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Head Start & Early Head Start Application

Office Use Only
❑ Early Head Start
❑ Head Start
❑ SY: 19-20
❑ SY: 20-21

Application Update ❑

Program Applying for:

This application is for pregnant moms or children 0 - 5 years old. Children who were born before July 31st, 2015 must apply for Kindergarten School Year 2020 – 2021.

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

☐ Child's birth certificate/verification of pregnancy
☐ Documentation of homelessness
☐ Documentation of foster care
☐ Temporary Assistance of Needy Family (TANF)
☐ Supplemental Security Income documentation
☐ Child support and/or alimony payments
☐ W-2 or 1040 (latest tax forms)
☐ Pay Stubs for 12 months or LES
☐ Unemployment Benefits
☐ Net income from self-employment
☐ DOE IEP/DOH IFSP
☐ Power of Attorney/Legal Guardianship

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

FIRST NAME: ______________________________ **M.I.:** ______ **LAST NAME:** _________________________ **DOB:** _____________ ☐ **MALE** ☐ **FEMALE**

RACE: *(check one)*
☐ American Indian or Alaskan Indian ☐ White
☐ Asian ☐ Native Hawaiian
☐ Black or African American ☐ Pacific Islander
☐ Other: ____________________ ☐ Bi-Racial/Multi-Racial

FOSTER CHILD: ☐ Yes ☐ No **ETHNICITY:** Hispanic or Latino Origin ☐ Yes ☐ No

POLICY/MEDICAL RECORD#: ____

HEALTH INSURANCE: *(Check one)*
☐ Medicaid/Quest ☐ Military Health
☐ Private ☐ No Health Insurance

INSURANCE PROVIDER:
☐ HMSA ☐ Tri-Care ☐ UHA
☐ Kaiser ☐ Aloha Care ☐ Other: ______________

Section B FAMILY INFORMATION

LIVING ADDRESS:
Address:____
City_______________________ State __________ Zip__________

PARENTAL STATUS:
☐ One Parent
☐ Two Parent

HOMELESS: ☐ Yes ☐ No (if Yes, Please check below:)
☐ Shelter ☐ Park/Beach
☐ Vehicle ☐ Motel/Hotel

MAILING ADDRESS: *(if different from living address)*
Address:____
City_______________________ State__________ Zip__________

Does the child live with you?
☐ Yes ☐ No

HOUSING:
☐ Own ☐ Public Housing
☐ Rent ☐ Live with relative/friend

Has your child been identified by a PROFESSIONAL as having a disability or special need? ☐ Yes ☐ No
If YES, please explain:____________________________
____

SERVICES YOUR FAMILY RECEIVES: *(Check all that apply) *(N/A Does not apply to me)*
☐ N/A ☐ Food Stamps/SNAP
☐ TANF ☐ Supplemental Security Income (SSI)
☐ WIC ☐ Child Welfare Services (open case)
☐ Other________________________________

Primary Home Language:
____

Secondary Home Language:
____

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

FIRST NAME: ______________________________ **M.I.:** ______ **LAST NAME:** _________________________ **DOB:** _____________ ☐ **MALE** ☐ **FEMALE**

RACE: *(Check one)*
☐ American Indian or Alaskan Indian ☐ White
☐ Asian ☐ Native Hawaiian
☐ Black or African American ☐ Pacific Islander
☐ Other: __________________ ☐ Bi-Racial/Multi-Racial

HOME PHONE: (_____) _______________ **CELL PHONE:** (_____) _______________

E-MAIL ADDRESS: ____

ETHNICITY: Hispanic/Latino Origin ☐ Yes ☐ No **Lives in the household:** ☐ Yes ☐ No

RELATIONSHIP TO CHILD OR APPLICANT: *(Check one)*
☐ Biological Parent ☐ Step Parent
☐ Adoptive Parent ☐ Foster Parent
☐ Grandparent/Relative ☐ Self
☐ Other: __________

EMPLOYMENT STATUS: *(Check one)*
☐ Full-Time Work (35 hrs/wk or more) ☐ Self-Employed
☐ Part-Time Work (Under 35 hrs/wk) ☐ Seasonal Employee
☐ Unemployed ☐ Training or in school
☐ Stay at home parent ☐ Retired or Disabled

HIGHEST SCHOOLING COMPLETED: *(Check one)*
☐ Grade 9 or less ☐ High School Graduate ☐ Associate's Degree
☐ Grade 10 ☐ GED ☐ Bachelor's Degree
☐ Grade 11 ☐ Training Certificate ☐ Master's Degree

INSURANCE PROVIDER:
☐ HMSA ☐ Tri-Care
☐ Kaiser ☐ UHA
☐ Aloha Care ☐ Other: ______________

MILITARY STATUS:
☐ Active
☐ Veteran

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

FIRST NAME: ______________________________ **M.I.:** ______ **LAST NAME:** _________________________ **DOB:** _____________ ☐ **MALE** ☐ **FEMALE**

RACE: *(Check one)*
☐American Indian or Alaskan Indian ☐White
☐Asian ☐Native Hawaiian
☐Black or African American ☐Pacific Islander
☐Other:____________________ ☐Bi-Racial/Multi-Racial

HOME PHONE: (_____)_______________ **CELL PHONE:** (_____)_________________

E-MAIL ADDRESS: ____

ETHNICITY: Hispanic or Latino Origin ☐Yes ☐No **Lives in the household:** ☐Y ☐N

RELATIONSHIP TO CHILD OR APPLICANT: *(Check one)*
☐Biological Parent ☐Step Parent
☐Adoptive Parent ☐Foster Parent
☐Grandparent/Relative
☐Other: _________

EMPLOYMENT STATUS: *(Check one)*
☐ Full-Time Work (35 hrs/wk or more) ☐ Self-Employed
☐ Part-Time Work (Under 35 hrs/wk) ☐ Seasonal Employee
☐ Unemployed ☐ Training or in school
☐ Stay at home parent ☐ Retired or Disabled

HIGHEST SCHOOLING COMPLETED: *(Check one)*
☐Grade 9 or less ☐High School Graduate ☐Associate's Degree
☐Grade 10 ☐GED ☐Bachelor's Degree
☐Grade 11 ☐Training Certificate ☐Master's Degree

INSURANCE PROVIDER:
☐HMSA ☐Tri-Care
☐Kaiser ☐UHA
☐Aloha Care ☐Other: __________

MILITARY STATUS:
☐ Active
☐ 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
			☐ MALE ☐ FEMALE
			☐ MALE ☐ FEMALE
			☐ MALE ☐ FEMALE
			☐ MALE ☐ FEMALE
			☐ MALE ☐ FEMALE

 # OF ADULTS IN THE FAMILY:__________ **# OF CHILDREN IN THE FAMILY:**_________ **ESTIMATED ANNUAL INCOME:**______________

Section F HOW DID YOU HEAR ABOUT US?

☐Early Head Start ☐HCAP Staff ☐Agency Referral
☐Family or Friend ☐HCAP Website
☐Flyers ☐Social Media
☐Walk In ☐DOE
☐Early Intervention ☐Other:___________

Referring Agency:_____________________ Contact: ______________ Ph#_____________

Referring Agency:_____________________ Contact: ______________ Ph#_____________

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:**___________________________

Scan: ______________________