

Pre-Application 2022-2023



School Preference:						
Applicant (Child)						
First	Middle Last		Birthday	Gende	er SSN	
				5 5 7 1 3 2		
Race	Hispanic	English Proficiency	Other Langu	200	Other Language F	Proficionav
☐ Asian ☐ American Indian/Alaska Native	Tilspanic ☐ Yes	☐ Little	☐ Yes, (pleas		☐ Little	Tollclericy
☐ Black ☐ Hawaiian/Pacific Islander	□ No	☐ Moderate	☐ Tes, (pleas	se list)	☐ Moderate	
☐ White ☐ Multi-Racial	— 110	□ None	□ No		☐ None	
Other:		☐ Proficient			☐ Proficient	
Primary Health Coverage Other Covera	ige Insurance #	Medicaid Eligibility	Medicaid #		Doctor/Medica	I Home
		☐ Not Eligible ☐ On Medicaid				
Dental Coverage Der	ital Coverage #	☐ Potentially	Dentist/De	atal Hama		
Dental Coverage Der	ital Coverage #		Dentist/Dei	itai nome		
Primary Adult						
First	Middle	Last			Birthday	Gender
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Dana	Highania	Fuelish Drefisioner	Other Len		Other Lenguese D	-afiaiana.
Race ☐ Asian ☐ American Indian/Alaska Native	Hispanic ☐ Yes	English Proficiency ☐ Little	Other Lan		Other Language Pr	officiency
☐ Black ☐ Hawaiian/Pacific Islander	□ res	☐ Moderate	☐ Tes, (pie	ase list)	☐ Moderate	
☐ White ☐ Multi-Racial	□ 140	☐ None	□ No		☐ None	
□ Other:		☐ Proficient			☐ Proficient	
Highest Grade Completed	Employment Statu	us Child's Rel	ationship	Custody	Check all tha	t apply:
☐ No High School or GED	☐ Full Time	☐ Biologic	al /Adopted	☐ Yes	☐ Lives wit	
☐ High School or GED	☐ Part Time	/Step		☐ No	☐ Provides	Financial
☐ Associate Degree, Vocational School or Som		☐ Grandch			Support	
College	□Unemployed □ Retired	☐ Other R ☐ Foster	elative		☐ Teen Pa	rent
☐ Bachelor or Advance Degree	☐ Retired☐ Disabled☐	☐ Other				
Email Address:	_ Dicablea					
Individual Primary #		Opt In for Text Messages	□ Yes			
			□ No			
Secondary Adult						
First	Middle	Last			Birthday	Gender
1 1151	Miluule	Lasi			Diffiliday	Geridei
Race	Hispanic	English Proficiency	Other Lan		Other Language Pr	oficiency
☐ Asian ☐ American Indian/Alaska Native	□ Yes	□ Little	☐ Yes, (ple	ease list)	Little	
☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial	□ No	☐ Moderate ☐ None	□ No		☐ Moderate☐ None	
☐ White ☐ Multi-Racial ☐ Other:		☐ Proficient	□ INO		☐ None ☐ Proficient	
Highest Grade Completed	Employment Statu		ationship	Custody	Check all tha	t apply:
☐ No High School or GED	☐ Full Time		al /Adopted	□ Yes	☐ Lives wit	
☐ High School or GED	☐ Part Time	/Step	P	□ No	☐ Provides	,
☐ Associate Degree, Vocational School or Som		☐ Grandch			Support	
College	□Unemployed	□ Other R	elative		☐ Teen Pa	rent
☐ Bachelor or Advance Degree	☐ Retired	☐ Foster				
Email Address:	☐ Disabled	☐ Other				
Individual Primary #		Opt In for Text Messages	□ Yes			
			□ No			



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Additional Children										
First			Middle		Last		Birthday	Gender		
Race				English Profi	ciency	Other Language	Other Language Pr	roficiency		
☐ Asian	☐ American Indian/Alaska		□ Yes	☐ Little		☐ Yes, (please list)	☐ Little			
☐ Black ☐ White	☐ Hawaiian/Pacific Islande☐ Multi-Racial	er	□ No	☐ Moderate ☐ None		□ No	☐ Moderate☐ None			
☐ Other: _	□ Multi-Nacial			☐ Proficient			☐ Proficient			
First			Middle		Last		Birthday	Gender		
Race				English Profi	ciency	Other Language	Other Language Pr	roficiency		
☐ Asian	☐ American Indian/Alaska		☐ Yes	☐ Little		☐ Yes, (please list)	☐ Little			
☐ Black	☐ Hawaiian/Pacific Islander		□ No	☐ Moderate			☐ Moderate			
□ White □ Other:	☐ Multi-Racial			□ None□ Proficient		□ No	□ None □ Proficient			
LI Ottlet		_		L i Tolicient			L i Tolicient			
First			Middle		Last		Birthday	Gender		
Race			Hispanic	English Profi	ciencv	Other Language	Other Language Pr	roficiency		
☐ Asian	☐ American Indian/Alaska	Native	□ Yes	Little		☐ Yes, (please list)	☐ Little			
□ Black	☐ Hawaiian/Pacific Islande	er	□ No	☐ Moderate			☐ Moderate			
☐ White	☐ Multi-Racial			□ None		□ No	□ None			
☐ Other: _		_		☐ Proficient			☐ Proficient			
Circ4			N A: al al l		1.	-1	Dieth day	Candan		
First			Middle	;	La	Sl	Birthday	Gender		
D.			112	E " D	c : •	0" 1	011 1	D (" :		
Race	A accession and the discust (Alexales	NI-40	Hispanic ☐ Yes	English Pro	ficiency	Other Language	Other Language	Proficiency		
☐ Asian☐ Black	☐ American Indian/Alaska☐ Hawaiian/Pacific Islande		☐ Yes	☐ Moderate		☐ Yes, (please list)	□ Little □ Moderate			
☐ White	☐ Multi-Racial	5 1	LI NO	□ None		□ No	☐ None			
☐ Other: _		_	□ Proficient				☐ Proficient			
	Family Information (Please									
Parental Sta	atus:		nild Welfare Agency	?	Disabled Pa	arent?	Incarcerated Parent?			
□ One		☐ Yes			☐ Yes		☐ Yes			
☐ Two		□ No			□ No		□ No			
Primary Lan	guage at Home:	Receiving SNAP	?		Teen Parer	nt?	Head Start Employee?			
☐ English		☐ Yes ¯			☐ Yes		☐ Yes			
☐ Spanish		□ No			□ No		□ No			
☐ Other: _		Receiving WIC?			Dooth of Do	arent in Past 6 Months?	Child Has Documented	l Dicability?		
Is your Fam	ily Homeless?	T Yes WIC ID			☐ Yes	arent in Fast o Months:	☐ Yes	Disability !		
☐ Yes	,	□ No			□ No		□ No			
□ No										
A 11 5 1	Maria O	Food Security?				aration in Past 6 Months?	Child Has Suspected D	Disability?		
Active Duty	Military?	☐ Yes			☐ Yes		☐ Yes			
☐ Yes ☐ No		□ No			□ No		□ No			
	y Natural Disaster	Displaced by Natural Disaster ☐ Yes								
□ V ₂										



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	Name	Relationship			y Contact	Releas		
7			<u> </u>	res	□ No	☐ Yes	□ No	
act	Address	ZIP	City				State	
Contact								
O	Phone Number	1 Phone Number 2 □ Cell □ Home □ Work				□ Cell □ Ho	me □ Work	
	Name	Relationship	Eme	raenc	y Contact	Releas		
	Ivanic	Rolationship			□ No	☐ Yes	□ No	
t 2	Address	ZIP	City				State	
Contact	Address	ZIP	City				State	
Cor	Di Nata	DI. N. I. O						
	Phone Number	1 Phone Number 2 Cell Home Work				□ Cell □ Ho	me 🗆 Work	
	Name	Relationship	Emei	raenc	y Contact	Releas		
m		2 2 2 2 2 3			□ No	☐ Yes	□No	
ict	Address	ZIP	City				State	
Contact	71001000	- "	Oity				Otato	
ŏ	Phone Number	1 Phone Number 2						
Cell Home Work Cell C								
	amily Living Add							
_	ving Address amily Mailing Ad	ZIP City			State	(County	
	ame as living?	Mailing Address	ZI	IP	City	,	State	
							5 10.10	
	I Yes □ No							
	amily Income							
		ily's total YEARLY income for 2021? Please add income from all sources (salary, ployment, etc.) that your family received and enter the number below in U.S. Dollars.	_	A N I T (N-4		001	
	early Income: \$	# of Persons in Family:		ANF S	tatus 🗆 No		SSI Yes	
	earry income. ψ	·			erly on TANF	-/Not now	□ No	
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	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.								
Pa	arent Signature	Date Head Start Staff	Signat	ture	Date			