

Head Start/Early Head Start Application

Returning Students

Name of Child: _____ D.O.B. _____

Address of Child: _____ Phone: _____

Mother/Mother Figure: _____ D.O.B. _____

Address _____ Phone: _____
(if different from child)

Phone Carrier: _____ Email address: _____

(Circle One) Single, Married, Separated, Divorced

Occupation: _____ How long? (Employed/Not Employed) _____

Education Level: _____ When obtained: _____

Father/Father Figure: _____ D.O.B. _____

Address _____ Phone: _____
(if different from child)

Phone Carrier: _____ Email address: _____

(Circle One) Single, Married, Separated, Divorced

Occupation: _____ How long? (Employed/Not Employed) _____

Education Level: _____ When obtained: _____

Child's Sibling(s) _____ D.O.B. _____

_____ D.O.B. _____

_____ D.O.B. _____

Type of Housing: (Check One)

___ House ___ Mobile Home/Trailer ___ Community Shelter

___ Apartment ___ Hotel/Motel room ___ Rent to Own

Homeless/No Housing, Other _____

Length of time at current address: _____ Homeless in past 12 mos. Yes or No

Student Residency Questionnaire

Where is the student presently living? (Check One)

- ___ In his/her own house or apartment (Parent or Guardian listed on the lease or mortgage)
- ___ In home of relatives or friends (Parent or Guardian is not listed on the lease or mortgage)
- ___ In a motel, hotel, RV trailer or campground due to lack of other accommodations
- ___ Unsheltered (or moving from place to place)
- ___ In a shelter or transitional living facility

Is the current living situation temporary due to loss of housing or economic hardship? YES or NO

Is the child living with a non-custodial relative due to the incarceration of his/her custodial parent? YES or NO

Transportation: Yes or No (Check One or More)

Private vehicle Public Transportation Other
 Friend / Relative City Bus

Type of Services Received: (Check all that apply) None

Medicaid/CHIP Child Support / Alimony Public Housing
 Food Stamps/SNAP Migrant / Language Foster Care
 WIC TANF Unemployment
 Homeless SSI Teen Parent

Disability/Or Any Suspected Disability? Yes or No _____

_____ Suspected Disability (Parent Given Resource Information) _____ Date: _____

_____ Has child ever received any services for developmental delay or disability? _____

If so, When: _____ Where: _____

Certification/Signature Page

Parent

I certify that information provided is correct to the best of my knowledge and is subject to verification. I am also aware that I may be subject to termination from the program if the information verified disqualifies me from eligibility.

Applicant Signature/Firma del Aplicant:

Print Name of Applicant/Nombre (Use letra imprenta)

Date: _____

Head Start Staff Signature

Date