

2019-20 Head Start / Preschool Application

Have you ever filled out a Head Start application? Yes No

Enrolling Agency Enrolling Site

Primary Caregiver General Information

First Name M. Init. Last Name

Gender Male Female App. Date B-Day

Receives WIC Yes No Receives Food Stamps/SNAP

Language <input type="checkbox"/> English <input type="checkbox"/> Middle-Eastern Languages <input type="checkbox"/> Spanish <input type="checkbox"/> Pacific Island Languages <input type="checkbox"/> Other _____	Other Language <input type="checkbox"/> English <input type="checkbox"/> Middle-Eastern Languages <input type="checkbox"/> Spanish <input type="checkbox"/> Pacific Island Languages <input type="checkbox"/> Other _____
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Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic	Race <input type="checkbox"/> Bi/Multi-racial <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Unspecified <input type="checkbox"/> Other _____
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Education Level <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College/Vocational/ Associates Degree <input type="checkbox"/> Bachelor or Advanced Degree	Employment Status <input type="checkbox"/> Unemployed <input type="checkbox"/> Self employed <input type="checkbox"/> Employed seasona <input type="checkbox"/> Homemaker <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Job training or in school <input type="checkbox"/> Employed part-time <input type="checkbox"/> Retired or disabled
Education Completion Date <input style="width: 100px;" type="text"/>	

Employer / School Name Veteran of US Military
 (Active) US Military

Phone Home: Mobile:
 Work: E-mail:

Home Address
 City State Zip Code

Other Address Address Type: Previous Mailing Other

Family Structure <input type="checkbox"/> Two Parent <input type="checkbox"/> Single Parent # in Family <input style="width: 50px;" type="text"/> # in Household <input style="width: 50px;" type="text"/>	Parent(s)/Guardian(s) Best Descriptor <input type="checkbox"/> Parents (biological, step, adoptive) <input type="checkbox"/> Other Relatives (nongrandparent) <input type="checkbox"/> Other <input type="checkbox"/> Grandparents <input type="checkbox"/> Foster Parent(s)
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Medical Insurance Yes No Specify:

Current Housing Homeless Own Rent Other
 Current Housing Start Date / / Previous Housing Homeless Own Rent Other

If "Homeless" or "Other" is listed for Current Housing, you must complete a Family Residency Questionnaire

Recruitment Activities: How did you hear about the Head Start program and our application process?
 (Select Only One)

<input type="checkbox"/> Community Event	<input type="checkbox"/> Public Ads (newspaper)	<input type="checkbox"/> Flyers/Posters
<input type="checkbox"/> Former HS Parent	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Public Service Announcement (tv, radio)
<input type="checkbox"/> Agency Referral	<input type="checkbox"/> Mailings	<input type="checkbox"/> Other

No Secondary Caregiver (skip application for secondary caregiver)

Secondary Caregiver General Information

First Name M. Init. Last Name

Gender Male Female B-Day

Language English
 Middle-Eastern Languages
 Spanish
 Pacific Island Languages
 Other _____

Other Language English
 Middle-Eastern Languages
 Spanish
 Pacific Island Languages
 Other _____

Ethnicity White
 Asian
 Native American
 Hispanic

Race Bi/Multi-racial
 Black
 Pacific Islander
 Unspecified
 Other _____

Education Level Bachelor or Advanced Degree
 Some College/Vocational/
Associates Degree
 High School Graduate
 GED
 Grade 11
 Grade 10
 Grade 9 or less

Employment Status Employed full time
 Homemaker
 Employed part time
 Retired or disabled
 Job training or in school
 Employed seasonal
 Self employed
 Unemployed

Education Completion Date

Employer / School Name

(Active) Member of US Military
 Veteran of US Military

Phone Home: Mobile:
Work: E-mail:

Same as Primary Caregiver's

Home Address

City State Zip Code

Medical Insurance Yes No Specify:

Comments

Primary:

Secondary:

Child Information

Agency Applicant For *Current Year* *Next Year*Desired Center *Center 1* *Center 2* *Center 3*First Name Mid. Init. Last Name App. Date Gender *Male* *Female*B-Day

Demographic Information

Language

- English*
- Middle-Eastern Languages*
- Spanish*
- Pacific Island Languages*
- Other _____*

Other Language

- English*
- Middle-Eastern Languages*
- Spanish*
- Pacific Island Languages*
- Other _____*

Ethnicity

 Hispanic

- White*
- Asian*
- Native American*

Race

- Bi/Multi-racial*
- Black*
- Pacific Islander*
- Unspecified*
- Other _____*

US Citizen *Yes* *No*

Eligibility Information

Parental Status

(Check all that apply)

- Grandparent*
- Teen Parent*
- Student Parent*
- Guardian*
- Group Home*
- Dual Custody*
- Homeless*
- Disabled Parent*
- Foster Parent*

Relation to Primary Caregiver Relation to Secondary Caregiver **Special Need** Disability Status *No* *Suspected* *Certified IEP* *Certified IFSP* **Child Protective Services** **Death of Immediate Family Member** **Non-English Speaking** *(Within the previous 12 months)*

Desired Program Option

- Part Day, 4 days per week*
- Full Day, 4 days per week*
- Full Day, 5 days per week*

Additional Information

Family Size

In order to help establish program eligibility, we must determine the size of your family using the definition of "family" found in **45 CFR Part 1305.2(e)** of the Head Start Program Performance Standards. This definition states that family means "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 or participating in the program, **AND** (2) related to the parent(s) or guardian(s) by blood, marriage, or adoption OR (3) the child's authorized caregiver or legally responsible party.

Name	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child	<input type="text"/>
Name	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child	<input type="text"/>
Name	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child	<input type="text"/>
Name	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child	<input type="text"/>
Name	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child	<input type="text"/>
Total # of family members <i>(including child & caregivers)</i>	<input type="text"/>		

Transportation

Will you need Head Start to transport your child to and from school each day? Yes No

Please give directions to your home (be very specific)

Emergency Information

Name	<input type="text"/>	Release to:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone #	<input type="text"/>	Emergency Contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	<input type="text"/>	Release to:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone #	<input type="text"/>	Emergency Contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	<input type="text"/>	Release to:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone #	<input type="text"/>	Emergency Contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	<input type="text"/>	Release to:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone #	<input type="text"/>	Emergency Contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I authorize the above designated persons to be contacted in case of emergencies and/or for release of my child. I certify that all information that I provide is true and correct. I understand that providing false information may result in the child's participation in the program being terminated. I also understand that the information provided here is confidential.

CLICK HERE TO RETURN TO PRESENTATION

Staff Signature

Title / Position

Notes for Completing the Enrollment Application

- ❑ *There must be a selection made for “Race”. Even if ethnicity is marked as “Hispanic”, there still must be a race selected.*
- ❑ *For “education level”, you will select the highest one that has been COMPLETED by the parent. The completion date will be for that particular level of education, not a future date.*
- ❑ *Under “employment status”, if you mark that the parent is employed full-time, part-time, or job training/school, then something should be listed in the section of “Employer/School Name.”*
- ❑ *Be sure to ask for an email address. We need that to contact parents with information and surveys.*
- ❑ *Home Address: This section is the physical, 9-11 address for the family, not the mailing address.*
- ❑ *Other Address: This section would normally be used if the parent has a mailing address that is different from their home address. You do not need to use this section as a “previous address” for the parent.*
- ❑ *Family Structure: Either “Single” or “Two Parent” must be selected.*
- ❑ *Parent/Guardian Best Descriptor: You will only select one option. Example – If the foster parent is also the grandparent, you would only select “foster parent”.*
- ❑ *Current Housing Start Date: If the parent can’t give you specific day/month/year, ask them for their best guess for the year and then just use January 1 as the month and day.*
- ❑ *Recruitment Activities: You must select 1 and only 1.*

Notes for Completing the Enrollment Application

- ❑ *On the Secondary Caregiver page, their address should be the same as the Primary Caregiver's otherwise, they shouldn't be listed as the Secondary Caregiver. The only exception to that rule would be if there was a true "Dual Custody" case and the caregivers live apart. Dual custody means that parents have a 50/50 time split with the child instead of the traditional custody arrangement.
Note: If you do have a case of Dual Custody, contact your office for instructions because family members are not counted the same way and neither is income so you will need their guidance.*
- ❑ *Parental Status: If the parent is a teenager ON THE DAY OF THE APPLICATION, then you would mark "teen parent".*
- ❑ *Parental Status: Several items may be marked.
Note: Guardian and Foster Parent cannot both be marked.*
- ❑ *Family Size: If a person counts in the child's family, then they must be listed in this section with all the requested information.*
- ❑ *Family Size: If a person is living in the child's home but do not qualify to be listed in the child's "Family", then don't list them in this section or count them in the family number.*
- ❑ *Emergency Information: You will not list the PC or SC in this section. You must list 2 people with 2 different phone numbers in this section.
Note: If you list 2 different phone numbers for the same person, that is only 1 emergency contact (2 are required). If you list 2 different people with the same phone number, that is still just one emergency contact.*

