|  |
| --- |
| **School Preference:** |
| Applicant (Child) |
| First | Middle | Last  | Birthday | Gender | SSN  |
|  |  |  |  |  |  |
| Race | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| 🞏 Asian🞏 Black 🞏 White🞏 Other: | 🞏 American Indian/Alaska Native 🞏 Hawaiian/Pacific Islander 🞏 Multi-Racial  | 🞏 Yes 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 No  | 🞏 Little🞏 Moderate 🞏 None🞏 Proficient |
| Primary Health Coverage | Other Coverage | Insurance # | Medicaid Eligibility | Medicaid # | Doctor/Medical Home |
|  |  |  | 🞏 Not Eligible 🞏 On Medicaid 🞏 Potentially |  |  |
| Dental Coverage | Dental Coverage # | Dentist/Dental Home |
|  |  |   |

|  |
| --- |
| Primary Adult  |
| First | Middle | Last | Birthday | Gender |
|  |  |  |
| Race | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| 🞏 Asian🞏 Black 🞏 White🞏 Other: | 🞏 American Indian/Alaska Native 🞏 Hawaiian/Pacific Islander 🞏 Multi-Racial  | 🞏 Yes 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  |
| Highest Grade Completed | Employment Status | Child's Relationship | Custody Check all that apply: |
| 🞏 No High School or GED🞏 High School or GED🞏 Associate Degree, Vocational School or Some College🞏 Bachelor or Advance Degree | 🞏 Full Time🞏 Part Time 🞏 Seasonal🞏Unemployed🞏 Retired 🞏 Disabled  | 🞏 Biological /Adopted/Step🞏 Grandchild🞏 Other Relative🞏 Foster🞏 Other | 🞏 Yes🞏 No | 🞏 Lives with Family 🞏 Provides Financial Support 🞏 Teen Parent  |
| **Email Address:** |  |  |  |
| Individual Primary # |   | Opt In for Text Messages 🞏 Yes 🞏 No |

|  |
| --- |
| Secondary Adult  |
| First | Middle | Last | Birthday | Gender |
|  |  |  |
| Race | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| 🞏 Asian🞏 Black 🞏 White🞏 Other: | 🞏 American Indian/Alaska Native 🞏 Hawaiian/Pacific Islander 🞏 Multi-Racial  | 🞏 Yes 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  |
| Highest Grade Completed | Employment Status | Child's Relationship | Custody Check all that apply: |
| 🞏 No High School or GED🞏 High School or GED🞏 Associate Degree, Vocational School or Some College🞏 Bachelor or Advance Degree | 🞏 Full Time🞏 Part Time 🞏 Seasonal🞏Unemployed🞏 Retired 🞏 Disabled  | 🞏 Biological /Adopted/Step🞏 Grandchild🞏 Other Relative🞏 Foster🞏 Other | 🞏 Yes🞏 No | 🞏 Lives with Family 🞏 Provides Financial Support 🞏 Teen Parent  |
| **Email Address:** |  |  |  |
|  Individual Primary # |   | Opt In for Text Messages 🞏 Yes 🞏 No |

|  |
| --- |
| Additional Children |
| First | Middle | Last | Birthday | Gender |
|  |  |  |
| Race | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| 🞏 Asian🞏 Black 🞏 White🞏 Other: | 🞏 American Indian/Alaska Native 🞏 Hawaiian/Pacific Islander 🞏 Multi-Racial  | 🞏 Yes 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First | Middle | Last | Birthday | Gender |
|  |  |  |
| Race | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| 🞏 Asian🞏 Black 🞏 White🞏 Other: | 🞏 American Indian/Alaska Native 🞏 Hawaiian/Pacific Islander 🞏 Multi-Racial  | 🞏 Yes 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First | Middle | Last | Birthday | Gender |
|  |  |  |
| Race | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| 🞏 Asian🞏 Black 🞏 White🞏 Other: | 🞏 American Indian/Alaska Native 🞏 Hawaiian/Pacific Islander 🞏 Multi-Racial  | 🞏 Yes 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First | Middle | Last | Birthday | Gender |
|  |  |  |
| Race | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| 🞏 Asian🞏 Black 🞏 White🞏 Other: | 🞏 American Indian/Alaska Native 🞏 Hawaiian/Pacific Islander 🞏 Multi-Racial  | 🞏 Yes 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  | 🞏 Yes, (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 No  | 🞏 Little🞏 Moderate 🞏 None 🞏 Proficient  |
| Additional Family Information (Please answer all questions) |
| Parental Status:🞏 One 🞏 TwoPrimary Language at Home:🞏 English 🞏 Spanish🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is your Family Homeless?🞏 Yes 🞏 NoActive Duty Military?🞏 Yes 🞏 NoDisplaced by Natural Disaster🞏 Yes 🞏 No | Referred by a Child Welfare Agency?🞏 Yes 🞏 NoReceiving SNAP?🞏 Yes 🞏 NoReceiving WIC?🞏 Yes, WIC ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 NoFood Security?🞏 Yes 🞏 No# of Persons in Family: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Disabled Parent?🞏 Yes 🞏 NoTeen Parent?🞏 Yes 🞏 NoDeath of Parent in Past 6 Months?🞏 Yes 🞏 NoParent Separation in Past 6 Months?🞏 Yes 🞏 No | Incarcerated Parent?🞏 Yes 🞏 NoHead Start Employee?🞏 Yes 🞏 NoChild Has Documented Disability?🞏 Yes 🞏 NoChild Has Suspected Disability?🞏 Yes 🞏 No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact 1** | Name | Relationship | Emergency Contact | Release To |
|  | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| Address  |  | ZIP | City | State |
|  |  |  |  |
| Phone Number 1 |  | Phone Number 2 |  |
|  | 🞏 Cell 🞏 Home 🞏 Work |  | 🞏 Cell 🞏 Home 🞏 Work |
|  **Contact 2**  | Name | Relationship | Emergency Contact | Release To |
|  |  | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| Address  | ZIP | City | State |
|  |  |  |  |
| Phone Number 1 |  | Phone Number 2 |  |
|  | 🞏 Cell 🞏 Home 🞏 Work |  | 🞏 Cell 🞏 Home 🞏 Work |
|  **Contact 3**  | Name | Relationship | Emergency Contact | Release To |
|  |  | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| Address  | ZIP | City | State |
|  |  |  |  |
| Phone Number 1 |  | Phone Number 2 |  |
|  | 🞏 Cell 🞏 Home 🞏 Work |  | 🞏 Cell 🞏 Home 🞏 Work |
| **Family Living Address** |
| Living Address | ZIP | City | State | County |
| **Family Mailing Address**  |
| Same as living? | Mailing Address  | ZIP | City | State |
| 🞏 Yes 🞏 No |  |  |  |  |
| Family Income |
| What was your family’s total YEARLY income for 2021? Please add income from all sources (salary, child support, unemployment, etc.) that your family received and enter the number below in U.S. Dollars. | TANF Status | SSI |
| **Yearly Income*: $*** ***# of Persons in Family:\_\_\_\_\_\_\_*** | 🞏 Yes 🞏 No 🞏 Formerly on TANF/Not now | 🞏 Yes 🞏 No |

**USDA Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

|  |
| --- |
| How did you hear about our program? |
| 🞏 Word of Mouth | 🞏 Social Media 🞏 Community Referral 🞏 Website 🞏 Other |

**Verification: I certify that the information provided in this application, and the income indicated for enrollment eligibility, is accurate and truthful to the best of my knowledge. Providing false income/information could result in dismissal from the program and may be subjected to legal action. I also understand that the information given to the program will remain confidential and is accessible to me during normal business hours.**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent Signature | Date | Head Start Staff Signature | Date |
|  |  |  |  |