

INFORMATION ON PERSON LEGALLY RESPONSIBLE FOR HEAD START CHILD

CAREGIVER'S LAST NAME _____ FIRST NAME _____ GENDER _____
DOB _____

ETHNICITY LATINO NON-LATINO
RACE
 ASIAN BI-RACIAL /MULTI-RACIAL BLACK
 NATIVE AMERICAN PACIFIC ISLANDER OTHER
 UNSPECIFIED WHITE

LANGUAGE IN HOME _____ 2nd LANGUAGE IN HOME _____

ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE () _____ (home) () _____ (mobile)
EMAIL: _____

WHAT IS YOUR RELATIONSHIP TO THE CHILD? (Circle any that apply.)

Mother Father Legal Guardian Foster Parent
Relative (describe) _____ Non-relative Caregiver

CHILD LIVES WITH? (Circle any that apply.)

Grandparent Relative Caregiver Mother Father Both
Non-relative Caregiver Foster Parent Legal Guardian

NAME OF SECOND CAREGIVER _____
DOB _____

FAMILY TYPE

Two Parent Single Parent/female Single Parent/male Other

ETHNICITY LATINO NON-LATINO

RACE
 ASIAN BI-RACIAL /MULTI-RACIAL BLACK
 NATIVE AMERICAN PACIFIC ISLANDER OTHER
 UNSPECIFIED WHITE

LANGUAGE IN HOME _____ 2nd LANGUAGE IN HOME _____

ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE () _____ (home) () _____ (mobile)
EMAIL: _____

EDUCATION LEVEL		
Parent 1	Parent 2	
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor or Advanced Degree
<input type="checkbox"/>	<input type="checkbox"/>	College degree or training school certificate
<input type="checkbox"/>	<input type="checkbox"/>	ESL
<input type="checkbox"/>	<input type="checkbox"/>	GED
<input type="checkbox"/>	<input type="checkbox"/>	Grade 10
<input type="checkbox"/>	<input type="checkbox"/>	Grade 11
<input type="checkbox"/>	<input type="checkbox"/>	Grade 12

<input type="checkbox"/>	<input type="checkbox"/>	Grade 9 or less
<input type="checkbox"/>	<input type="checkbox"/>	High School Graduate
<input type="checkbox"/>	<input type="checkbox"/>	No High School
<input type="checkbox"/>	<input type="checkbox"/>	Some College/Vocational/Associates Degree
<input type="checkbox"/>	<input type="checkbox"/>	Some High School
<input type="checkbox"/>	<input type="checkbox"/>	Unknown

Are you receiving TCA? Yes No If yes, TCA # _____
 Are you participating in a work experience? Yes No If yes, where? _____
 Are you participating in community service? Yes No If yes, where? _____
 Are you participating in job training or school? Yes No If yes, where? _____
 Are you in the WIC program? Yes No Previously
 Do you receive food stamps? Yes No If yes, Food Stamp #: _____
 Is either parent deceased? Yes No
 Is either parent incarcerated? Yes No

EMPLOYMENT STATUS		
Parent 1	Parent 2	
<input type="checkbox"/>	<input type="checkbox"/>	Full-time & Training
<input type="checkbox"/>	<input type="checkbox"/>	Employed full-time
<input type="checkbox"/>	<input type="checkbox"/>	Homemaker
<input type="checkbox"/>	<input type="checkbox"/>	Job training/school (part-time)
<input type="checkbox"/>	<input type="checkbox"/>	Part-time & Training
<input type="checkbox"/>	<input type="checkbox"/>	Employed Part-time
<input type="checkbox"/>	<input type="checkbox"/>	Retired or disabled
<input type="checkbox"/>	<input type="checkbox"/>	Job training or in school
<input type="checkbox"/>	<input type="checkbox"/>	Employed seasonal
<input type="checkbox"/>	<input type="checkbox"/>	Self-employed
<input type="checkbox"/>	<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	<input type="checkbox"/>	Unknown

Employer/school name _____
 Phone (work) () _____

HOUSING INFORMATION

Do you:
 Own your home
 Rent (Circle One) Apartment or House
 Live in Subsidized Housing (Section 8)
 Live in Public Housing
 Live with relatives or friends
 If so, how long have you lived with relatives or friends? _____
 Are you homeless
 If so, do you live in a shelter? _____

INFORMATION ON FAMILY MEMBERS SUPPORTED BY INCOME
 (List Head Start Child First) RC means Relationship to Head Start Child

Head Start Child's Name _____ Gender _____ DOB _____

ETHNICITY: Latino Non-Latino Race: _____

Number of Family Members Supported by Income: _____

Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____

MEDICAL COVERAGE FOR CHILD

(Circle one)

Private _____ Medical Assistance _____ No Coverage _____

MCO/PLAN NAME _____ OFFICE LOCATION _____

PLAN # _____

DOCTOR'S NAME _____ PHONE _____

DENTAL COVERAGE:

(Circle one) Yes _____ No _____

PLAN NAME _____ PLAN # _____

DENTIST'S NAME _____ PHONE _____

DISABILITIES INFORMATION

Has the child been diagnosed with, or is the child suspected to have a disability (a condition that may require special education or related services)? Circle one: Suspected _____ Diagnosed _____ None _____

If diagnosed, do you have written information (IEP/documentation)? Circle one: Yes _____ No _____

If suspected, please describe: _____

Which sites do you prefer?

1. _____
2. _____
3. _____

Which classroom option do you prefer?

1. _____
2. _____
3. _____

* We will attempt to honor your requested site(s). Please note that children will be assigned to a class based both on the needs of families and the program.

OTHER INFORMATION

Full Year Needed Full Day Needed Child Care Subsidy

Secondary Source of Child Care _____

Did family receive services prior to the current program year? _____

PARENT SIGNATURE

STAFF SIGNATURE

DATE

1ST YEAR _____

2ND YEAR _____

3RD YEAR _____

FOR OFFICE USE ONLY

ELIGIBILITY AND SELECTION Selection # _____

Income Eligible 7 points Homeless 7 points Documented Disability 6 points

Primary Caregiver (parent/guardian) deceased 3 points Child is age 4 4points

Child is age 3 3 points Child is transitioning from Early Head Start 2 points

Income between 100-130% of Poverty Line 2 points Suspected Disability 2 points

Optional Criteria (at 2 points each) _____

Application Date _____ Enrollment/USDA Date _____

INFORMATION ON HOUSEHOLD MEMBERS NOT SUPPORTED BY INCOME
RC means Relationship to Head Start Child

Head Start Child's Name _____ Gender _____ DOB _____

Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____