

Dane County Parent Council
 2096 Red Arrow Trail
 Madison WI 53711
 608-275-6740

Early Head Start Application

Family Advocate: _____

App. Date: _____

_____/_____/_____

Applicant's Name: Last	First	MI	Date of Birth _____/_____/_____ <small>Mo Day Year</small>
Address (Complete Street Address)			Apt #
City	Zip	Home Phone	Work/Friend/Family Phone or Pager

If applicant is a minor, guardian's info:

Guardian's Name: Last	First	MI	Date of Birth _____/_____/_____ <small>Mo Day Year</small>
Address (Complete Street Address)			Apt #
City	Zip	Home Phone	Work/Friend/Family Phone or Pager

Pregnancy Information

Currently Pregnant Yes No **If yes, expected delivery date:** ____/____/____
Mo Day Year

If child is newborn: _____ **DOB:** ____/____/____
Last Name First Name MI Mo Day Year

Does the child have a diagnosed disability or is eligible for early intervention services? Yes No

If pregnant, Trimester of Pregnancy currently in (Please Circle):

1st Trimester (0-3 months) 2nd Trimester (3-6 months) 3rd Trimester (6-9 months)

Have you received prenatal care during this pregnancy? Yes No

In which month of your pregnancy did you have your first prenatal visit? _____

Has your prenatal care been continuous? Yes No

Is/Was your pregnancy *High Risk* as determined by a physician or health care provider: Yes No

Have you or the baby experienced any health problems or complications during this pregnancy, delivery, or after birth? Yes No *If yes, please describe:* _____

Any problems with any previous pregnancy? Yes No

If yes, **Has bed rest ever been required?** Yes No

How many times have you been pregnant before this? _____

How long has it been since your last pregnancy? _____

Applicant's Information

Applicant Lives with (Please Circle): Baby's Father Guardian Friends Relative Self Homeless

Marital Status of Applicant (Please Circle): Married Divorced Separated Never Married Widowed

Highest Educational Grade Completed (Please Circle): 1 2 3 4 5 6 7 8 9 10 11 12
GED HSED 13 14 15 16 Associates BA Grad School No Education

White: Master File

Yellow: Family Advocate File

Why are you interested in EHS/What do you hope to get out of EHS: _____

Did you receive any extra educational support services in High School? Yes No

Do you have an assigned caseworker at Dane County Job Center at Aberg Avenue? Yes No

If yes, name: _____

Are you currently seeing a Public Health Nurse or PNCC? Yes No If yes, name: _____

Are you currently receiving (Circle all that apply):

WIC Food Stamps Subsidized Housing TANF/W2 SSI Other (describe) _____

Do you have Medical Coverage / Health Insurance? Yes No

Birth Mother's Information

Mother's Social Security Number: _____ - _____ - _____

Ethnicity of Mother (Please Circle): Hispanic/Latino Non-Hispanic/Non-Latino

Race of Mother (Please Circle): American Indian Alaska Native Asian Black/African Amer. Native Hawaiian
Pacific Islander White Biracial/Multi-Racial Unspecified Other (specify): _____

Primary Language (Please Circle): English Spanish Hmong Unspecified Other (specify): _____

Speak English? Yes No

Birth Father's Information

Child's Father's Name: _____ Last First Name MI DOB: ____ / ____ / ____
Mo Day Year

Address: _____ Zip: _____

Home Phone: (____) ____ - ____ Work/Friend/Family Phone: (____) ____ - ____

Ethnicity of Father (Please Circle): Hispanic/Latino Non-Hispanic/Non-Latino

Race of Father (Please Circle): American Indian Alaska Native Asian Black/African Amer. Native Hawaiian
Pacific Islander White Biracial/Multi-Racial Unspecified Other (specify): _____

Primary Language (Please Circle): English Spanish Hmong Unspecified Other (specify): _____

Speak English? Yes No

Household Information

Applicant's Other Children:

Name _____ DOB _____ Sex ____ Name _____ DOB _____ Sex ____
Name _____ DOB _____ Sex ____ Name _____ DOB _____ Sex ____

Other Household Members:

Name _____ Relationship to Applicant _____
Name _____ Relationship to Applicant _____
Name _____ Relationship to Applicant _____

Number of Children in Household _____ Number of Adults in Household _____ Total in Household _____

I certify that the answers provided on this form are accurate and complete to the best of my knowledge. I understand that providing false information to a federally funded program is against the law.

Applicant's signature: _____ Date: _____

PARENT(S) OR GUARDIAN(S) MUST PROVIDE PROOF OF INCOME

such as income tax return, W-2 form, check stub(s), or TANF payment statement. Income includes all sources and amounts of family income such as wages or salary before deductions, net income from self-employment, social security, unemployment compensation, workers' compensation, public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income [SSI], Emergency Assistance, and non-Federally funded General Assistance or General Relief payments), child support, regular support from an absent family member or someone not living in the household, or other income. The definition of "family" is all persons living in the same household who are supported by the income of the parent(s) or guardian(s) of the child enrolling and related to the parent(s) or guardian(s) by blood, marriage or adoption. For foster children, include only the amount received for the child's care.

IMPORTANT! If your income has not been verified by a staff member, you will be considered exceeding Federal Income Guidelines until verification is provided.

Head Start acceptance is based on the needs of the child and family, and not on a first-come-first-served basis.

Mother Employed at this time? Yes <input type="checkbox"/> No <input type="checkbox"/>		How long at current job? _____	
Father Employed at this time? Yes <input type="checkbox"/> No <input type="checkbox"/>		How long at current job? _____	
Do You Receive Any of the Following Sources of Income? PLEASE PROVIDE A COPY OF ANY OF THE FOLLOWING	Amount	Monthly	Total
Unemployment	\$	\$	\$
Social Security	\$	\$	\$
SSI (Supplemental Security Income)	\$	\$	\$
W2 (TANF)	\$	\$	\$
Foster Care	\$	\$	\$
Child Support	\$	\$	\$
Check Stubs	\$	\$	\$
Other (Kinship, taxes...)	\$	\$	\$

NO APPLICATION CAN BE PROCESSED WITHOUT PROOF OF INCOME.

I certify that the answers provided on this form are accurate and complete to the best of my knowledge. I understand that providing false information to a Federally Funded Program is against the law. I am this child's parent/guardian and this is our family's income.

Parent/Guardian Signature: _____ Date: _____

Dane County Parent Council, Inc. operating Dane and Green County Head Start as a non-profit corporation does not discriminate in the administration of this program.

Help keep your information up to date by notifying us of any changes at (608) 275-6740

AGENCY USE ONLY

Occupational Status: Employed Unemployed Student Other (Specify)

Income Documents Viewed:

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Pay Stubs | <input type="checkbox"/> 1040 Tax Statement | <input type="checkbox"/> Dane Co. CCA | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> W-2 Tax Statement | <input type="checkbox"/> W2 Payment | |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Written Statement | <input type="checkbox"/> SSI | |

Income Eligibility

- Income Eligible Over-Income Incomplete

Staff Signature: _____ Date: _____

Family Size _____ Annual Income _____ KDG _____ School _____ RC _____ CC _____

Rating Points _____ Center Accepted _____ Center Enrolled _____