



# Application and Interview



# Head Start Birth – 5

Applicant (Child or Pregnant Woman)			
First Name	Middle Name	Last Name	
Birthday: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Last 4 of SSN: _____
Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Race</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Biracial/Multiracial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unspecified <input type="checkbox"/> White	<b>Primary Health Insurance</b> <input type="checkbox"/> Medicaid/CHIP <input type="checkbox"/> No Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other: _____  Medical Home  Doctor: _____	<b>Dental Insurance</b> <input type="checkbox"/> Medicaid/CHIP <input type="checkbox"/> No Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other: _____  Dental Home  Dentist: _____	
Is the applicant an immediate family member of an LHDC Employee? (Immediate family includes father, mother, brother, sister, husband, wife, child, grandchild, grandparent, or relative by marriage of comparable degree.) <input type="checkbox"/> Yes <input type="checkbox"/> No  Employee Name: _____	Medical Condition(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Special Need(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Professionally Diagnosed Disability <input type="checkbox"/> Yes <input type="checkbox"/> No Medical, Disability, or Special Needs Notes: _____	Enrolled in Another Preschool <input type="checkbox"/> Yes <input type="checkbox"/> No Child or Sibling Previously or Currently Enrolled in <u>LHDC EHS</u> or HS <input type="checkbox"/> Yes <input type="checkbox"/> No Family Needs an Interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No <u>EHS only:</u> Enrolled in Healthy Families <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is anyone <u>Legally Prohibited</u> from contact with the child? *provide court document <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____			
<b>Recruitment</b> <input type="checkbox"/> Other Community Agency <input type="checkbox"/> DCS <input type="checkbox"/> Flyer <input type="checkbox"/> Newspaper <input type="checkbox"/> Previous Participant <input type="checkbox"/> Social media <input type="checkbox"/> WIC <input type="checkbox"/> Word of mouth Other: _____	<b>Transportation</b> <input type="checkbox"/> Can transport to/from center <input type="checkbox"/> Can meet the bus <input type="checkbox"/> Not able to transport  Address child will need to be picked up/dropped off at <u>if different from living address</u> : _____	<b>Current DCS Involvement in the Family</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>EHS Pregnant Mother <i>Applicant</i> Only</u> Receiving Prenatal Care <input type="checkbox"/> Yes <input type="checkbox"/> No	

Primary Adult (Parent, Legal Guardian, Authorized Caregiver, or Legally Responsible Party)			
First Name	Middle Name		Last Name
Birthday:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Last 4 of SSN:	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Biracial/Multiracial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unspecified <input type="checkbox"/> White	Highest Grade Completed <input type="checkbox"/> Less than High School Graduate <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Advanced or Bachelor Degree <input type="checkbox"/> Associate Degree, Vocational School, or some college		Child's Relationship <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other Relative <input type="checkbox"/> Other:
	Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training/School <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		Check <b>ALL</b> that apply <input type="checkbox"/> Custody <input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial support <input type="checkbox"/> Teen parent
Family is all persons living in the same household who are: <ul style="list-style-type: none"> <li>Supported by the child's parent(s) or guardian(s) income; <b>AND</b></li> <li>Related to the child's parent(s) or guardian(s) by blood, marriage, or adoption;</li> <li><b>OR</b> the child's authorized caregiver or legally responsible party.</li> </ul>	Family Type <input type="checkbox"/> Single parent/Female <input type="checkbox"/> Single parent/Male <input type="checkbox"/> Two-parent household <input type="checkbox"/> Two-parent unmarried <input type="checkbox"/> Nonrelated Adults with children <input type="checkbox"/> Multigenerational household	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other:	Parent Work Hours: _____ to _____  Employer: _____
Unemployment <input type="checkbox"/> N/A <input type="checkbox"/> Long-term (more than 6 mo.) <input type="checkbox"/> Not in labor force <input type="checkbox"/> Short-term (6 mo. or less) <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	Current Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Other Permanent Housing  Current Housing Date: _____		Medical Insurance <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicaid, State Children (no premium paid) <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Insurance for Adults
Email:			

Siblings (in the home)								
First Name	Last Name	Gender	Birthday	Last 4 of SSN	Race	Hispanic	Med. Insurance	Disabled
Choose One:	<input type="checkbox"/> Secondary Adult (Parent, Legal Guardian, Authorized Caregiver, or Legally Responsible Party) <input type="checkbox"/> Other Adult (Parent NOT living with the child applicant, Grandparent that does NOT have custody but lives with child applicant, Parent's significant other (NOT married, NOT child applicant's parent) etc.)							
First Name		Middle Name			Last Name			
Birthday:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Last 4 of SSN:			Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Biracial/Multiracial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unspecified <input type="checkbox"/> White	Highest Grade Completed <input type="checkbox"/> Less than High School Graduate <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Advanced or Bachelor Degree <input type="checkbox"/> Associate Degree, Vocational School, or some college				Child's Relationship <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other Relative <input type="checkbox"/> Other:			
	Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training/School <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled				Check <b>ALL</b> that apply <input type="checkbox"/> Custody <input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial support <input type="checkbox"/> Teen parent			

**Secondary Adult (Parent, Legal Guardian, Authorized Caregiver, or Legally Responsible Party)(continued)**

<p align="center"><b>Unemployment</b></p> <input type="checkbox"/> N/A <input type="checkbox"/> Long-term (more than 6 mo.) <input type="checkbox"/> Not in labor force <input type="checkbox"/> Short-term (6 mo. or less) <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	<p align="center"><b>Medical Insurance</b></p> <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicaid, State Children <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> None <input type="checkbox"/> State Children’s Health Insurance <input type="checkbox"/> State Insurance for Adults	<p>Parent Work Hours: _____ to _____</p> <p>Employer: _____</p>
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Email: \_\_\_\_\_

**Family Information**

Living Address	Zip Code	City	State
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Mailing Address * <input type="checkbox"/> same as living address	Zip Code	City	State
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Phone Numbers	Contact Name	Opt for Text Messages
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(    ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
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(    ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
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Parental Status	Check ALL that apply:	
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<input type="checkbox"/> One-Parent <input type="checkbox"/> Two-Parent	<input type="checkbox"/> Homeless <input type="checkbox"/> Active Military <input type="checkbox"/> Military Veteran <input type="checkbox"/> Referred by Child Welfare Agency <input type="checkbox"/> Receiving SNAP <input type="checkbox"/> Receiving WIC <input type="checkbox"/> TANF <input type="checkbox"/> Formerly on TANF, not now <input type="checkbox"/> Supplemental Security Income (Not Social Security Disability or Retirement)	
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Primary Language at Home: _____		
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Emergency Contacts			
Name	Relationship	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Release To <input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Address	Zip Code	City	State
Phone Number	Notes: (ext. or time to call)		
(      ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other			
Name	Relationship	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Release To <input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Address	Zip Code	City	State
Phone Number	Notes: (ext. or time to call)		
(      ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other			
Location Preferences: Check all that apply.			
Crawford County Head Start (3-5)	Harrison County Head Start (3-5)	Perry County Head Start (3-5)	Spencer County Head Start (3-5)
North Crawford <input type="checkbox"/> AM Class 8:30-12:00 <input type="checkbox"/> PM Class 12:00-3:30 <input type="checkbox"/> Full Day Class 9:30-3:30	Harrison <input type="checkbox"/> AM Class 8:30-12:00 <input type="checkbox"/> PM Class 12:00-3:30 <input type="checkbox"/> Full Day Class 9:30-3:30	North Perry <input type="checkbox"/> Single Session Class 9:30-1:30 <input type="checkbox"/> Full Day Class 8:30-2:30	North Spencer <input type="checkbox"/> Single Session Class 9:30-1:30 <input type="checkbox"/> Full Day Class 8:30-2:30
South Crawford <input type="checkbox"/> Single Session Class 8:30-12:30	<input type="checkbox"/> Home-based: 90 minute weekly home visit	South Perry <input type="checkbox"/> Single Session Class 9:30-1:30 <input type="checkbox"/> Full Day Class 8:30-2:30 <input type="checkbox"/> Single Session Class 11:00-3:00	South Spencer <input type="checkbox"/> Full Day Class 8:00-2:00 <input type="checkbox"/> Full Day Class 9:00-3:00
Crawford County Early Head Start (0-3)	Harrison County Early Head Start (0-3)	Perry County Early Head Start (0-3)	Spencer County Early Head Start (0-3)
<input type="checkbox"/> Home-based: 90 minute weekly home visit	<input type="checkbox"/> Home-based: 90 minute weekly home visit	<input type="checkbox"/> Home-based: 90 minute weekly home visit	<input type="checkbox"/> Home-based: 90 minute weekly home visit

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 Date