



Head Start Birth-5 Application

Applicant (Child or Pregnant Woman)													
Name (First and Last)													
Birthdate:						Gender:				Female		Male	
Is the applicant related to an LHDC Employee or Board Member?								Name:					
Family can provide transportation to and from center						Yes				No			
Primary Adult													
Name (First and Last)										Birthdate:			
Relationship to Child:		Employment Status						Check all that apply:					
<input type="checkbox"/> Biological/adopted/step		<input type="checkbox"/> Full time		<input type="checkbox"/> Retired/Disabled		<input type="checkbox"/>		<input type="checkbox"/> Has custody of applicant					
<input type="checkbox"/> N/A (pregnant mother)		<input type="checkbox"/> Part time		<input type="checkbox"/> Full time and training		<input type="checkbox"/>		<input type="checkbox"/> Lives with applicant					
<input type="checkbox"/> Grandchild		<input type="checkbox"/> Seasonal		<input type="checkbox"/> Part time and training/school		<input type="checkbox"/>		<input type="checkbox"/> Provides financial support					
<input type="checkbox"/> Foster child		<input type="checkbox"/> Unemployed		<input type="checkbox"/> Training/school		<input type="checkbox"/>		<input type="checkbox"/> Teen parent (under 20)					
<input type="checkbox"/> Other relative		Phone:						Email:					
Children/Siblings (in the household)													
First and Last Name				Birthdate		First and Last Name				Birthdate			
1						4							
2						5							
3						6							
Secondary/Other Adult													
Name (First and Last)										Birthdate:			
Relationship to Child:		Employment Status						Check all that apply:					
<input type="checkbox"/> Biological/adopted/step		<input type="checkbox"/> Full time		<input type="checkbox"/> Retired/Disabled		<input type="checkbox"/>		<input type="checkbox"/> Has custody of applicant					
<input type="checkbox"/> N/A (pregnant mother)		<input type="checkbox"/> Part time		<input type="checkbox"/> Full time and training		<input type="checkbox"/>		<input type="checkbox"/> Lives with applicant					
<input type="checkbox"/> Grandchild		<input type="checkbox"/> Seasonal		<input type="checkbox"/> Part time and training/school		<input type="checkbox"/>		<input type="checkbox"/> Provides financial support					
<input type="checkbox"/> Foster child		<input type="checkbox"/> Unemployed		<input type="checkbox"/> Training/school ng/school		<input type="checkbox"/>		<input type="checkbox"/> Teen parent (under 20)					
<input type="checkbox"/> Other relative		Phone:						Email:					
Family Information													
Living Address				Zip Code		City				State			
Mailing Address (if different)				Zip Code		City				State			
Home language						Active military				Military veteran			
Family Receives:		<input type="checkbox"/> WIC		<input type="checkbox"/> SSI		<input type="checkbox"/> TANF		<input type="checkbox"/> SNAP		<input type="checkbox"/> Child Support		<input type="checkbox"/> Employment income	
		<input type="checkbox"/> Social Security (retirement, disability, or death benefits)								<input type="checkbox"/> Unemployment			
Location Preference (3–5 year-olds only)													
English		Marengo		Corydon		Leopold		Tell City		Dale		Rockport	
<input type="checkbox"/> Morning		<input type="checkbox"/> Full day		<input type="checkbox"/> Morning		<input type="checkbox"/> Full day		<input type="checkbox"/> Morning		<input type="checkbox"/> Morning		<input type="checkbox"/> Full day	
<input type="checkbox"/> Afternoon				<input type="checkbox"/> Afternoon				<input type="checkbox"/> Afternoon		<input type="checkbox"/> Full Day			
<input type="checkbox"/> Full day								<input type="checkbox"/> Full day					

Parent, Legal Guardian, Authorized Caregiver, or Legally Responsible Party Signature

Date