

# Head Start/Early Head Start Application

Head Start is for three and four year old children.  
Early Head Start is for pregnant women, infants, and toddlers through age two.

Child's Name: \_\_\_\_\_  
(Mother's name if Early Head Start pregnant woman)

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

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
First name MI Last name

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender  M  F

Address: \_\_\_\_\_  
Street Apartment Number

\_\_\_\_\_  
City State Zip Code County

Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Other # (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Race / Ethnicity (check only one):

- |                                                           |                                                  |                                                      |                                                  |
|-----------------------------------------------------------|--------------------------------------------------|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native   | <input type="checkbox"/> White<br>(non-Hispanic) | <input type="checkbox"/> Asian                       | <input type="checkbox"/> Hispanic/Latino         |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Black<br>(non-Hispanic) | <input type="checkbox"/> Bi-racial /<br>Multi-racial | <input type="checkbox"/> Other<br>Specify: _____ |

Primary language(s) spoken in the home: \_\_\_\_\_ Language child speaks most of the time: \_\_\_\_\_

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

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## SPECIAL NEEDS:

Does your child have an Individual Family Service Plan (IFSP), Individual Education Plan (IEP), or disability?

No  Yes Disability: \_\_\_\_\_

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

Describe concerns: \_\_\_\_\_

Concerns expressed by:  Medical Provider  Primary Care Provider  Family Member  Program Staff  
 Social Services Agency  Other: \_\_\_\_\_

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## EARLY HEAD START ONLY 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 \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(Mother's name if Early Head Start pregnant woman)

**FAMILY PROFILE:**

Father/Guardian name: (circle one)

\_\_\_\_\_  
First Name MI Last Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary language spoken in home: \_\_\_\_\_

Race/Ethnicity (check only one)

- American Indian / Alaskan Native
- Native Hawaiian / Pacific Islander
- Bi-racial / Multi-racial
- White (non-Hispanic)
- Black (non-Hispanic)
- Hispanic / Latino
- Asian
- Other specify: \_\_\_\_\_

Address: \_\_\_\_\_

*Street (only if different than child's)*

\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
Home Phone Cell Phone

Place of Employment: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work telephone #: \_\_\_\_\_  
(To determine eligibility)

May we contact you at work?  Yes  No

Does father/guardian financially support the child?  Yes  No

Does parent live in the house?  Yes  No

**EMPLOYMENT STATUS:**

- Employed  Unemployed
- Retired  Disabled
- Stay at home parent

**EDUCATION: (mark highest grade completed)**

- No school completed
- Less than or equal to 4<sup>th</sup> grade
- 5<sup>th</sup> – 8<sup>th</sup> grade  9<sup>th</sup> grade  10<sup>th</sup> grade
- 11<sup>th</sup> grade  12<sup>th</sup> grade (no diploma)
- High School graduate / GED
- Vocational school
- Some college or Associate degree (circle one)
- Bachelor's or advanced degree

**IN SCHOOL:**

- Towards high school diploma / GED
- Towards trade / business qualification
- Towards college degree

Mother/Guardian name: (circle one)

\_\_\_\_\_  
First Name MI Last Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary language spoken in home: \_\_\_\_\_

Race/Ethnicity (check only one)

- American Indian / Alaskan Native
- Native Hawaiian / Pacific Islander
- Bi-racial / Multi-racial
- White (non-Hispanic)
- Black (non-Hispanic)
- Hispanic / Latino
- Asian
- Other specify: \_\_\_\_\_

Address: \_\_\_\_\_

*Street (only if different than child's)*

\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
Home Phone Cell Phone

Place of Employment: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work telephone #: \_\_\_\_\_  
(To determine eligibility)

May we contact you at work?  Yes  No

Does mother/guardian financially support the child?  Yes  No

Does parent live in the house?  Yes  No

**EMPLOYMENT STATUS:**

- Employed  Unemployed
- Retired  Disabled
- Stay at home parent

**EDUCATION: (mark highest grade completed)**

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**IN SCHOOL:**

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Child's Name: \_\_\_\_\_  
(Mother's name if Early Head Start pregnant woman)

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

- Energy Assistance     Food Stamps     Subsidized Housing (Low income: Section 8)  
 WIC     Medicaid     Other: \_\_\_\_\_

What type of transportation do you have?

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

**FAMILY TYPE:** (mark all that apply)

- One-parent family     Two-parent family  
 Single parent family (mother figure only)     Foster family     Person with legal custody \_\_\_\_\_  
 Single parent family (father figure only)     Grandparents raising grandchildren  
 Single parent family (mother figure only) living with partner  
 Single parent family (father figure only) living with partner

**Marital Status:**     Married     Divorced     Never married     Separated (Date: \_\_\_\_\_ / \_\_\_\_\_)  
Month    Year

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**OTHER ELIGIBILITY INFORMATION:**

**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 or the preceding year reflect your current financial situation, please be prepared to share information regarding this.

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 household (including the child being applied for) who are supported by the family income. (If you need more room, write on the back of this page or use another sheet of paper.)

	Name (first, middle, last)	Relationship to Child	Date of Birth
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

**PUBLIC ASSISTANCE – FOSTER CARE – CHILD SUPPORT:**

1. Is your family **currently** receiving TANF benefits?  Yes  No
2. Are you or anyone in your family **currently** receiving Supplemental Security Income (SSI)?  Yes  No
3. Is this application for a foster child?  Yes  No
4. Do you receive child support?  Yes  No    Court ordered child support  Yes  No

Other arrangement please indicate: \_\_\_\_\_

**Please provide documentation of the above public assistance, foster care or child support.**

Child's Name: \_\_\_\_\_  
(Mother's name if Early Head Start pregnant woman)

**IDENTIFICATION OF HOMELESS FAMILY:**

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

Do you have a primary fixed nighttime residence?  Yes  No

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

Please indicate the number of times your family has moved in the past 12 months: \_\_\_\_\_

**IDENTIFICATION OF MIGRANT FAMILY:**

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

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**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 changes.

Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Please list two (2) people to contact if we cannot reach you:**

Contact Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

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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.