

# Family Member Information

Shaded boxes will be completed by agency staff.



Primary Adult Name \_\_\_\_\_ Birthday \_\_\_\_\_  
 Applicant Name \_\_\_\_\_ Birthday \_\_\_\_\_  
 Primary Site Name \_\_\_\_\_ Program Year \_\_\_\_\_

### Primary Adult

Last		First	Middle	Preferred	Suffix
Birthday		Gender	SSN	Alternate ID	
Highest Grade Completed	Employment Status <sup>1</sup>	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Subsidized		Email Address	
Notes					
<b>Race</b> (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		Ethnicity	English Proficiency		
			<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary		
		Nationality	Other Language Spoken _____		
			<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary		

### Secondary Adult

Last		First	Middle	Preferred	Suffix
Birthday		Gender	SSN	Alternate ID	
Highest Grade Completed	Employment Status <sup>1</sup>	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Subsidized		Email Address	
Notes					
<b>Race</b> (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		Ethnicity	English Proficiency		
			<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary		
		Nationality	Other Language Spoken _____		
			<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary		

### Participant - Enrolled Child

Last		First	Middle	Preferred	Suffix
Birthday		Gender	SSN	Alternate ID	
<b>Race</b> (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		Ethnicity	English Proficiency		
			<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary		
		Nationality	Other Language Spoken _____		
			<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary		
Primary Adult Relationship			Secondary Adult Relationship		
		<input type="checkbox"/> Custody			<input type="checkbox"/> Custody
Medicaid Eligibility	Medicaid Number	Primary Health Coverage		Other Health Coverage	Insurance Number
Notes					

### Other Family Members

Adult/Child	Last	First	Birthday	Gender	SSN

Notes

1. Employment Status Codes: F - Full Time, P - Part Time Training, R - Retired or Disabled, T - Training or School, B - Full Time & Training, I - Part Time & Training, S - Seasonally Employed, U - Unemployed

# Family Information

*Shaded boxes will be completed by agency staff.*

Primary Adult Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthday \_\_\_\_\_

Applicant Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthday \_\_\_\_\_

General Information					
Living Address		City	State	Zip	County
Mailing Address (if different)		City	State	Zip	
Phone Number	Home, Work, Cell, etc.	Primary	Notes		
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Number in Household \_\_\_\_\_ Num. in Family \_\_\_\_\_ Total Num. of Children \_\_\_\_\_ Num. Age 0-3 \_\_\_\_\_ Num. Age 4-5 \_\_\_\_\_

Parental Status  One  Two Primary Language at Home \_\_\_\_\_ Primary Site \_\_\_\_\_

Family Information								
TANF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly			<input type="checkbox"/> SSI <input type="checkbox"/> WIC WIC ID _____					
Family Member	Date	Income Source	Amount	Per	Annual Amount	Type <sup>1</sup>	Desc. <sup>2</sup>	Verif. <sup>3</sup>
1. Type Codes ERN–Earned SUB–Subsidized		2. Description Codes PEN–Pension SSI–SSI SS–Social Security			3. Verification Codes CS–Check Stub W2–W-2 EL–Employer Letter TAN–TANF			

Income Notes \_\_\_\_\_

Emergency Contacts						
Contact 1	Name		Relationship to Child		<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to	
	Address		City	State	Zip	
	Phone 1	Type / Notes	Phone 2 Notes	Type /	Phone 3	Type / Notes
Contact 2	Name		Relationship to Child		<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to	
	Address		City	State	Zip	
	Phone 1	Type / Notes	Phone 2	Type / Notes	Phone 3	Type / Notes
Contact 3	Name		Relationship to Child		<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to	
	Address		City	State	Zip	
	Phone 1	Type / Notes	Phone 2 Notes	Type /	Phone 3	Type / Notes

Doctor/Dentist						
Doctor Name		Address	City	State	Zip	Phone
Dentist Name		Address	City	State	Zip	Phone

**Certification:** *I certify that this information is true. If any part is false, my participation in this agency's programs 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 within the agency and is accessible to me during normal business hours.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Is this child income eligible for Head Start?  Yes  No

Staff Member/Title \_\_\_\_\_ Date \_\_\_\_\_

# Enrollment Information

To be completed by agency staff.



Primary Adult Name \_\_\_\_\_

Birthday \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthday \_\_\_\_\_

Program Details			
Program/Term	Site	Classroom	Program Option
Application Status <sup>1</sup>	Application Number	Funding	Class Hours

Enrollment						
Application Date	Waitlisted Date	Accepted Date	Abandoned Date	Enrollment Date	Entry Date	Terminated Date
Enrollment Notes						

Eligibility						
Eligibility Date	Eligibility Income	Num in Family	Income Status <sup>2</sup>	Participation Year	<input type="checkbox"/> Sibling Elig Next	Class Age
CACFP Date	CACFP Income		CACFP Status	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid		

<i>Must be completed by Head Start staff</i>						Points
Parental Status						
Disability						
Income						
Age						
Criterion 1						
Criterion 2						
Criterion 3						
Criterion 4						
Criterion 5						
Criterion 6						
Eligibility Notes					Returning	
					Adjustment	
					Total	

Participation Days & Meals								
	All Days	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Participates								
All Scheduled:								
Breakfast								
AM Snack								
Lunch								
PM Snack								
Supper								

<b>1. Application Status Codes</b> A-Incomplete, Info Not Returned B-Complete, Needs Birth Cert C-Complete & Verified D-Departed Area/Moved Away I-Incomplete M-Complete, Needs Medical Info N-No Show at Registration or First Day O-Too Old for Program P-Accepted into Another Program S-Attending School or Preschool T-Transportation Problem, Out of Area V-Complete, Needs Income Verification X-Inactive Y-Too Young for Program Z-Other	<b>2. Income Status Codes</b> E-Eligible F-Foster Child O-Over Income P-Public Assistance
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I have determined this child is eligible for Head Start/Early Head Start services. I have recalculated the family's income, verified the accuracy of family size and reviewed selection criteria and determined the family points are accurate. I have approved this child to be accepted in the Head Start/Early Head Start program. (45 CFR 1305.4 (c)(d); 45 CFR 1305.2 (e)(1)(2); ACF-PL:-HS-10-02)

Verifying Manager's Signature/Title \_\_\_\_\_

Date \_\_\_\_\_

**Agency-Specify Information: (must be entered in ChildPlus)**

Mid-America/Delegate	Application Taken by	Application Entered by	Date Entered	Family Advocate Assigned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Employment Information

To be completed by agency staff.



Primary Adult Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthday \_\_\_\_\_

Site's Name \_\_\_\_\_

Program Option \_\_\_\_\_

Employment	
Name/ of Employer or School:	Address
City/State/Zip Code	Phone:
Notes	