

Applicant and Family Information: If a family has more than two children applying for services, complete a separate copy of this form for each additional child.

Applicant & Family Member Information

Applicant (chi								
First	Middle La	ast	Suffix	Nicknam	e Birt	hday Gend	er Exp	pected Delivery Date of Unborn
Race			Hispanic	English Profi	ciency	Other Language		Other Language Proficiency
	rican Indian/Alaska I		□ Yes	☐ Little				Little
	aiian/Pacific Islande	r	□ No	□ Moderate				☐ Moderate
☐ White ☐ Multi	-Raciai			□ None				□ None
Primary Health Co	vorage Other C	overage	Insurance #	☐ Proficient	id Eligibility	/ Medic	aid #	☐ Proficient Doctor/Medical Home
Filliary Health Co	verage Offici C	overage	ilisulance #			Medic	aiu #	Doctor/Medical Florite
					ledicaid			
				☐ Pote				
Dental Covera	ae	Dental Cover	age #			Dentist/De	ntal Home	
	5	-	3					
	1.10							
Applicant (chi		,	0. "	N.P. I	D: 1			
First	Middle La	ast	Suffix	Nicknam	ie Birt	hday Gend	er Exp	pected Delivery Date of Unborn
Race			Hispanic	English Profi	ciency	Other Language		Other Language Proficiency
	rican Indian/Alaska I		□ Yes	☐ Little				☐ Little
☐ Black ☐ Haw	aiian/Pacific Islande	Γ	□ No	☐ Moderate ☐ None				☐ Moderate ☐ None
Other:	-Naciai			☐ Proficient				☐ Proficient
Primary Health Co	verage Other C	overage	Insurance #		id Eligibility	/ Medic	aid #	Doctor/Medical Home
1 minary meanin oo	verage Other O	overage	modifice #			IVICUIO	aiα π	Doctor/Medical Florite
					ledicaid			
				☐ Pote				
Dental Covera	ge	Dental Cover	age #		,	Dentist/De	ntal Home	
			_					
Duine our Adeal4								
Primary Adult	National Control	,	0.15	N.C.	D: 1			Alt ID
First	Middle L	ast	Suffix	Nicknam	ie Birt	hday Gend	er	Alt ID
Door			Highania	English Drofi	oiono.	Other Language		Other Lenguege Proficiones
Race ☐ Asian ☐ Ame	rican Indian/Alaska	Nativo	Hispanic □ Yes	English Profi ☐ Little	ciency	Other Language		Other Language Proficiency ☐ Little
	aiian/Pacific Islande		□ No	☐ Moderate				☐ Moderate
☐ White ☐ Mult		'		□ None				□ None
☐ Other:				☐ Proficient				□ Proficient
Highest Grade Com	pleted	E	Employment Statu		Child's Re	elationship	Custody	Check all that apply:
☐ Associate's	□ Grade 10	☐ Full Time		e & Training		al/Adopted/Step	□Yes	☐ Lives with Family
☐ Bachelor's	☐ Grade 11	□ Part Time		ne & Training	☐ Grandc		□ No	☐ Provides Financial Support
☐ Col Deg/Train	☐ Grade 12	☐ Seasona		0	☐ Other R			☐ Teen Parent
☐ Col or Adv Train	□ < Grade 9	□Unemploy	0		☐ Foster			
□ GED	☐ HS Graduate				□ Other			If teen parent, subsidized?
	☐ Master's							☐ Yes ☐ No
Email Address:								
Elliali Address.								
Consul	041 A-1-14-41-	. 4. 12	(b b 1-					
Secondary or								
First	Middle L	ast	Suffix	Nicknam	ne Birt	hday Gend	er	Alt ID
_						6.11		0
Race		N.L. die e	Hispanic	English Profi	ciency	Other Language		Other Language Proficiency
	rican Indian/Alaska aiian/Pacific Islande		☐ Yes ☐ No	☐ Little ☐ Moderate				☐ Little ☐ Moderate
☐ White ☐ Mult		1	LI NO	□ None				☐ None
☐ Other:	-i (aciai			☐ Proficient				☐ Proficient
Highest Grade Com	nleted		Employment Statu		Child's Re	elationship	Custody	
0	•	□ Full Time					□ Yes	
☐ Associate's ☐ Bachelor's	☐ Grade 10 ☐ Grade 11	☐ Part Time		e & Training ne & Training	☐ Blologic	cal/Adopted/Step	□ Yes	☐ Lives with Family☐ Provides Financial Support
	- Clade II				☐ Other R		L 110	☐ Teen Parent
LI COLDEO/Train	☐ Grade 12	II Seacona						
☐ Col Deg/Train☐ Col or Train	☐ Grade 12 ☐ < Grade 9	☐ Seasona ☐Unemploy			☐ Foster			
☐ Col Deg/Train☐ Col or Train☐ GED	☐ Grade 12 ☐ < Grade 9 ☐ HS Graduate	☐ Seasona ☐Unemploy		or Disabled	☐ Foster☐ Other			If teen parent, subsidized?
☐ Col or Train	□ < Grade 9							If teen parent, subsidized? ☐ Yes ☐ No
☐ Col or Train	☐ < Grade 9 ☐ HS Graduate							

	al Child	or Adult Fam		ber (Non-A										
First		Middle	Last		Suf	fix	Nickr	name	Birth	day G	Sender			
Race				Lionania		English B	roficiono	 .	Other Lengu	000	Other L	onguog	o Drof	ioionov
	Hispanic ☐ American Indian/Alaska Native ☐ Yes				English Proficiency ☐ Little			Other Langu	age	Other L	anguag	e Fion	iciericy	
		n/Pacific Islander		□ No		□ Modera	ate				□ Mode			
☐ White ☐ Other:						⊒ None ⊒ Profici∈					☐ None			
Addition: First	al Child	or Adult Fam Middle	ily Mem Last	ber (Non-A	pplica Sut		Nickr	name	Birth	day G	Sender			
1 1131		Middle	Last		Oui	IIA	INICKI	lairie	Dirai	uay C	Jeridei			
Race				Hispanic	E	English P	Proficienc	ev.	Other Langu	age	Other L	anguag	e Prof	iciencv
☐ Asian		an Indian/Alaska N	ative	□ Yes	[⊐ Little				9-	☐ Little	0 0	,	,
	☐ Hawaiia ☐ Multi-Ra	ın/Pacific Islander		□ No		☐ Moderate ☐ None					☐ Moderate ☐ None			
☐ Other:						⊒ Proficie	ent				□ Profic			
	al Child	or Adult Fam		ber (Non-A										
First		Middle	Last		Suf	fix	Nickr	name	Birth	day G	Sender			
D				Hismonia		Turalish D)fi		Other Length		Otherni		- Df	
Race □ Asian	☐ America	an Indian/Alaska N	ative	Hispanic □ Yes		E nglish P ⊒ Little	ronciend	у	Other Langu	age	Other L	anguag	e Pron	iciency
		n/Pacific Islander		□ No		☐ Moderate					□ Moderate			
☐ White ☐ Other:	□ Multi-Ra	acial				☐ None ☐ Proficient					☐ None ☐ Proficient			
Family Ind			0 0 1	4-						I				
		on, Income	& Cont	acts										
Family Information														
Started Living	_	Living Address		Address	s Line 2		ZIP		City		State	Cour	nty	
													•	
Family Mailin	na Addres	 												
Same as livin	_	Started Using Da	ate Ma	iling Address			Address	s Line	2	ZIP	City			State
□ Yes □ I	No			0										
Phone Numb	er(s)		Ту	pe (check one)			N	lote (e	extension or b	est time to call)	Opt ii	n for Te	xt Mes	sages
	,			Cell □ Home	□ Worl	k □ Oth		,		•		s 🗆 N	lo	
			П	Cell □ Home	□ Worl	< □ Oth	ner				ПУе	s 🗆 N	In	
				Cell ☐ Home	□ Worl	< □ Oth	ner				□ Ye	s 🗆 N	lo	
Parental	Primar			uired/learning		meless		ive	Military	Referred by		Rece		WIC
Status (check one)	Languaç at Hom	•		er language in tion to English	F	amily	Mili	ıty tarv	Veteran	Welfare Age	ency	SN	AP	
□ One				□ Yes] Yes		•	□Yes	□ Yes		ΠY	'es	☐ Yes
□ Two				□ No		□ No		No	□ No	□ No			No	□ No
Family Incom														
Income Verifi						V	erificatio	n Dat	te	T/	ANF Statu	IS		SSI
	,					-				□ Yes	1			☐ Yes
										☐ Formerly of			W	□ No
Family		Amount		(for example:		nual			for example:	Verification	•	ple:	٨	lote
Member			week	, month, year)		nount	SSI, J	ob, Cr	hild Support)	W2, che	eck stub)			
	\$				\$									
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Income Notes					Ψ									
Moonie Notes														
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		nformation in this ap												
Parer	nt/Guardia	an Signature								Date				

Emergency Contacts

Em	ergency Contacts									
	Name							Releas	е То	
-								☐ Yes	□ No	
ţ	Address			ZIP		City			State	
Contact	Address			ZIF		City			State	
ပိ										
	Phone Number 1		Phone Numb	per 2		Phone Number 3				
		☐ Cell ☐ Home ☐ Work			☐ Cell ☐ Home ☐ Work			Cell Home	≥ □ Work	
	Name		Relations	hip		Emerger	ncy Contact	Relea	ase To	
7						☐ Yes	□ No	☐ Yes	□ No	
せ	Address			ZIP		City			State	
Contact			Z11							
ပိ	DI 1 1		DI N I			DI N				
	Phone Number 1		Phone Numb	per 2		Phone Num			_	
		☐ Cell ☐ Home ☐ Work	l .					Cell Home		
	Name		Relations	hip		Emergency	Contact	Relea	ase To	
t 3									□ No	
jac	Address			ZIP		City			State	
Contact										
Ü	Phone Number 1		Phone Numb	per 2		Phone Num	nher 3			
	I Holle Nulliber 1	□ Cell □ Home □ Work	I Hone Num	DGI 2	□ Cell □ Home □ Work	I Hone Ivan		☐ Cell ☐ Home	D Work	
		L Cell L'Hollie L Work			d cell d floille d work			cell Li Hollie	: LI WOIK	
	☐ Asthma ☐ Speech ☐ Dental ☐ Physical Underdevelopment ☐ Anemia ☐ Behavioral Problems ☐ Underweight ☐ Emotional Problems ☐ Other Medical/Dental Concerns (please describe)									
How did you hear about the program? Word of Mouth Flyer Saw the center Know someone who works here Referred by child welfare agency Referred by another agency (WIC, Child Care South Subsidy, Early Intervention, etc.) Online/website Other (please describe) Was the participant previously enrolled in another (Early)Head Start Program? Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in										
	strict confidence within the agency and is accessible to me during normal business hour						e	ח אב ווכוט וו	,	