HEAD START
Graduation Starts Here
EARLY EDUCATION SCHOOLS

HEAD START APPLICATION

APPLICANT INFORMATION

Program Preference:

☐Head Start ☐Early Head Start ☐Half-day ☐Full-day ☐Voucher Eligible ☐Home School ☐Pregnant Mom

Date of application:	Staff completing application:	
Applicant's Legal Name (Last)	(First)	(Preferred)

Sex ☐M ☐F	Date of Birth	Language: Primary Secondary	National Origin

Race: (Check All Applicable)

☐Asian ☐Black/African American ☐Alaskan Native/American Indian ☐Native Hawaiian/Pacific Islander ☐White ☐Hispanic ☐Other:_____

FAMILY INFORMATION

Primary Adult's Last Name	Primary Adult's First Name	Date of Birth	Sex M F

Language spoken in home	Military Status ☐ Active ☐ Not Active

Living / Mailing Address	City	State	Zip	County

Race: (Check All Applicable)

☐Asian ☐Black/African American ☐Alaskan Native/American Indian ☐Native Hawaiian/Pacific Islander ☐White ☐Hispanic ☐Other:_____

Mailing Address ☐ Same	City	State	Zip	County

Phone Number: (Circle one) Home Work Message Cell	Phone Number: (Circle One) Home Work Message Cell
E-Mail Address	Contact Preferences: Text Opt In Call Email

FB Username: Would You Like to be a Head Start Friend? Y N	Education Level: (see codes)	Employment Status: (see codes)

Household Parental Status: One Two Relationship to Child: Foster Grandparent Non-Parent	Total Children_____ by Age: 0 to 3_____ 4-5_____ Was child referred to program ☐Yes ☐ No (If yes, by whom?):

How did you hear about Head Start? ☐ Friend/Family Member ☐Radio Ad ☐TV Ad ☐Head Start Recruiter ☐Health Clinic or Provider ☐News ☐HEAP ☐ Other Social Service Agency or Staff (name)_____ Community Event (name of event) _____

Adult Employment Codes
B - Full-time & Training
F - Full-time (35 hours/week or more)
P-Part-time (Under 35 hours/week)
L- Part-time & Training
T- Training or School
S-Seasonally Employed
R -Retired or Disabled
U- Unemployed
W-Unemployed and in Training/School

Adult Education Level Codes
M-Master's Degree
B-Bachelor's Degree
A-Associate's Degree
COL-Some College or Advance Training
HSG-Adult High School Graduate
GED -Adult-General Education Diploma
G12- Grade 12
G-11 Grade 11
G10 -Grade 10
G.9-Grade 9 or less

Grantee HS/EHS Director 4/2017

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Applicant's Name_____ Date of Birth ____/____/____

Secondary Adult's Last Name (parent/guardian only)	Secondary Adult's First Name	Lives With Family?
Date of Birth	Sex M F	Yes NO

Race: (Check All Applicable)

☐Asian ☐Black/African American ☐Alaskan Native/American Indian ☐Native Hawaiian/Pacific Islander ☐White ☐Hispanic ☐Other:_____

E-Mail Address	Education Level:(see codes)	Employment Status:(see codes)

ADDITIONAL FAMILY MEMBERS (in household)

First and Last Name	Adult or Child	Date of Birth:	Gender	How is Child Related to Adult:	Notes e.g. Program participation status, other programs, etc.:

HEALTH INSURANCE INFORMATION

Family receives:
Private Insurance ☐Yes ☐No (If Yes Insurance #)_____ Name of Insurance_____

MEDICAID ☐Yes ☐ No (if yes Medicaid #) _____ Medicaid HMO Name_____

WIC ☐ Yes ☐No

OPTIONAL QUESTION

Optional: Child has disability or special need? Suspected Verified (give diagnosis, date and source):

Optional: Does Child Have a relative In CAA Head Start Site? ☐ Yes ☐No (If yes, Which site):

Optional: Any specific family need or crisis ☐Yes ☐No (If yes, Describe):

ELIGILITY INFORMATION

Is Child Age Eligible Next Year? ☐ Yes ☐ No

Is Sibling(s) Age Eligible Next Year? ☐ Yes ☐No

PRIORITY SCORING

0-17 Months	2	131%+ of Poverty	0	Mental Health Diagnosis Or Concern In Household	5	Parent/Guardian with Previous Felony Conviction or Currently Incarcerated	6
18-35 Months	3	Seizure Disorder	2	Substance Abuse/Addiction Currently In Rehabilitation	5	Child enrolling with an IFSP/IEP or Disability	50
3 Years of Age	3	Teenage Parent-19 and under	5	Sibling currently/previously Enrolled	2	Child enrolling with Disability (Does not Qualify for IFSP/IEP)	6
4 Years of Age	4	Older Parent-40 and Over	2	Foreign Language is Primary language at home	5		
5 Years of Age after Kindergarten Cut-Off Date	5	Single Head of Household	5	Parent/Children are Refugees	5		
Last Eligible Year for Pre-School/Never Attended (4 & 5 yr olds only)	2	Single Father (cannot get Single Head of Household Pts)	5	Five or more Children in the home	5		
Homeless	75	Grandparent is Guardian (Of child enrolling)	6	Terminal or prolonged illness	6		
Foster Care/Kinship Emergency Removal/Temp Placement	75	Childcare Voucher	2	Recently Unemployed (Within last 3 months)	5		
TANF/SSI	50	Food Stamps	2	Parent Has Less Than GED/HS Diploma	10		
< or = 100% of Poverty	50	WIC	2	Parent Enrolled In GED Program	5		
101-130% of Poverty	15	Parent or Sibling with Disability (Physical)	5	Parent presently/previously In the Military	2	TOTAL	

Grantee HS/EHS Director

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Applicant's Name: _____ DOB____/____/_____ Family Size_____

ADDITIONAL FACTORS FOR PREGNANT WOMEN ENROLLING INTO THE PROGRAM-EHS

1st Trimester Pregnancy	4	Smoker	2	Total From Above_____
2nd Trimester	6	Mom Previously in Pregnant Moms Program (for child only)	20	Pregnant Women Additional Factors_____
3rd Trimester	8	High-Risk Pregnancy	6	TOTAL SCORE_____
Sexually Transmitted Disease	2			
Drug/Alcohol Addiction / Social Use	2			

What documentation was used to determine age eligibility?

☐	Birth Certificate	☐	Baptismal Certificate	☐	Other (please explain)

What documentation(s) was used to determine eligibility?

☐	Foster Care	☐	Child Support	☐	Social Security (Retirement Income)
☐	W-2 Form	☐	Unemployment	☐	Supplemental Security Income (SSI)
☐	Pay Stubs	☐	Zero Income	☐	Other (explain):
☐	Employer Statement	☐	TANF		

ANNUAL INCOME (add total of all income sources)

	Family Member	Source	Amount
Income 1			
Income 2			
Income 3			
Income 4			
		Total Family Annual Income:	

I certify that the information submitted is correct and accurately reflects the family's current circumstances.

Parent Signature: _____ Date: ____/____/____

My signature verifies that I have conducted a screening appointment, have collected and am submitting the applicant and verification portions of the application and the necessary documentation for determining eligibility and acceptance, or have made reasonable efforts to verify income information according to the Head Start ERSEA regulations.

Head Start Staff Signature: _____ Date: ____/____/____

My signature confirms that I have reviewed the application and supporting documentation used to determine eligibility and that this applicant is approved for acceptance according to the Head Start ERSEA regulations.

Head Start Staff Supervisor Signature: _____ Date: ____/____/____

ELIGIBILTY DETERMINATION

(TO BE COMPLETED BY HEAD START INTAKE STAFF ONLY)

____ Eligible	Family Income is at or below 100% of Poverty Level
____ Eligible as Foster Applicant	Applicant is in foster care
____ Eligible as a Public Assistance Recipient	Family receives cash assistance from TANF and/or SSI
____ Eligible as a Homeless	Applicant Family is homeless
____ Middle Income	Family Income is between 101% and 130% of Poverty Level
____ Over Income – 1	Family income is between 131% and 300% of Poverty Level
____ Over Income – 2	Family income exceeds 300% of Poverty Level

Head Start Intake Staff Signature: _____ Date: ____/____/____

V Dotson 4/2017
Grantee HS/EHS Director