

Early Head Start /Head Start Program Recruitment Application

Section: 1

A

Child's Name: _____ Sex _____ Birth date: _____
 Parent/Guardian: _____
 Address: _____ Zip: _____ Tel: _____
 Alternate Tel: _____ Ethnicity: _____ Center Desired: _____

B

List Names of Dependents in Household including Parents/Guardians	Relationship	Age
Head		

C

Additional information (Check all that apply)		(*) Qualify for Full-Day Services	
Attended Early Head Start		*Working or in school full-time	
*Homeless family		Currently a teen parent	
Displaced Family due to a natural disaster		Child over/under weight	
*Child has a diagnosed disability		Children exposed to violence in the home or neighborhood	
Child with high lead levels @ 10 or above		Working or in school part-time	
*Child is in foster care		Non English speaking parent or child	
* Child is in protective care		Child lives with grandparent	
*Parent is incarcerated		Northeast Quadrant	
*Parent is diagnosed with or enrolled in a verified mental health, drug, alcohol program		Single parent household	
*Child lives with a parent/guardian with a diagnosed disability or terminal illness		Current or former HS or EHS family	
Family needing basic literacy skills		Two parent household	

D

How did you find out about Head Start/ Early Head Start:

Current Parent ___ Former Parent ___ Flyer ___ Radio ___ School District ___ other _____

How would you get out the word about Head Start/ Early Head Start _____

E

Income * Unemployment and temporary layoffs must submit last years W-2 form or tax statements.
 _____ Wages/Statements _____ No Income/Other _____ Social Security (SSI/SSD)
 _____ Unemployment _____ DHS Services _____ Foster care _____ Tax Form

F

Application completed by: _____ Date: _____

Section 1