</b>		<b>Total Annual Income:</b>	*Includes families between 100% and 130% of federal poverty guidelines)

# CHILD/FAMILY SERVICES HEAD START APPLICATION continued

(MSHS/MEHS/EHS/HS)

## CHILD GENERAL INFORMATION

Primary Language:	Other Language:	Ethnicity (Hispanic): <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (select one):	<input type="checkbox"/> Asian <input type="checkbox"/> Bi/Multi-Racial (specify in comments in COPA) <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Unspecified <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (specify in comments in COPA): _____	

## ELIGIBILITY INFORMATION

Family Structure:	<input type="checkbox"/> Two Parent <input type="checkbox"/> Single Parent <input type="checkbox"/> Custody Alert
Select all that apply:	<input type="checkbox"/> CPS/Court referral <input type="checkbox"/> Foster child <input type="checkbox"/> At-Risk of Abuse, Neglect, Exploitation <input type="checkbox"/> N/A <input type="checkbox"/> Teen parent <input type="checkbox"/> Non-parental guardian <input type="checkbox"/> Homeless - include Self-Identification of Current Residency form <input type="checkbox"/> N/A
Disability Status:	<input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> Certified IEP <input type="checkbox"/> Certified IFSP
Additional Eligibility Information:	<input type="checkbox"/> Prior IEP/IFSP <input type="checkbox"/> High Risk <input type="checkbox"/> Sibling Enrolled <input type="checkbox"/> N/A

## MIGRANT/SEASONAL & MIGRANT EARLY HEAD START ONLY

Moved in last 24 months seeking agricultural work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Move:
Previous Physical Address:		
# of Moves in Last:	24 months <input type="checkbox"/> 12 months <input type="checkbox"/> Both/single parent working <input type="checkbox"/> One parent working	
Over 50% agricultural income:	<input type="checkbox"/> Yes <input type="checkbox"/> No Declaration of Intent to Work in Agriculture: <input type="checkbox"/> Yes (Use only if applicable)	
Migratory Documents Verified (Circle):	Pay Stub, Utility/Phone, Rent Receipt, Employer Letter, School Record, Tax Document, Health Record, EDD Benefit, Public Assist., Migrant Ed. COE, Other (Specify and include Self-Declaration of Migratory Move form): _____	

## PROGRAM INFORMATION

Desired Center/FCCH:	1)	2)	3)
Program Model:	<input type="checkbox"/> RHS <input type="checkbox"/> EHS <input type="checkbox"/> MHS <input type="checkbox"/> SHS <input type="checkbox"/> MEHS	Hours Per Day:	<input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
Program Option:	<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day <input type="checkbox"/> FCCH <input type="checkbox"/> Home Based <input type="checkbox"/> Locally Designed Option		
Secondary Source of Child Care, Subsidy	<input type="checkbox"/> None <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Child Care Center <input type="checkbox"/> At own home or another home, supervised by adult <input type="checkbox"/> Public School Pre-K Program <input type="checkbox"/> Other _____	Subsidy/Voucher <input type="checkbox"/> Yes <input type="checkbox"/> No	
Re-Enrollee:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in a child care program:	<input type="checkbox"/> Yes, where? <input type="checkbox"/> No
On another wait list:	<input type="checkbox"/> Yes, where? <input type="checkbox"/> No		
Recruitment:	<input type="checkbox"/> Family/Friend/Co-Worker <input type="checkbox"/> Former Parent <input type="checkbox"/> Referral from other Agency <input type="checkbox"/> Other (specify): _____		

## DOCUMENTS VERIFIED

Select all that apply:	<input type="checkbox"/> Birth Certificate/Proof of DOB <input type="checkbox"/> Rent Receipts (if required) <input type="checkbox"/> Utility/Telephone Receipts (if required) <input type="checkbox"/> Other (specify): _____			
Income Verification (select all that apply):	<input type="checkbox"/> Pay stub <input type="checkbox"/> W-2, Year _____ <input type="checkbox"/> EDD/Unemployment stub	<input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Tax Return, Year _____ <input type="checkbox"/> Disability stub	<input type="checkbox"/> Foster Agreement <input type="checkbox"/> Employer Verification <input type="checkbox"/> Workers Comp. stub <input type="checkbox"/> Public Assistance (TANF/SSI) <input type="checkbox"/> Self-Certification of Income	<input type="checkbox"/> Other (specify): _____
Immunization Record:	<input type="checkbox"/> All requirements are met <input type="checkbox"/> Currently Up-to-Date, but more dosages needed later <input type="checkbox"/> Needs immunizations			

Comments:

## CERTIFICATIONS

I understand that this is an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in dis-enrolling my child from Head Start/Early Head Start/Migrant Seasonal/Migrant Early Head Start and could have serious legal consequences for me.	Parent/Guardian Signature	Date
I certify that I have examined and verified the above eligibility documentation, interviewed the family in person <input type="checkbox"/> or by telephone <input type="checkbox"/> , and all information is accurate to the best of my knowledge.	Staff Signature	Title Date
I certify that I have examined for accuracy and approve of the above eligibility documentation.	Management Signature	Title Date