



# Head Start Birth – 5

Program Year:

Child/Pregnant Woman													
Name:		First			Middle			Last			Nickname		
Birthday:				Race									
Gender	F		M	American Indian/Alaska Native				Native Hawaiian/ Pacific Islander					
				Asian				Other					
Hispanic	Yes		No	Black				Unspecified					
				Multiracial/Biracial				White					
English Proficiency				Other Language				Other Language Proficiency					
	Little			Arabic				Little					
	Moderate			Asian				Moderate					
	None			Spanish				None					
	Proficient			Other:				Proficient					
Primary Health Insurance				Dental Insurance				Medical/Dental Home					
	Medicaid			Medicaid				Doctor:					
	No Insurance			No Insurance									
	Private Insurance			Private Insurance				Dentist:					
	Other:			Other:									
Primary Adult													
Name:		First			Middle			Last			Nickname		
Birthday:				Race									
Gender	F		M	American Indian/Alaska Native				Native Hawaiian/ Pacific Islander					
				Asian				Other					
Hispanic	Yes		No	Black				Unspecified					
				Multiracial/Biracial				White					
English Proficiency				Other Language				Other Language Proficiency					
	Little			Arabic				Little					
	Moderate			Asian				Moderate					
	None			Spanish				None					
	Proficient			Other:				Proficient					
Highest Grade Completed				Employment Status									
	Associate's Degree			Grade 11				Full Time		Full Time and Training			
	Bachelor's Degree			Grade 12				Part Time		Part Time and Training			
	College/Training Cert.			Grade 9 or less				Seasonal		Training or School			
	College/Advanced Training			High School Graduate				Unemployed		Retired or Disabled			
	GED			Master's Degree									
	Grade 10												
Child's Relationship						Check <u>ALL</u> that apply							
Biological/Adopted/Step				Grandchild				Custody					
Foster				Other Relative				Lives with family					
Other:						Provides financial support							
Email:						Teen parent							

Siblings														
First Name			Last Name			Nickname			Birthday			Gender		
												F		M
												F		M
												F		M
												F		M
Secondary or Other Adult														
Name:	First			Middle			Last			Nickname				
Birthday:				Race										
Gender	F		M	American Indian/Alaska Native			Native Hawaiian/ Pacific Islander							
				Asian			Other							
Hispanic	Yes		No	Black			Unspecified							
				Multiracial/Biracial			White							
English Proficiency			Other Language			Other Language Proficiency								
Little			Arabic			Little								
Moderate			Asian			Moderate								
None			Spanish			None								
Proficient			Other:			Proficient								
Highest Grade Completed						Employment Status								
Associate's Degree			Grade 11			Full Time			Full Time and Training					
Bachelor's Degree			Grade 12			Part Time			Part Time and Training					
College/Training Cert.			Grade 9 or less			Seasonal			Training or School					
College/Advanced Training			High School Graduate			Unemployed			Retired or Disabled					
GED			Master's Degree											
Grade 10														
Child's Relationship						Check <b>ALL</b> that apply								
Biological/Adopted/Step			Grandchild			Custody								
Foster			Other Relative			Lives with family								
Other:						Provides financial support								
Email:						Teen parent								
Family Information														
Living Address						Zip			City					
Mailing Address				*Same as living address			Zip			City				
Phone Numbers					Note: (ext. or time to call)				Opt for Text Messages					
( )	-	Cell	Home	Other					Yes	No				
( )	-	Cell	Home	Other					Yes	No				
Parental Status						Primary Language at Home								
Single Parent			Two Parent											
Check <b>ALL</b> that apply														
Homeless						Referred by Child Welfare Agency								
Active Military						Receiving SNAP								
Military Veteran						WIC								
Family Income														
TANF	Yes	No	Formerly on TANF/Not now			SSI	Yes	No						
Annual Gross Income:						Number in Family:								

**Emergency Contacts**

Name		Relationship			Emergency Contact			Release To	
					Yes	No	Yes	No	
Address				Zip		City			State
Phone Numbers					Note: (ext. or time to call)				
( )	-	Cell	Home	Other					
( )	-	Cell	Home	Other					
Name		Relationship			Emergency Contact			Release To	
					Yes	No	Yes	No	
Address				Zip		City			State
Phone Numbers					Note: (ext. or time to call)				
( )	-	Cell	Home	Other					
( )	-	Cell	Home	Other					

I understand that if my child is enrolled in the LHDC Head Start Birth-5 program he/she is required to have the following health services completed:

- |   |   |
|---|---|
| • Dental Examinations                     | • Immunizations                           |
| • Developmental and Behavioral Screenings | • Mental Health Observations and Services |
| • Follow-up Health/Dental Services        | • Speech and Language Screenings          |
| • Hearing and Vision Screenings           | • Well Child Examinations                 |

I certify that all information on this application is true to the best of my knowledge and I will report any changes to Head Start Birth-5 Staff. 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.

\_\_\_\_\_  
Signature of Parent, Legal Guardian, Authorized Caregiver, or Legally Responsible Party

<b>*****STAFF USE ONLY: CHECK ONE*****</b>					
Income Eligible		Over Income		Categorically Eligible	
Below 100%		101-130%		Foster Care	
Public Assistance (SSI or TANF)		130+%		Homeless	

Eligibility Date		Packet Pick Up Date		Withdraw Date	
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