



Honolulu Community Action Program, Inc.

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



- Office Use Only
Early Head Start
Head Start
SY:
Application Update

Head Start & Early Head Start

Section 1 HOW DID YOU HEAR ABOUT US?

Form with checkboxes for hearing sources: Early Head Start Program, Family or Friend, Seen a Flyer, Seen a Banner, From an HCAP Staff Member, Department of Education, Early Intervention, PATCH Website, Received a postcard in the mail, Visited a Social Media Page, From the HCAP Website, HCAP District Office, Attended a Community Fair, From another Preschool, Other, Referring Agency, Contact, Phone #.

Section 2 APPLICANT (child or prenatal parent)

Form for applicant information: FIRST NAME, M.I., LAST NAME, ETHNICITY, Date of Birth, FOSTER CHILD, RACE, HEALTH INSURANCE, INSURANCE PROVIDER, POLICY/MEDICAL RECORD#.

Section 3 FAMILY INFORMATION

Form for family information: LIVING ADDRESS, PARENTAL STATUS, MAILING ADDRESS, Is Your Family Experiencing Homelessness?, Does the child live with you?, SERVICES YOUR FAMILY RECEIVES, HOUSING, English Proficiency (LEP).

Section 4 PRIMARY ADULT (Person who lives in the household and is the applicants authorized caregiver or legally responsible party)

Form for primary adult information: FIRST NAME, M.I., LAST NAME, HOME PHONE, CELL PHONE, EMAIL ADDRESS, MILITARY STATUS, ETHNICITY, Date of Birth, Do you live in the household, RELATIONSHIP TO APPLICANT, EMPLOYMENT & SCHOOL STATUS, HIGHEST LEVEL OF EDUCATION, INSURANCE PROVIDER.

Section 5 **SECONDARY ADULT** (Person who lives in the household and is the applicants authorized caregiver or legally responsible party)

FIRST NAME:		M.I.:	LAST NAME:	
HOME PHONE: () ()	CELL PHONE: () ()	EMAIL ADDRESS:		MILITARY STATUS: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran
ETHNICITY: Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Do you live in the household: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to Respond
RACE: (check one) <input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Other: _____		RELATIONSHIP TO APPLICANT: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____		EMPLOYMENT & SCHOOL STATUS: <input type="checkbox"/> Full-Time Work (35 hrs./wk. or more) <input type="checkbox"/> Part-Time Work (Under 35 hrs./wk.) <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Enrolled in Post-Secondary School/Training <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Not Employed and Not in School
HIGHEST LEVEL OF EDUCATION: (Check one) <input type="checkbox"/> Less than High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> GED <input type="checkbox"/> Master's Degree		INSURANCE PROVIDER: <input type="checkbox"/> HMSA <input type="checkbox"/> Kaiser <input type="checkbox"/> Tri-Care <input type="checkbox"/> Other: _____		

Section 6 **OTHER FAMILY MEMBERS** (all persons living in the same household who are supported by the applicants parent(s) or guardian(s) income AND are related to the applicant's parent(s) or guardian(s) by blood, marriage, or adoption.)

FIRST, MIDDLE INITIAL, & LAST NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	GENDER
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to Respond
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to Respond
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to Respond
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to Respond
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to Respond

TOTAL # OF ADULTS IN THE FAMILY: _____ **TOTAL# OF CHILDREN IN THE FAMILY:** _____ **ESTIMATED ANNUAL INCOME:** \$ _____

ACKNOWLEDGEMENT, CERTIFICATON AND DISCLAIMER PLEASE READ, SIGN, AND DATE YOUR APPLICATION

I certify that the information provided herein, and in any other related documents and/or representations, are true and correct to the best of my knowledge, and I understand that access to any and all HCAP premises, programs and/or services through misrepresentation or fraud may be punishable under HCAP policies, procedures, or practices including, but not limited to, refusal of services, at the sole discretion of HCAP. I further understand that a false statement under these forms or other communications can also expose me to civil and/or criminal liability 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), or reprisal or retaliation for prior civil rights activity in any program or activity conducted.

PARENT/GUARDIAN NAME (PRINT):

PARENT/GUARDIAN SIGNATURE:

DATE:

OFFICE USE ONLY

Date Received: _____ **Site:** _____ **Inputted By:** _____ **Scanned on:** _____