LSF - Head Start/ Early Head Start Program

APPLICATION

I would like to apply for: ☐ Head Start ☐ Early Head Start

Date Received: Enrollment Date:

CHILD'S INFORMATION

School/Center:	Classroom/FCCH Assignment:		
Child's Legal Name (Last)	**(First)**	**Date of Birth**	**Sex** ☐ Male ☐ Female

Language Spoken at Home: ☐ English ☐ Spanish ☐ Creole ☐ Other _____ **Interpreter needed:** ☐ Yes ☐ No

Race: ☐ Black ☐ White ☐ Hispanic ☐ Amer. Indian ☐ Native Amer. ☐ Asian/Pac. ☐ Pacific Islander

Ethnicity: ☐ Black ☐ White ☐ Hispanic ☐ Vietnamese ☐ Other _____

Was child referred to Head Start by another Agency? No Yes

If yes, describe: _____

PARENTS' INFORMATION

First and Last Name	Lives with the child	Date of Birth	Race	Language Spoken	Last Grade Completed	Hours Worked	Occupation
Mother							
Father							
Guardian **Relationship to Child: (Check One)** ____Foster ____ Aunt _____Grandfather _____ Grandmother Other _____							

Living Address: City: Zip Code: Apt # Lot # Unit #

Mailing Address: City: Zip Code: Apt # Lot # Unit #

My Living Address is: [ ] My own Residence [ ] Living with Relative/Friends [ ] Other _____ **Parent Military Deployment** ☐ Yes ☐ No

Mother's Phone #: _____/_____/_____ (Home / Cell / Other) **Father's Phone #:** _____/_____/_____ (Home / Cell / Other)

Mother/Guardian Employer's Name: _____ **Work #** _____ **City** _____ **Zip Code** _____

Father/Guardian Employer's Name: _____ **Work #** _____ **City**_____ **Zip Code** _____

Parent Status (in household): ☐ One ☐ Two ☐ Legal Guardian ☐ Foster **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Number in Family: _____ **Number of Family Members you Support**: _____ **Have you ever had a child in HS/EHS?** ☐ Yes ☐ No

How did you hear about Head Start? []Word of Mouth []Family/ Friend []Newspaper []Radio []Community Agency []Website []Flyer []Former/Current HS Parent

OTHER FAMILY MEMBERS IN HOUSEHOLD YOU SUPPORT

First & Last Name	Date of Birth	Sex	Relationship to Child	Child or Adult	Is the adult an "Authorized Caregiver"& Provides Support?	
		M F			NO	YES
		M F			NO	YES
		M F			NO	YES
		M F			NO	YES
		M F			NO	YES
		M F			NO	YES

EMERGENCY CONTACT INFORMATION & PERSON(s) AUTHORIZED TO PICK UP CHILD FROM THE SCHOOL/CENTER

Name of Adult	Address	Phone	Relationship

TURN OVER TO COMPLETE APPLICATION **OVER →→→**

CHILD'S DISABILITIES INFORMATION

Disability Status: [] Diagnosed [] Suspected/Concern [] None Please provide documentation: [] IEP [] IFSP [] Evaluation/Doctors Note

Does your child have concerns in the following areas: [] Vision [] Developmental [] Hearing [] Speech [] Other_____

CHILD'S MEDICAL INFORMATION

Medical Diagnosis: _____ [] Any prescribed medication(s)?_____

[] Diagnosed Asthma [] Diagnosed Allergies (Food, Insect, Environmental) Other _____

[] Medical Concern(s) _____ Nutrition Concern(s): [] Yes [] No Special Diet: _____

MEDICAID STATUS: **[]** Eligible [] Ineligible [] Applied [] Former **Medicaid #** _____ HMO **[]** Yes **[]** No

Medical Insurance: Private S-Chip **Dental Insurance:** Yes No Name:_____ **Medical/Dental Provider** _____

Any specific family need or crisis? [] No [] Yes (If yes, describe)

PUBLIC ASSISTANCE

NON-CASH **FOOD STAMPS** [] Yes [] No **Receiving WIC** [] Yes [] No

CASH **Are you receiving Child Care Assistance?** [] Yes [] No **AFDC/WAGES** [] Yes [] No **SSI /SSD** [] Yes [] No

INCOME (BEFORE TAXES AND LIVING IN THE HOME)

MOTHER/LEGAL GUARDIAN/RELATIVE CAREGIVER

Employed [] Yes [] No **Employed** [] Full Time [] Part Time **Gross Income:** $ _____ **Paid:** ____ Weekly ____ Biweekly ____ Monthly

Attends School (Name): _____ **Student Status:** [] **Full Time** [] **Part Time**

FATHER/LEGAL GUARDIAN/RELATIVE CAREGIVER

Employed [] Yes [] No **Employed** [] Full Time [] Part Time **Gross Income:** $ _____ **Paid:** ____ Weekly ____ Biweekly ____ Monthly

Attends School (Name): _____ **Student Status:** [] **Full Time** [] **Part Time**

OTHER INCOME (DOCUMENTS REQUIRED)

Social Security Benefits $_____ **SSI** $_____ **AFDC/WAGES** $ _____

Unemployment $_____ _____ Weekly _____ Biweekly _____ Monthly **Foster Care** $ _____

Child Support $_____ _____ Weekly _____ Biweekly _____ Monthly **Other Income**_____

PLEASE READ BEFORE SIGNING:

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN TO DETERMINE ELIGIBILITY FOR A FEDERAL PROGRAM AND WILL BE VERIFIED FOR ACCURACY. I UNDERSTAND THAT DELIBERATE MISREPRESENTATION OF THE INFORMATION MAY SUBJECT ME TO WITHDRAWAL FROM THE PROGRAM AND PROSECUTION UNDER APPLICABLE STATE AND FEDERAL LAWS.

PARENT SIGNATURE: _____ **DATE:** _____

E-mail Address:_____

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, THIS PROGRAM DOES NOT DISCRIMINATE BASED ON DISABILITY.

!!! STOP !!!

DO NOT WRITE IN THIS AREA -- FOR OFFICE USE ONLY

Application Accepted By:

ELIGIBILITY DETERMINATION RECORD

DESCRIPTION	(PTS)	DESCRIPTION	(PTS)	
Parental Status:		**Required Consideration:**		**Face to Face Interview** []
Income:		**Migrant Seasonal:**		**Phone Interview** []
Age:		**Agency Consideration:**		**Total Points:**

Eligibility Comments:

TOTAL EARNED INCOME (Documented)	TOTAL OTHER INCOME	CRITERIA ENROLLED UNDER
PREVIOUS 12 MONTHS INCOME *(COMPUTED IN ONE OF THE FOLLOWING WAYS):* 1. Mother's Earned Inc. $_____ Doc._____ 2. Father's Earned Inc. $ _____ Doc._____ 3. Guardian's Earned Inc. $_____Doc._____ Total Earned Income: $_____	TANF $ _____ SSI $_____ Social Security Benefits $ _____ Veteran's Benefits $ _____ Child Support $ _____ Unemployment Compensation $ _____ Other $ _____ Source _____ Documentation _____ Total Other Income $_____	____ A. Age (Documentation_____) ____ B. Income Eligible (below 100%) ____ C. Public Assistance (TANF, SSI, Subsidized CC) ____ D. Documented Stress in the Home: (Identify)_____ ____ E. 101%-130% ____ F. Foster ____ G. McKinney-Vento ____ H. Over Income

Gross Income $_____ **# in Family** _____ **Income Time Frame:** _____

Documents Reviewed and Verified by: _____ **Date:** _____

(Family & Community Engagement Specialist)

FACE Manager/Coordinator/Supervisor Signature: _____ **Date:** _____