

In Person	_____	Initials	Date
Telephone:	_____	Initials	Date

**HEAD START / EARLY HEAD START APPLICATION**
**APPLICANT**
 Copy

Application is for: <input type="checkbox"/> Infant				<input type="checkbox"/> Preschooler		<input type="checkbox"/> Prenatal Woman – Due Date ___/___/___	
Name of Applicant: _____							
		First		MI		Last	
Gender: <input type="checkbox"/> Male		<input type="checkbox"/> Female		Date of Birth: ___/___/___			
(Birth certificate required)							
<input type="checkbox"/> Birth certificate viewed		<input type="checkbox"/> Birth certificate confirmation form attached					
<input type="checkbox"/> Inability to provide birth certificate form attached and completed							
Applicant's Ethnicity: <input type="checkbox"/> Hispanic or Latino origin				<input type="checkbox"/> Non-Hispanic or Non-Latino origin			
Race: <input type="checkbox"/> White		<input type="checkbox"/> Black or African American			<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian or other Pacific Islander					
<input type="checkbox"/> Bi-racial/multi-racial		<input type="checkbox"/> Unspecified		<input type="checkbox"/> Other _____			
Language(s) spoken in home if other than English:							
Primary: _____				Secondary: _____			
Does applicant have a diagnosed disability? <input type="checkbox"/> No							
<input type="checkbox"/> Yes - Please specify: _____							
Documentation available <input type="checkbox"/> IFSP <input type="checkbox"/> IEP <input type="checkbox"/> Medical							

**PARENT/LEGAL GUARDIAN**

Name of Parent or Legal Guardian Enrolling Applicant: _____							
		First		MI		Last	
Gender: <input type="checkbox"/> Male		<input type="checkbox"/> Female		Date of Birth: ___/___/___			
Parent/Guardian's Ethnicity: <input type="checkbox"/> Hispanic or Latino origin				<input type="checkbox"/> Non-Hispanic or Non-Latino origin			
Race: <input type="checkbox"/> White		<input type="checkbox"/> Black or African American			<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian or other Pacific Islander					
<input type="checkbox"/> Bi-racial/multi-racial		<input type="checkbox"/> Unspecified		<input type="checkbox"/> Other _____			
Legal Address of Parent/Guardian:							
Street or Fire Number		Town/City			State		Zip Code
Mailing Address (if different from Legal Address):							
Telephone:							
Home		Cell		Work		E Mail	
Parental Status: (Check all that apply) <input type="checkbox"/> Teen Parent				<input type="checkbox"/> Single Parent		<input type="checkbox"/> Two Parent	
<input type="checkbox"/> Foster Parent-(not including relatives)				<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Disabled Parent	
<input type="checkbox"/> Grandparent(s)		<input type="checkbox"/> Migrant Family		<input type="checkbox"/> Relative other than grandparents			
Parent/Guardian Education: <input type="checkbox"/> College Degree				<input type="checkbox"/> Associate, some college		<input type="checkbox"/> HS <input type="checkbox"/> GED	
<input type="checkbox"/> Less than HS							
Two Parent Family: <input type="checkbox"/> College Degree		<input type="checkbox"/> Associate, some college		<input type="checkbox"/> HS		<input type="checkbox"/> GED	
<input type="checkbox"/> Less than HS							
Parent/Guardian Employment:							
<input type="checkbox"/> One parent employed		<input type="checkbox"/> Fulltime		<input type="checkbox"/> Part time		<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Both parents employed		<input type="checkbox"/> Fulltime		<input type="checkbox"/> Part time		<input type="checkbox"/> Unemployed	
						<input type="checkbox"/> In job training	
						<input type="checkbox"/> In job training	

**FAMILY INFORMATION-SERVICES AND IMPACTS**

<p>List other immediate family members living in the same household and supported by the parent(s)/guardian:</p>		
<b>First and Last Name</b>	<b>Relationship to Applicant</b>	<b>Date of Birth</b>
<p>Will applicant be picked up at home for center-based program? <input type="checkbox"/> Yes  <input type="checkbox"/> No If No, where _____ (This must be a consistent location)</p>		
<p>Court Ordered Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No          Physical Placement: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____</p>		
<p>Do you or a family member require accommodations to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Is there anything else you would like us to know about applicant or family?          Please explain: _____</p>		
<p>How did you learn about Head Start? <input type="checkbox"/> Flyer <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Family  <input type="checkbox"/> Other _____</p>		
<p>Were you referred to Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, by whom: _____</p>		
<p>Is your family receiving any of the following services? Check all that apply:  <input type="checkbox"/> Foster Care – Kinship <input type="checkbox"/> Cash Assistance (Wisconsin Works W2)  <input type="checkbox"/> Supplement Social Security Income for Immediate Family Member (SSI) <input type="checkbox"/> Adult <input type="checkbox"/> Child</p>		
<p>Is your family participating in any of the following? Check all that apply:  <input type="checkbox"/> Medical Assistance (MA) – Badger Care <input type="checkbox"/> Birth to Three Program  <input type="checkbox"/> Food Stamps <input type="checkbox"/> Early Childhood / Public School EEC  <input type="checkbox"/> WIC <input type="checkbox"/> Other Public School (specify): _____  <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Other _____  <input type="checkbox"/> Current Head Start/ Early Head Start Participant</p>		
<p>Has your family (household) been impacted by any of the following? Check all that apply:  <input type="checkbox"/> Currently Homeless <input type="checkbox"/> Fetal Alcohol Concerns <input type="checkbox"/> Domestic Violence  <input type="checkbox"/> Unemployed <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Obesity  <input type="checkbox"/> Migrant Family <input type="checkbox"/> Multiple Moves <input type="checkbox"/> Child Abuse/Neglect  <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Non English Speaking <input type="checkbox"/> Mental Health Concerns/Services  <input type="checkbox"/> Incarcerated Household Member/Parent <input type="checkbox"/> Overseas Military Deployment  <input type="checkbox"/> Parent Separation/Divorce /Household Transitions</p>		
<p>Family Size: _____ # of Adults Contributing to Income: _____</p>		
<p>I certify that the information provided in this application is accurate and truthful to the best of my knowledge.</p>		
<p>Signature of Parent or Legal Guardian: _____</p>		<p>Date: ____/____/____</p>

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