



In Person:	_____	_____
	Initials	Date
Telephone:	_____	_____
	Initials	Date

HEAD START / EARLY HEAD START APPLICATION

Prenatal woman enrolling

Due Date: / /

<b>(1) Name of Parent or Legal Guardian Enrolling Child:</b> _____		
<input type="checkbox"/> Male <input type="checkbox"/> Female	First	MI
		Last
	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/Legal Guardian:		
_____	_____	Street
or Fire Number	Town/City	State
		Zip Code
Mailing Address (if different from Legal Address):		
_____		
Telephone:		
_____	_____	_____
Home/Cell	<input type="checkbox"/> Consent to receive text messages	Work
_____		
E Mail	<input type="checkbox"/> Consent to receive email messages	
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		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
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		
Employment: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> In job training		
<b>(2) Name of Parent/ Legal Guardian:</b> _____		
<input type="checkbox"/> Male <input type="checkbox"/> Female	First	MI
		Last
	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/ Legal Guardian:		
_____	_____	Street
Street or Fire Number	Town/City	State
		Zip Code
Telephone:		
_____	_____	_____
Home/Cell	<input type="checkbox"/> Consent to receive text messages	Work
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		
<input type="checkbox"/> Currently enrolled		
Emploment: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> In job training		
<b>List other immediate family members living in the same household and supported by the parent(s)/guardian:</b>		
First and Last Name	Relationship to Applicant	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHILD**

Name of Child: _____		
First	MI	Last
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ____/____/____ (Birth certificate required)
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		
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: _____		
Is there anything else you would like us to know about applicant or family? Please explain: _____		
How did you learn about Head Start? <input type="checkbox"/> Flyer <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other _____		
Were you referred to Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom: _____		
<input type="checkbox"/> I give permission to have my child's name, Immunization Record and Birth Certificate Verificate sent to the local School District office for verification of enrollment in the 4k Preschool Program.		

**FAMILY INFORMATION-SERVICES AND IMPACTS**

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		
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		
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		
I certify that the information provided in this application is accurate and truthful to the best of my knowledge. Signature of Parent or Legal Guardian: _____ Date: ____/____/____		

Return to: 1507 Tower Ave., Suite 312  
Superior, WI 54880  
1-800-392-4473

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