

GLEAMNS HEAD START/EARLY HEAD START ENROLLMENT APPLICATION

PLEASE PRINT LEGIBLY USING BLACK OR BLUE INK ONLY

CHILD (APPLICANT)				
FIRST NAME	LAST NAME	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE / /
RACE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> HISPANIC/AMERICAN INDIAN/ALASKAN <input type="checkbox"/> WHITE <input type="checkbox"/> PACIFIC ISLANDER/HAWAIIAN <input type="checkbox"/> OTHER			ETHNICITY <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC	
LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____ ENGLISH PROFICIENCY OF THE CHILD <input type="checkbox"/> NONE <input type="checkbox"/> POOR <input type="checkbox"/> MODERATE <input type="checkbox"/> PROFICIENT				
DOES THE CHILD HAVE A CURRENT IEP OR IFSP? <input type="checkbox"/> YES <input type="checkbox"/> NO				

FAMILY INFORMATION					
MOTHER/GUARDIAN'S NAME		BIRTH DATE / /	FATHER/GUARDIAN'S NAME		BIRTH DATE / /
LIVING ADDRESS			CITY/STATE/ZIP		<input type="checkbox"/> FAMILY IS CURRENTLY HOMELESS
MAILING ADDRESS			CITY/STATE/ZIP		
HOME PHONE <input type="checkbox"/> PRIMARY PHONE	CELL PHONE <input type="checkbox"/> PRIMARY PHONE	WORK PHONE <input type="checkbox"/> PRIMARY PHONE	OTHER PHONE <input type="checkbox"/> PRIMARY PHONE		
PARENTS/GUARDIANS IN THE HOME <input type="checkbox"/> ONE PARENT <input type="checkbox"/> TWO PARENTS	NAME OF PERSON HAVING LEGAL CUSTODY OF THE CHILD	IS THE CHILD IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THE CHILD LIVING WITH A RELATIVE OR FRIEND DUE TO INCARCERATION OR ABANDONMENT? (EXCLUDING FOSTER CHILDREN) <input type="checkbox"/> YES <input type="checkbox"/> NO					
PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____					
DO YOU OR A FAMILY MEMBER LIVING WITH AND SUPPORTED BY YOU RECEIVE SUPPLEMENTAL SECURITY INCOME BENEFITS (SSI)? <input type="checkbox"/> YES <input type="checkbox"/> NO					

LIST ALL OTHER FAMILY MEMBERS LIVING IN THE SAME HOUSEHOLD FOR WHOM YOU ARE RESPONSIBLE FOR THE CARE AND WELFARE OF:

FIRST NAME	LAST NAME	BIRTH DATE	IS THIS PERSON RELATED TO THE CHILD'S PARENT(S)?	IS THIS PERSON SUPPORTED BY THE PARENT(S) INCOME?
		/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

TOTAL NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD (INCLUDING YOU) FOR WHOM YOU PROVIDE FINANCIAL SUPPORT

OFFICIAL USE ONLY

School Year:	Program Code	Class Age	Participation Year 1 2 3		
Child Eligible Next Year? Yes No		Sibling Eligible Next Year? Yes No		Income Status Eligible Over Public Assistance	
Application Date		Center Name:		Class ID	
Enrollment Comments					
Elig-Parent Status	Pt	Elig-Disabled	Pt	Elig-Income	Pt
Elig-Other1	Pt	Elig-Other2	Pt	Elig-Other3	Pt
					Total Elig Rating

GLEAMNS HEAD START/EARLY HEAD START ENROLLMENT APPLICATION

CHILD'S NAME _____

MOTHER/GUARDIAN				FATHER/GUARDIAN			
First Name		Last Name		First Name		Last Name	
Birth Date / /	Lives with Child <input type="checkbox"/> YES <input type="checkbox"/> NO	Legal Custody <input type="checkbox"/> YES <input type="checkbox"/> NO	Has Income <input type="checkbox"/> YES <input type="checkbox"/> NO	Birth Date / /	Lives with Child <input type="checkbox"/> YES <input type="checkbox"/> NO	Legal Custody <input type="checkbox"/> YES <input type="checkbox"/> NO	Has Income <input type="checkbox"/> YES <input type="checkbox"/> NO
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed				Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed			
Race <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other				Race <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other			
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____				LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			
Highest Level of Education <input type="checkbox"/> Less than High School <input type="checkbox"/> Some College or AA/AS <input type="checkbox"/> High School Grad or GED <input type="checkbox"/> Bachelor's or Advanced Degree				Highest Level of Education <input type="checkbox"/> Less than High School <input type="checkbox"/> Some College or AA/AS <input type="checkbox"/> High School Grad or GED <input type="checkbox"/> Bachelor's or Advanced Degree			
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Disabled				Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Disabled			
Employer Name		Employer Phone		Employer Name		Employer Phone	
Are you in School or Training? <input type="checkbox"/> YES <input type="checkbox"/> NO				Are you in School or Training? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you an employee of GLEAMNS HRC? <input type="checkbox"/> YES <input type="checkbox"/> NO				Are you an employee of GLEAMNS HRC? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you related to an employee of GLEAMNS HRC? <input type="checkbox"/> YES <input type="checkbox"/> NO				Are you related to an employee of GLEAMNS HRC? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you receive TANF or have you ever received TANF? <input type="checkbox"/> YES <input type="checkbox"/> NO				Do you receive TANF or have you ever received TANF? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Optional: Is there any specific family need or crisis? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please describe) _____ _____				Optional: Is there any specific family need or crisis? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please describe) _____ _____			
Other family members or friends we can contact in case we are unable to reach you Name Phone Relationship _____ Name Phone Relationship _____				Other family members or friends we can contact in case we are unable to reach you Name Phone Relationship _____ Name Phone Relationship _____			

Transportation Information: Parent Daycare Other

Certification: I certify that this information is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Verifying Staff Member _____ Date _____