



Honolulu Community Action Program, Inc.

Honolulu Community Action Program, Inc.
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www.hcapweb.org



Head Start & Early Head Start Application
School Year: 2019-2020



Application Update

Program Applying For: Check One

If applicable, the following documents will be required to process your application:

Form with checkboxes for EARLY HEAD START, HEAD START, and various document requirements like birth certificate, homelessness, etc.

Section A CHILD APPLICANT OR PRENATAL MOM: Information about the pregnant mom or child who is applying

Form for Section A containing fields for name, DOB, gender, race, ethnicity, health insurance, and foster child status.

Section B FAMILY INFORMATION

Form for Section B containing fields for living address, parental status, home/hoousing status, and family services received.

Section C PRIMARY ADULT OR PRENATAL MOM: Information about pregnant mom or adult responsible for applying child.

Form for Section C containing fields for name, DOB, gender, race, home/employment status, and insurance/military status.

Section D SECONDARY ADULT: Information about the secondary adult responsible for applying child

FIRST NAME: _____ M.I.: _____ LAST NAME: _____ DOB: _____		<input type="checkbox"/> MALE
		<input type="checkbox"/> FEMALE
RACE: (Check one) <input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bi-Racial/Multi-Racial		HOME PHONE: (____) _____ CELL PHONE: (____) _____ E-MAIL ADDRESS: _____ ETHNICITY: Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No Lives in the household: <input type="checkbox"/> Y <input type="checkbox"/> N
RELATIONSHIP TO CHILD OR APPLICANT: (Check one) <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent/Relative <input type="checkbox"/> Other: _____		EMPLOYMENT STATUS: (Check one) <input type="checkbox"/> Full-Time Work (35 hrs/wk or more) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Part-Time Work (Under 35 hrs/wk) <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or in school <input type="checkbox"/> Stay at home parent <input type="checkbox"/> Retired or Disabled
HIGHEST SCHOOLING COMPLETED: (Check one) <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> Training Certificate <input type="checkbox"/> Master's Degree		INSURANCE PROVIDER: <input type="checkbox"/> HMSA <input type="checkbox"/> Tri-Care <input type="checkbox"/> Kaiser <input type="checkbox"/> Other: _____
MILITARY STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Veteran		

Section E OTHER FAMILY MEMBERS SUPPORTED BY GUARDIAN'S INCOME

FIRST, MIDDLE INTITAL, & LAST NAME	RELATIONSHIP TO APPLYING CHILD or PREGNANT MOM	DATE OF BIRTH	GENDER
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
# OF ADULTS IN THE FAMILY: _____		# OF CHILDREN IN THE FAMILY: _____	
ESTIMATED ANNUAL INCOME: _____			

Section F HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Early Head Start	<input type="checkbox"/> HCAP Staff	<input type="checkbox"/> Agency Referral			
<input type="checkbox"/> Family or Friend	<input type="checkbox"/> HCAP Website	Referring Agency: _____	Contact: _____	Ph# _____	
<input type="checkbox"/> Flyers	<input type="checkbox"/> Social Media				
<input type="checkbox"/> Walk In	<input type="checkbox"/> DOE	Referring Agency: _____	Contact: _____	Ph# _____	
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Other: _____				

CERTIFICATON PLEASE READ, SIGN, AND DATE YOUR APPLICATION

I understand that the information in this application will be held in strict confidence within the agency. I further understand that this is an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in disenrollment my child from Head Start and could have serious legal consequences for me. HCAP does not discriminate on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

PARENT/GUARDIAN SIGNATURE:	DATE:

OFFICE USE ONLY

Date Received: _____	Site: _____	Inputted By: _____
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