Application for EHS Program Participation

** Pregnant women should complete all *starred* sections on this page and the next page **

* PARTICIPANT INFORMATION: Fill out information about the child or woman applying to the program *

Last:	First/Middle:	Preferred:	Male ☐ Female ☐
Applying as an Expecting Mother: Yes ☐ No ☐	Estimated due date:		
Birth Date:	Male ☐ Female ☐	Parental Status: One ☐ Two ☐	
Living Address:			
City:	State:	Zip	

Program Options

Are you interested in: Center-based services ☐ Home-based services ☐ Either ☐

* DEMOGRAPHIC information for the child or woman applying to the program *

	Language	Primary Language?	Proficiency
Race *(check all that apply):* ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African-American ☐ Hawaiian/Pacific Islande ☐ White ☐ Other: ____________________	English	Yes ☐ No ☐	None ☐ Poor ☐ Moderate ☐ Proficient ☐
		Yes ☐ No ☐	None ☐ Poor ☐ Moderate ☐ Proficient ☐
Ethnicity:		Yes ☐ No ☐	None ☐ Poor ☐ Moderate ☐ Proficient ☐
Nationality:			

FAMILY INFORMATION: Fill out information about adults and family who are part of child's life

PARENT/GUARDIAN	Name:		Primary Adult? Yes ☐ No ☐
Relationship to Child:	Birth Date:		
Living Address:			
City	State		Zip
E-mail Address:			
Phone Number	Primary Phone?	Phone Type (Work, Home, Cell)	Notes (when not to call, etc.)
	Yes ☐ No ☐		
	Yes ☐ No ☐		
Teen Parent (19 or younger): Yes ☐ No ☐	Custody: Yes ☐ No ☐	Lives with Child: Yes ☐ No ☐	

Child's Relationship to Adult:	English Level:	Education Level:		Employment Status:	
Natural/Adopted/Step-Child ☐	None ☐	Some College ☐	<Grade 9 ☐	Full Time (35+hours) ☐	Full Time & Training ☐
Grandchild ☐	Poor ☐	Certificate ☐	Grade 10 ☐	Part Time ☐	Part Time & Training ☐
Niece/Nephew ☐	Moderate ☐	High School Grad ☐	Grade 11 ☐	Retired/Disabled ☐	Seasonally Employed ☐
Foster Child ☐	Proficient ☐	GED ☐	Grade 12 ☐	Training or School ☐	Unemployed ☐
Other ☐		Master's Degree ☐	Associate's ☐		
			BA ☐		

PARENT/GUARDIAN	Name:		Primary Adult? Yes ☐ No ☐
Relationship to Child:	Birth Date:		
Living Address:			
City	State		Zip
E-mail Address:			
Phone Number	Primary Phone?	Phone Type (Work, Home, Cell)	Notes (when not to call, etc.)
	Yes ☐ No ☐		
	Yes ☐ No ☐		
Teen Parent (19 or younger): Yes ☐ No ☐	Custody: Yes ☐ No ☐	Lives with Child: Yes ☐ No ☐	

Child's Relationship to Adult:	English Level:	Education Level:		Employment Status:	
Natural/Adopted/Step-Child ☐	None ☐	Some College ☐	<Grade 9 ☐	Full Time (35+hours) ☐	Full Time & Training ☐
Grandchild ☐	Poor ☐	Certificate ☐	Grade 10 ☐	Part Time Training ☐	Part Time & Training ☐
Niece/Nephew ☐	Moderate ☐	High School Grad ☐	Grade 11 ☐	Retired/Disabled ☐	Seasonally Employed ☐
Foster Child ☐	Proficient ☐	GED ☐	Grade 12 ☐	Training or School ☐	Unemployed ☐
Other ☐		Master's Degree ☐	Associate's ☐		
			BA ☐		

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* ADDITIONAL MEMBERS of Family / Household *

Name:	Relationship to Child:	Date of Birth:
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Name:	Relationship to Child:	Date of Birth:
Name:	Relationship to Child:	Date of Birth:
Name:	Relationship to Child:	Date of Birth:
Name:	Relationship to Child:	Date of Birth:
Name:	Relationship to Child:	Date of Birth:

Total # of people (including the participant and adults listed on front, and all listed above) who live in child's household and are part of his/her family: __

CHILD'S NEEDS ++

Does your child have a disability (diagnosed by a doctor or specialist)? ___Yes ___No Does s/he have an IEP or IFSP? ___Yes ___No

If yes, please list the specific disability:

Do you have any concerns about your child in any of the areas listed below? *If yes, please check appropriate item(s).*

_____Hearing _____Vision _____Obesity _____Allergies _____Asthma _____Dental problems

_____Other medical problems - *Please describe:* ________________________________ _____Other development concerns - *Please describe:* ____________________

_____Speech or language development _____Physical development ***please provide medical documentation of concerns if available***

_____Behavior or emotional problems (e.g. tantrums) - *Please describe:* ___________________________________

* SERVICES: What services is your family receiving? *

_____ **Family is currently receiving services or has received services in the past 12 months from DYFS/DCFS**

_____Food Stamps _____Unemployment _____Utility/Energy Assistance

_____Foster Care/Adoption Subsidy _____Public Housing _____Child Support

_____Medicaid _____Section 8 Vouchers _____Private Health Insurance

_____State Health Insurance _____Social services from other agency

_____Emergency/Crisis Intervention *Which agency?:* ________________________

DO YOU HAVE: **TANF?** ___Yes ___No **SSI?** ___Yes ___No **WIC?** ___Yes ___No **Referred to:** ________________

Child Care Subsidy/Voucher? ___Yes ___No ___Don't know about it

* LEGAL ISSUES: Is your family currently dealing with legal issues? * ++

Is your family currently dealing with legal issues such as divorce, probation, custody, restraining orders, etc.? ___ Yes ___ No

If yes, please clarify: ____

Additional Information

Has your child previously been enrolled in Head Start or another preschool program? Yes ☐ No ☐

If yes, what program? ______________________________

Has your child had a sibling previously enrolled in this Head Start program? Yes ☐ No ☐

If yes, is he or she currently enrolled? ___ Yes ___ No

Specify dates of attendance? _________to_________

How did you hear about our program?

____Word of mouth (friend, family)
____Saw/received a flyer
____Saw/passed the center
____Know someone who works here
____Referred by agency (WIC, child support services, child care subsidy, etc.) *Please specify:* ____
____Other *Please specify:*

I—or another adult in my family—accesses the Internet: *Mark one of the following:* ❐ Every day ❐ Several times per week ❐ Once a week ❐ Several times per month ❐ Rarely or never

PLEASE SIGN HERE to verify that you have completed this application and provided true information.

** For pregnant women under 18, a parent/guardian should sign here **

Signature of Parent/Guardian:

Print Name: Date:

++ Note to staff: Information from these sections should be noted on the Selection & Intake Form.