



Agency Use Only
Program Year: _____
Date Entered: _____
Entered By: _____

## CHILD'S HEAD START APPLICATION

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

Child's Name ( <i>Last</i> )		( <i>First</i> )		( <i>MI</i> )		Male <input type="checkbox"/>	Date of Birth	
						Female <input type="checkbox"/>	____/____/____ mo. day year	
Is your Child in Early Head Start? Yes <input type="checkbox"/> No <input type="checkbox"/>								
Who is your Family Advocate: _____								
Address ( <i>Complete Street Address</i> )				Apt.#	City		Zip Code	
Home Phone # ( ) ( )		Work Phone # ( ) ( )		Pager / Cell # ( ) ( )		Name of Friend/Family and # ( ) ( )		
Birth Mother's Name ( <i>Last</i> )			( <i>First</i> )			Date of Birth ____/____/____ mo. day year		
Birth Father's Name ( <i>Last</i> )			( <i>First</i> )			Date of Birth ____/____/____ mo. day year		
Guardian/Foster Care Name ( <i>Last</i> )			( <i>First</i> )			Date of Birth ____/____/____ mo. day year		
Child's Social Security # <i>not Forward Card</i> - - - - -			Mother's Social Security # - - - - -			Father's Social Security # - - - - -		
Current Living Situation : Rent <input type="checkbox"/> Own <input type="checkbox"/> Living with: family <input type="checkbox"/> friends <input type="checkbox"/> shelter <input type="checkbox"/> Other homelessness <input type="checkbox"/> describe: _____								
Marital Status of Parent(s): Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married Living Together <input type="checkbox"/> Never Married Not Living Together <input type="checkbox"/>								
Child Lives With: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Care <input type="checkbox"/> Guardian <input type="checkbox"/> Other(Specify): _____								
Total # of <b><i>OTHER</i></b> people living in your household: _____								
1. Name: _____ DOB: ____/____/____ Sex: M / F Relationship to Head Start applicant: _____ Any Income? Y / N (If so, please specify) _____								
2. Name: _____ DOB: ____/____/____ Sex: M / F Relationship to Head Start applicant: _____ Any Income? Y / N (If so, please specify) _____								
3. Name: _____ DOB: ____/____/____ Sex: M / F Relationship to Head Start applicant: _____ Any Income? Y / N (If so, please specify) _____								
4. Name: _____ DOB: ____/____/____ Sex: M / F Relationship to Head Start applicant: _____ Any Income? Y / N (If so, please specify) _____								
5. Name: _____ DOB: ____/____/____ Sex: M / F Relationship to Head Start applicant: _____ Any Income? Y / N (If so, please specify) _____								

**Race of Birth Mother:**  American Indian or Alaska Native  Asian  Black/African American  
 Native Hawaiian /Pacific Islander  White  Bi-Racial/Multi-Racial  Unspecified Other (specify): \_\_\_\_\_  
**Ethnicity:**  Hispanic/Latino  Non-Hispanic/Latino  
**Birth Mother's Primary Language:**  English  Spanish  Hmong Other(Specify): \_\_\_\_\_  
**Speak English:**  Yes  No  Little

**Race of Birth Father:**  American Indian or Alaska Native  Asian  Black/African American  
 Native Hawaiian /Pacific Islander  White  Bi-Racial/Multi-Racial  Unspecified Other (specify): \_\_\_\_\_  
**Ethnicity:**  Hispanic/Latino  Non-Hispanic/Latino  
**Birth Father's Primary Language:**  English  Spanish  Hmong Other(Specify): \_\_\_\_\_  
**Speak English:**  Yes  No  Little

**Race of Child:**  American Indian or Alaska Native  Asian  Black/African American  
 Native Hawaiian /Pacific Islander  White  Bi-Racial/Multi-Racial  Unspecified Other (specify): \_\_\_\_\_  
**Ethnicity:**  Hispanic/Latino  Non-Hispanic/Latino  
**Child's Primary Language:**  English  Spanish  Hmong Other(Specify): \_\_\_\_\_  
**Speak English:**  Yes  No  Little

(Mother) What is the 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

(Father) What is the 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

Is child in childcare now? Yes  No  What hours is child in care? \_\_\_\_\_

Do you have child care subsidy from? County  City  How much is your weekly co-pay? \_\_\_\_\_

Type of care? Center  Family Day Care  Friend  Family Member

Address/Location? \_\_\_\_\_

Does your child have a diagnosed disability? Yes  No

Describe the diagnosed disability: \_\_\_\_\_

Does your child have Individualized Education Plan or Individualized Family Support Plan? IEP  IFSP

Is an IEP or IFSP underway for this child? Yes  No

Does your child receive any special services from a public school or Birth-3 agency? Yes  No

Name of Public School: \_\_\_\_\_

If yes, which of the following special services?

Speech/Language  Early Childhood Education  Physical Therapy  Occupational Therapy

Does your child have a suspected disability? Yes  No

Describe the suspected disability: \_\_\_\_\_

Does anyone else in your family have a diagnosed or suspected disability? Yes  No

Who? (Describe): \_\_\_\_\_

Does your child receive medical assistance? Yes  No  MA/Forward Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does your child have private health insurance? Yes  No  Company: \_\_\_\_\_

# IMPORTANT!

★ Detailed answers to these questions help us determine placement.

★ Each answer is evaluated and contributes to the overall need of the child and family.

(If you need more writing space, you may attach a separate piece of paper with your answers and child's name & date of birth written at the top)

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<p><b>1. How did you hear about Head Start?</b> (Referral Agency, EHS, Birth to Three, DCDHS, Doctor, nurse, other?).</p>	
<p><b>2. Were there any problems or concerns at your child's birth or in his/her early development?</b> (Please specify)</p>	
<p><b>3. What are your current concerns about your child?</b> (Health, development, speech, taking medication, please specify).</p>	
<p><b>4. How would you describe your child's behavior? Any concerns?</b> (Please specify)</p>	
<p><b>5. Have any major things happened to affect your child?</b> (Homelessness, family violence, foster care, neglect, incarceration, death of family member, etc... please specify).</p>	
<p><b>6. Do you have any concerns about providing for your family's basic needs?</b> (Clothing, housing, food, financial, employment, etc..., please specify).</p>	
<p><b>7. Does anyone in your immediate family have health, dental, nutrition, or mental health concerns?</b> (Please specify)</p>	
<p><b>8. Are there any other concerns you have for any family members?</b> (Parenting skills, drug or alcohol issue, please specify).</p>	
<p><b>9. What are your current child care needs?</b> (child care to meet work schedule not available and/or not affordable, please explain).</p>	
<p><b>10. Do you receive any of the following services? Check all that apply.</b>                  Subsidized Housing <input type="checkbox"/>      Food Stamps <input type="checkbox"/>      WIC <input type="checkbox"/></p>	

## APPLICATIONS CANNOT BE PROCESSED WITHOUT PROOF OF ALL FAMILY INCOME DURING THE LAST 12 MONTHS

<b>CHECK ALL INCOME THAT IS RECEIVED BY YOUR IMMEDIATE FAMILY</b>	<b>DOCUMENTATION ACCEPTED</b>	
<input type="checkbox"/> Foster Care or Kinship Care <b>for this child</b> Amount Received: \$_____	<ul style="list-style-type: none"> <li>• Foster Care / Kinship Care payment statement or paperwork</li> </ul>	
<input type="checkbox"/> SSI (Supplemental Security income) or Caretaker Supplement Amount Received: \$_____	<ul style="list-style-type: none"> <li>• SSI or Caretaker Supplement statement</li> <li>• Check stub</li> </ul>	
<input type="checkbox"/> W2 Program (NOT including Food Stamps) Amount Received: \$_____	<ul style="list-style-type: none"> <li>• W2 Payment Check Stub</li> <li>• W2 Benefits statement</li> <li>• Child Care Subsidy Documentation</li> </ul>	
<input type="checkbox"/> Child Support Actual Amount Received: \$_____ per <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> <input type="checkbox"/> Week  <input type="checkbox"/> 2 Weeks  <input type="checkbox"/> Month                     </div>	<ul style="list-style-type: none"> <li>• Child Support payment printouts</li> <li>• Court Documents</li> </ul>	
<div style="display: flex;"> <div style="flex: 1;"> <p>➔ <b>Mother Employed?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list all employers for the past 12 months</p> </div> <div style="flex: 1;"> <p>If <b>No</b>, is mother looking for work?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employer: _____                      From ___/___/___ to ___/___/___</p> <p>Employer: _____                      From ___/___/___ to ___/___/___</p> </div> <div style="flex: 1;"> <p>Unemploy. Benefit: \$_____ per  <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month</p> <p>Income: \$_____ per  <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month</p> <p>Income: \$_____ per  <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month</p> </div> </div>	<ul style="list-style-type: none"> <li>• Last year's 1040 tax statement</li> <li>• Last year's W-2 employer tax forms</li> <li>• Check stubs</li> <li>• Written statements from employers</li> </ul>	
<div style="display: flex;"> <div style="flex: 1;"> <p>➔ <b>Father Employed?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list all employers for the past 12 months</p> </div> <div style="flex: 1;"> <p>If <b>No</b>, is father looking for work?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employer: _____                      From ___/___/___ to ___/___/___</p> <p>Employer: _____                      From ___/___/___ to ___/___/___</p> </div> <div style="flex: 1;"> <p>Unemploy. Benefit: \$_____ per  <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month</p> <p>Income: \$_____ per  <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month</p> <p>Income: \$_____ per  <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month</p> </div> </div>	<ul style="list-style-type: none"> <li>• Unemployment Compensation check stub</li> </ul>	
<div style="display: flex;"> <div style="flex: 1;"> <p>➔ <b>Guardian Employed?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list all employers for the past 12 months</p> </div> <div style="flex: 1;"> <p>If <b>No</b>, is guardian looking for work?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employer: _____                      From ___/___/___ to ___/___/___</p> <p>Employer: _____                      From ___/___/___ to ___/___/___</p> </div> <div style="flex: 1;"> <p>Unemploy. Benefit: \$_____ per  <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month</p> <p>Income: \$_____ per  <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month</p> <p>Income: \$_____ per  <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month</p> </div> </div>		
<input type="checkbox"/> <b>Other income</b> , such as student loans, military income, self-employment, social security payments, disability, etc.	<div style="display: flex;"> <div style="flex: 1;"> <p>Income Type: _____</p> <p>Income Type: _____</p> </div> <div style="flex: 1;"> <p>Income: \$_____ per  <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 2x/Month <input type="checkbox"/> Month  <input type="checkbox"/> Other: _____</p> <p>Income: \$_____ per  <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 2x/Month <input type="checkbox"/> Month  <input type="checkbox"/> Other: _____</p> </div> </div>	<ul style="list-style-type: none"> <li>• Check stubs</li> <li>• Official correspondence (with dollar amounts)</li> </ul>

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

"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 (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Dane County Parent Council, Inc. is a non-profit corporation. It does not discriminate in the administration of its programs.

**Help keep your information up-to-date by notifying us of any changes at (608) 275-6740.**  
 Child's Head Start Application (Form # 365) (12/2010)