

**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

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**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

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**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: \_\_\_\_\_

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## 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**