

☐Training Certificate

□Grade 11

Honolulu Community Action Program, Inc. 1132 Bishop St., Suite 100 Honolulu, HI 96813 Tel: (808)847-2400 Fax: (808)847-2302 www.hcapweb.org



Office Use Only ☐ Early Head Start ☐ Head Start ☐ SY: 22-23

		Head	d Start &	Early Head	d Start App	licatior	า		☐ SY: 2	23-24	
Honolulu Commu	nity Action Program,	Inc.							Applicati	on Update 🗖	
Program Applying	for:			If applicable	the following doc	uments wi	ill he regu	uired to pr	ocess vour a	nnlication:	
Trogram Applying	101.				ertificate/verification					<u> </u>	
_, , , , , , ,					on of homelessness	or pregnancy	=	☐ W-2 or 1040 (latest tax forms) ☐ Pay Stubs for 12 months or LES			
This application is f			•	☐ Documentati				Jnemployme			
old. Children who		_	018 must	1 = ' '	ssistance of Needy Far			Net income from self-employment			
apply for Kindergarten School Year 2023 – 2024.				_ ::	I Security Income doc and/or alimony payn			 □ DOE IEP/DOH IFSP □ Power of Attorney/Legal Guardianship 			
					l Nutrition Assistance				.,, .0.		
Section A CHILD	APPLICANT C	OR PRENATA	AL MOM: /	nformation a	bout the preg	nant mo	m or ch	ild who	is applyin	g	
FIRST NAME:	AME: M.I.:			LAST NAME:				DOB:	☐ MALE ☐ FEMALE		
RACE: (check one)				FOCTED CHILL	D. ====================================	ETUNI	CITY, His		ation of Optionis		
☐American Indian or	Alaskan Indian	□White		FOSTER CHILI	D: □Yes □No	EIRINI	CITY: HIS	partic or La	atino Origin	□Yes □No	
□Asian		□Native H	awaiian								
☐Black or African Am	erican	□Pacific Is	lander								
□Other:		☐Bi-Racial	/Multi-Racial	POLICY/MED	POLICY/MEDICAL RECORD#:						
HEALTH INSURANCE:	(Check one)			INSURANCE F	PROVIDER:						
☐Medicaid/Quest ☐Military Health				□HMSA □Tri-Care □Other:							
☐ Private	☐ No Healt	h Insurance		□Kaiser	□Aloh	a Care					
Section B FAMII	LY INFORMAT	ION									
LIVING ADDRESS:					PARENTAL STATUS: HOMELESS: Yes				□No		
Address:	Address:				□One Parent □She				rk/Beach		
City	State		Zip		☐Two Parents		□Vehicle	e □M	otel/Hotel		
MAILING ADDRESS: (if		a address)	<u> </u>			<u> </u>	Н	OUSING:			
Address:	,,,	<i>y</i> ,			Does the child li	ve with vo	_	□Own	□Public Ho	using	
-	State		Zip		□Yes □No				☐Rent ☐Live with relative/friend		
City		TECCIONAL	<u>`</u>	CEC VOLID FAMI							
Has your child been id having a disability or s					LY RECEIVES: (Che	eck all that		rimary no	me Language	e:	
	pecial fleed: [] f	es 🗆 INO	<i>αρριγ)</i> □N/A	*(N/A Does not apply to me) Food Stamps/SNAP							
								Secondary Home Language:			
□TAN □WIC											
			□Oth	er:							
Section C PRIMA	ARY ADULT O	R PRENATA	L MOM: In	formation al	out pregnant	mom or	adult r	esponsil	ble for app	lvina child.	
					, ,			•		MALE	
FIRST NAME:		M.I.: _		LAST NAME	:			DOB:		☐ FEMALE	
RACE: (Check one)											
☐American Indian or	Alaskan Indian	□White		HOME PHONE	: ()		CELL	PHONE: ()		
□Asian		□Native Hav	vaiian	E-MAIL ADDRE	cc.						
☐Black or African Am	erican	☐Pacific Isla	nder	E-IVIAIL ADDRE	33.		<u> </u>				
Other:		□Bi-Racial/N	/lulti-Racial	ETHNICITY: His	panic/Latino Orig	in □Yes	□No l	Lives in the	e household:	: □Yes □No	
RELATIONSHIP TO CHILD OR APPLICANT: (Check one)				EMPLOYMENT STATUS: (Check one)							
☐Biological Parent ☐Step Parent ☐			☐ Full-Time Work (35 hrs/wk or more)				☐ Self-Employed				
·			☐ Part-Time Work (Under 35 hrs/wk)				☐ Seasonal Employee				
☐Grandparent/Relative ☐Self			☐ Unemployed				☐ Training or in school				
Other:				☐ Stay at hom	e parent			Retire	ed or Disable	d	
HIGHEST SCHOOLING	COMPLETED: (Ch	eck one)			INSURANCE PRO	OVIDER:			MILITARY	STATUS:	
☐Grade 9 or less ☐ High School Graduate ☐Associate's I			Degree	☐HMSA ☐Tri-Care ☐			☐ Active	☐ Active			
□Grade 10	☐GED ☐Bachelor's		egree				☐ Veteran				

☐Master's Degree

Section D SECONDARY ADULT: Information about the secondary adult responsible for applying child										
FIDST NAME.						DOD:	MALE			
FIRST NAME:		M.I.:	LAST NAME	·		DOB:		☐ FEMALE		
RACE: (Check one) ☐American Indian or Alaska	an Indian □W	/hite	HOME PHONE	:()	CEL	L PHONE: ()			
☐ Asian	ative Hawaiian									
☐Black or African American	_	acific Islander	E-MAIL ADDRI	ESS:						
Other:		-Racial/Multi-Racial		spanic or Latino Origin		No Lives in the household: □Y □N				
RELATIONSHIP TO CHILD OF Biological Parent	neck one)	EMPLOYMENT STATUS: (Check one) ☐ Full-Time Work (35 hrs/wk or more) ☐ Self-Employed								
☐Adoptive Parent [Vork (Under 35 hrs/wk)		☐ Seasonal Employee					
☐Grandparent/Relative		☐ Unemploye			☐ Training or in school					
□Other:			☐ Stay at hom	e parent		☐ Retired	or Disable	d		
HIGHEST SCHOOLING COMI	PLETED: (Check or	•		INSURANCE PROVI	DER:		MILITARY ☐ Active	Y STATUS:		
	uate □Associate's									
☐Grade 10 ☐G		□Bachelor's								
□Grade 11 □T	raining Certificat	e	egree							
Section E OTHER FA	MILY MEMBE	RS SUPPORTED BY	GUARDIAN'	S INCOME						
FIRST, N	IIDDLE INITIAL, 8	& LAST NAME	RELATIONSHIP TO APPLYING			DATE OF BIF	GENDER			
			(CHILD or PREGNANT	мом					
								☐ MALE		
								☐ FEMALE ☐ MALE		
								☐ FEMALE		
								☐ MALE		
								☐ FEMALE		
								☐ MALE		
								☐ FEMALE		
# OF ADULTS IN THE FAM	11LY:	# OF CHILDREN	IN THE FAMIL	Y:ESTIN	AATED ANN	NUAL INCOM	E:			
Section F HOW DID	YOU HEAR AB	BOUT US?								
☐Early Head Start	☐HCAP Staff	□Agen	cy Referral							
☐Family or Friend	☐HCAP Websi		ng Agency:		Contact:		Ph#			
□Flyers	□Social Media		· · · —							
, □Walk In	_ □DOE		ng Agency:		Contact:		Ph#			
☐Early Intervention	_ □Other:		-		_					
	-									
ACKNOWLEDGEMENT,	CERTIFICATO	ON AND DISCLAIM	ER PLEASE	READ, SIGN, AND	DATE YO	UR APPLICA	TION			
I certify that the informat	•			·						
my knowledge, and I und										
be punishable under HCA further understand that										
					•		-	•		
that may include financial obligations or criminal penalties. I understand that this information will be used only to determine if I may gain entry onto any and all HCAP premises, and/or to determine if I and my family are eligible for any and all HCAP services, and will not be released										
to non-HCAP sources without my prior knowledge and written consent. HCAP does not discriminate on the basis of race, color, religion, sex										
(including pregnancy, sexual orientation, or gender identity), national origin, age (40 or older), disability and genetic information (including										
family medical history), o	r reprisal or ret	taliation for prior civ	il rights activit	y in any program or	r activity co	nducted.				
PARENT/GUARDIAN SI	IGNATURE:					DATE:				
OFFICE USE ONLY										
Date Received:		Site:			Inputted By	y:				

Scan: _____