Application for Head Start/Early Head Start Programs

Parent/Guardian Information:								
	s Last Name: First name:				M.I.:	Date of Birth	:	
Address: City: Zip Code: County: Phone Number: Second Number where you can be reached:							<i>y</i>	
E-Mail								
Marital Status / Please circle one: Single	Married	Divorced	Separated	Wido	nwed			
Are you currently in any type of school or training?	•		Yes	No	, wea			
Do you have a high school diploma or GED?			Yes	No				
If you are a guardian, do you receive cash assistance	e for the child(re	n) in your care?	Yes	No				
Do you have a referral from another agency? If so, p	,	, ,	Yes	No				
Are any of your children diagnosed with a special need or disability?					If yes which child(re	eu).		
Do you have concerns for your children's health or development?								
,			Yes					
List all Children in Home Last Name, First Name, M.I.	Date of Birt	n Male or Female?	Relationship you?		Medicaid? Yes or No		In School? Where?	
List all Adults in Household Date of Birth (including yourself) Last Name, First Name, M.I.			Employer / SchoolWeekly Information					
			Employer:				Hrs Worked:	
		School:			Hourly Wage:			
			Employer: School:	Employer: Hrs Worked: School: Hourly Wage:				
			Employer:				Hrs Worked:	
			School:				Hourly Wage:	
Income Information: Type of Income (monthly gross)				arent/Guardian Spouse Child/Other				
Child Support (All children in household)								
Welfare Transition (Cash Assistance)								
Other Income (SSI, Social Security, Etc.)								
Center Locations : Vetter Chapman Massalina	Millville	/Margret Lew	vis Early	Educati	ion (East Ave.)	Bayou Geo	orge Arnold	
Home-Based Rosenwald Catherine	e's House	Community	Child Care	Partner	. Apalach	icola Fra	nklin Co.	
I verify that the information provided is true and corunderstand the information given on this application Head Start, early care and education providers and verification for my child, and that completing this fo	can be shared the Department	I for eligibility de of Children and	termination an Families. I und	d service derstand th	referrals to program nat this application is	is operated thr	ough the local school district	
Parent/Guardian Signature		Da	te					
Staff Signature:		Da	te:	F	Placed on Waiting	List: Yes	No Initials:	