



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

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

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



Additional Children					
First	Middle	Last	Birthday	Gender	
Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little	<input type="checkbox"/> Yes, (please list)	<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate	_____	<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None	<input type="checkbox"/> No	<input type="checkbox"/> None
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient

First	Middle	Last	Birthday	Gender	
Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little	<input type="checkbox"/> Yes, (please list)	<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate	_____	<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None	<input type="checkbox"/> No	<input type="checkbox"/> None
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient

First	Middle	Last	Birthday	Gender	
Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little	<input type="checkbox"/> Yes, (please list)	<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate	_____	<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None	<input type="checkbox"/> No	<input type="checkbox"/> None
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient

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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate	_____	<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None	<input type="checkbox"/> No	<input type="checkbox"/> None
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient

Additional Family Information (Please answer all questions)			
Parental Status:	Referred by a Child Welfare Agency?	Disabled Parent?	Incarcerated Parent?
<input type="checkbox"/> One	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Two	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Primary Language at Home:	Receiving SNAP?	Teen Parent?	Head Start Employee?
<input type="checkbox"/> English	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Spanish	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Other: _____			
Is your Family Homeless?	Receiving WIC?	Death of Parent in Past 6 Months?	Child Has Documented Disability?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, WIC ID _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Active Duty Military?	Food Security?	Parent Separation in Past 6 Months?	Child Has Suspected Disability?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Displaced by Natural Disaster			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			



Contact 1	Name		Relationship		Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		Release To <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address		ZIP		City		State	
	Phone Number 1 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone Number 2 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work					
Contact 2	Name		Relationship		Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		Release To <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address		ZIP		City		State	
	Phone Number 1 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone Number 2 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work					
Contact 3	Name		Relationship		Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		Release To <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address		ZIP		City		State	
	Phone Number 1 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone Number 2 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work					
<b>Family Living Address</b>								
Living Address		ZIP		City		State		County
<b>Family Mailing Address</b>								
Same as living? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mailing Address		ZIP		City		State
<b>Family Income</b>								
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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		SSI <input type="checkbox"/> Yes <input type="checkbox"/> No
Yearly Income: \$		# of Persons in Family: _____						

## USDA Nondiscrimination Statement

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This institution is an equal opportunity provider.

How did you hear about our program?				
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Social Media	<input type="checkbox"/> Community Referral	<input type="checkbox"/> Website	<input type="checkbox"/> 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