



HEAD START & EARLY HEAD START ENROLLMENT APPLICATION

What Center/Program are you applying for?		
Child Information		
Child's Full Name:		
Child's Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: Specify:		
Child's Disability Status: <input type="checkbox"/> No Disability <input type="checkbox"/> Suspected <input type="checkbox"/> Certified IEP <input type="checkbox"/> Certified IFSP		
Did someone refer you? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who?		
Has child been enrolled in Early Head Start or Head Start Before? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, where?	
Is this child in Foster Care? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Parent/Guardian Information		
Parent/Guardian Name:	Date of Birth:	
Relationship to Child:	Lives with the child? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Parent/Guardian Name:	Date of Birth:	
Relationship to Child:	Lives with the child? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Child's Residency/Contact Information		
Home Phone:	Cell Phone:	
Full Home Address:		
County of Residence:		
Full Mailing Address (If different):		
Household Members		
Family Type: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Other: Specify		
Please list all the people in the household, including the child being applied for. Designate their relationship to the child you are applying for and include date of birth.		
Name (First & Last)	Relationship (Mother, Father, brother, sister, self)	Date Of Birth
1		
2		
3		
4		
5		
6		
7		
Complete Eligibility Section on next page		

Children/Families are either *Categorically Eligible* or *Income Eligible*.
Complete the section below that best fits your family's circumstances.

Categorical Eligibility

- My family receives SSI. I have submitted proof.
- My family receives benefits from of the TANF program (W2).
 - I have submitted a copy of my TANF Cash Assistance
 - I have submitted a copy of my TANF Work Program Agreement
- The child is a foster child. I have submitted proof of foster/kinship placement
- My family is homeless.
 - I have included a statement regarding my family's current housing status.
 - I have included a statement from a third party to verify my family's current housing status.

Household Income Eligibility

If your family is not a participant in one of the categorical eligible forms of public assistance listed above, proof of your household's gross annual income from all sources must be submitted. Eligibility will not be determined until all proof is submitted. Income means total cash receipts before taxes from all sources for the past twelve month period or preceding calendar year, whichever best reflects your family situation. Listed below are some of the allowable sources of income documentation for household income verification.

Please indicate which document(s) you are submitting.

- Completed and current Income Tax Return
- Current W-2 Tax Form
- Weekly payroll check stubs

- Bi-weekly payroll check stubs
- Social Security Benefits
- Unemployment Compensation
- Child Support and/or alimony
- Other: _____

I hereby certify that I understand the information contained on this application and it is correct to the best of my knowledge. I understand providing false documents or information is committing fraud.

Parent/Guardian Signature: _____ Date: _____

Program Use Only

- I conducted an in-person interview with this applicant.
- I conducted a phone interview with this applicant. An in-person interview was not possible because: _____

By signing, I understand providing false information is committing Fraud.

Staff Signature/Date of Interview: _____

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