



Child/Family Services Head Start Application (MSHS/EHS/HS)

| Child General Information | | | |
|--|---|-----------------------|--|
| Application Date: | | Enrollment Date: | |
| Child First Name: | | Child Last Name: | |
| Primary Language: | | Gender: | |
| Other Language: | | Birth Date: | |
| Ethnicity: | | Race: | Unborn Child Due Date: |
| Parent/Guardian #1 General Information | | | |
| First Name & M.I.: | | Last Name: | |
| Date of Birth | | Pregnant: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Primary Language | | Other Language | |
| Ethnicity: | | Gender: | |
| Race: | | | |
| Education Level : | Some High School <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> BA Degree or Higher <input type="checkbox"/> No High School <input type="checkbox"/> | | |
| Phone(Home): | | Employment Status: | Over 6 hrs. <input type="checkbox"/> Fewer than 6 hrs. <input type="checkbox"/> |
| Phone(Work/Cell): | | Job Training/School: | Over 6 hrs. <input type="checkbox"/> Fewer than 6 hrs. <input type="checkbox"/> |
| Physical Address: | | | |
| Mailing Address: | | | |
| City: | | Employer/School Name: | |
| State: | | | |
| Zip Code: | | | |
| Parent/Guardian #2 General Information | | | |
| First Name & M.I.: | | Last Name: | |
| Date of Birth | | Pregnant: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Primary Language | | Other Language | |
| Ethnicity: | | Gender: | |
| Race: | | | |
| Education Level : | Some High School <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> BA Degree or Higher <input type="checkbox"/> No High School <input type="checkbox"/> | | |
| Phone(Home): | | Employment Status: | Over 6 hrs. <input type="checkbox"/> Fewer than 6 hrs. <input type="checkbox"/> |
| Phone(Work/Cell): | | Job Training/School: | Over 6 hrs. <input type="checkbox"/> Fewer than 6 hrs. <input type="checkbox"/> |
| Physical Address: | | | |
| Mailing Address: | | | |
| City: | | Employer/School Name: | |
| State: | | | |
| Zip Code: | | | |

| Income Information | | | |
|---|---|--|--|
| Total Non-Agriculture Annual Income: | | # in Family: | |
| Total Agriculture Annual Income: | | # in Household: | |
| Total Annual Income: | | Over 50% Agricultural Income: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Income Status: | Income Eligible <input type="checkbox"/> Over Income <input type="checkbox"/> | Foster Care <input type="checkbox"/> | |
| Automatic Eligibility: | TANF <input type="checkbox"/> | SSI <input type="checkbox"/> | Homeless <input type="checkbox"/> |
| Documents Verified: | | | |
| Comments: | | | |
| Eligibility Information | | | |
| | Select One: | Disability Status: | |
| Parental Status: | Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> | Certified IEP <input type="checkbox"/> Certified IFSP <input type="checkbox"/> | |
| | Select All That Apply: | Moved within last 24 months seeking agricultural work? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Dual Custody <input type="checkbox"/> Teen Parent <input type="checkbox"/> | | |
| | Homeless <input type="checkbox"/> Disabled Parent <input type="checkbox"/> | Date of Move: | |
| | Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> | Previous Address: | |
| | Grandparent <input type="checkbox"/> CPS <input type="checkbox"/> | | |
| | Court Referral <input type="checkbox"/> Prior IEP/IFSP <input type="checkbox"/> | Migrancy Documents Verified: | |
| Re-Enrollee: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Currently on another waiting list? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Currently enrolled in a program? | Yes <input type="checkbox"/> No <input type="checkbox"/> Where: | Where: | |
| Program Information | | | |
| Program Model: | RHS <input type="checkbox"/> EHS <input type="checkbox"/> MHS <input type="checkbox"/> SHS <input type="checkbox"/> | Program Option: | |
| Hours Per Day: | 3-4 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6-8 <input type="checkbox"/> 8+ <input type="checkbox"/> | Full Day Center <input type="checkbox"/> | Part Day Center <input type="checkbox"/> |
| Full Day Eligibility: | Yes <input type="checkbox"/> No <input type="checkbox"/> | FCCH <input type="checkbox"/> | Home Based <input type="checkbox"/> |
| Desired Agency: | | Combination <input type="checkbox"/> | |
| Desired Center(s): | 1) | 2) | 3) |
| Secondary Source of Child Care: | | | |
| I declare under penalty perjury that the above information is true and correct to the best of my knowledge. | | I certify that I have examined the above eligibility documentation. | |
| Parent/Guardian Name (Printed) | | Staff Name (Printed) | |
| Parent/Guardian Signature | | Staff Signature | |
| Date | | Date | |
| Approved by: | Management Signature | Date | |

Distribution: White - Delegate/DO Yellow - Child's File Pink - Parent