ARVAC

Head Start/Early Head Start Application

Site Preference 1: _____ Site 2: _____ Program: ☐ EHS ☐ HS Program Year: _____

PARTICIPANT INFORMATION - Fill out information about the child applying to the program

_____ Birthday:_____/____/____ ❑ Male ❑ Female
Last First Middle Name child will be called Premature: ☐ Yes ☐ No If yes, Birthweight: _____

_____ Parental Status: ☐ 1 ☐ 2
Living Address City State Zip

Ethnicity: ☐ Hispanic ☐ Non-Hispanic Primary language spoken in the home:_____ ☐ US Citizen

❑ American Indian/Alaska Native ❑ Asian ❑ African American ❑ Hawaiian Islander/Pacific Islander ❑ White ❑ Other: _____

FAMILY INFORMATION - Fill out information about parents/guardians and family

_____ _____ Birthday: ____/____/____
Parent/Guardian Name Relationship to Child

_____
Living Address Mailing Address (If different) City State Zip

E-mail Address: _____

Phone Numbers (*Primary Phone)	Type (check one)	Text Messages?	Note (an extension or best time to call)
*_____	❑ Cell ❑ Home ❑ Work	☐ Yes ☐ No	_____
_____	❑ Cell ❑ Home ❑ Work	☐ Yes ☐ No	_____
_____	❑ Cell ❑ Home ❑ Work	☐ Yes ☐ No	_____

Teen Parent (19 or younger) at time of child's birth: ☐ Yes ☐ No Custody? ☐ Yes ☐ No Lives with child?: ☐ Yes ☐ No
Relationship to Child: ☐ Natural/Adopted/Stepchild ☐ Grandchild ☐ Niece/Nephew ☐ Foster Childe ☐ Other: _____
English Level: ☐ None ☐ Poor ☐ Moderate ☐ Proficient
❑ < Grade 9 ❑ Grade 10 ❑ Grade 11 ❑ Grade 12 ❑ GED ❑ HS Diploma
❑ Associate's ❑ Bachelor's ❑ Master's ❑ Some College Highest Level of Education: _____
Employment Status: Check all that apply: ❑ Full Time (35+) ❑ Part Time ❑ Training ❑ Seasonal
❑ Retired or Disabled ❑ Unemployed ❑ Unemployed over the past 5 years Employer: _____

2. Primary Adult: ☐ Yes ☐ No

_____ _____ Birthday: ____/____/____
Parent/Guardian Name Relationship to Child

_____
Living Address Mailing Address (If different) City State Zip

E-mail Address: _____

Phone Numbers (*Primary Phone)	Type (check one)	Text Messages?	Note (an extension or best time to call)
*_____	❑ Cell ❑ Home ❑ Work	☐ Yes ☐ No	_____
_____	❑ Cell ❑ Home ❑ Work	☐ Yes ☐ No	_____
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English Level: ☐ None ☐ Poor ☐ Moderate ☐ Proficient
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❑ Associate's ❑ Bachelor's ❑ Master's ❑ Some College Highest Level of Education: _____
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❑ Retired or Disabled ❑ Unemployed ❑ Unemployed over the past 5 years Employer: _____

Additional Members - List all who live in the household, are supported by the parent/guardian's income, AND are related to the parent/guardian by blood, marriage, or adoption*

Name: _____- Relation to Applicant: _____ Birthday: ____/____/____

Name: _____- Relation to Applicant: _____ Birthday: ____/____/____

Name: _____- Relation to Applicant: _____ Birthday: ____/____/____

Name: _____- Relation to Applicant: _____ Birthday: ____/____/____

Name: _____- Relation to Applicant: _____ Birthday: ____/____/____

Name: _____- Relation to Applicant: _____ Birthday: ____/____/____

_____ Total # of people (including the child and adults listed on front and all listed above) who live in child's household and are part of his/her family.

CHILD'S NEEDS

Does your child have a diagnosed disability? ☐ Yes ☐ No If yes, please list disability: _____

Does s/he have an IEP/IFSP? ☐ Yes ☐ No

Does your child receive any special education services/therapy? ☐ Yes ☐ No

Do you have any suspected concerns about you child in any of the area listed below? If yes, please check the appropriate item(s).

❑ Hearing ❑ Vision ❑ Allergies ❑ Asthma ❑ Dental Problems ❑ Under/overweight ❑ Seizures

❑ Anemia ❑ High Lead ❑ Diabetes ❑ Other medical/dental/nutritional problems or concerns? Please describe: _____

_____

❑ Other developmental concerns? Please describe: _____

_____

❑ Speech or language development ❑ Physical Development

Please provide medical documentation of concerns, if available.

❑ Behavior or emotional problems (e.g., tantrums)? Please describe: _____

_____

❑ MY CHILD HAS NONE OF THE ABOVE NEEDS

.....

Child's Primary Doctor: _____ Child's Dentist: `_____

FAMILY NEEDS

Is your family living with drug/alcohol abuse, incarceration, child support issues, domestic violence, and/or a serious health or mental health issue? ☐ Yes ☐ No If yes, please list: _____

SERVICE - What services is your family receiving?

Family is or has received services from DCFS? ☐ Yes ☐ No

❑ Food Stamps (SNAP) ❑ Foster Care/Adoption Subsidy ❑ Health/Mental Health Services ❑ Private Health Insurance

❑ WIC ❑ Child Support ❑ State Health Insurance/Medicaid #_____ ❑ Utility/Energy Assistance

❑ Emergency/Crisis Intervention ❑ Housing Services (Public Housing, Section 8)

❑ Social Services from another agency, if yes, please name: _____

❑ Casework at another agency if yes, please explain: _____

❑ NONE OF THE ABOVE

Do you have TEA? ☐ Yes ☐ No SSI? ☐ Yes ☐ No Are you homeless or had 2 or more relocations in the past year? ☐ Yes ☐ No

Do you receive Child Care Subsidy/Vouchers? ☐ Yes ☐ No Do you know about Child Care Subsidy/Vouchers? ☐ Yes ☐ No

Are you Eligible for Child Care Subsidy/Voucher? ☐ Yes ☐ No

LEGAL ISSUES

Is your family currently dealing with legal issues such as family court, divorce, probation, custody, restraining orders, incarcerations, etc.?

☐ Yes ☐ No

Have you ever been displaced from home due to a hardship? ☐ Yes ☐ No If yes, please clarify _____

_____

Has your child been in Foster or Kinship Care? ☐ Yes ☐ No

ADDITIONAL INFORMATION

Has your child previously been enrolled in Head Start/Early Head Start? ☐ Yes ☐ No If yes, what program? _____

Has your child had a sibling previously enrolled in this program? ☐ Yes ☐ No If yes, is s/he currently enrolled? ☐ Yes ☐ No

Specify dates of attendance: _____ to _____.

Is the child's mother currently pregnant? ☐ Yes ☐ No

Are you or anyone in the family a staff member? ☐ Yes ☐ No

How did you hear about our program: ☐ Word of Mouth ☐ Received Flyer ☐ Staff Member ☐ Passed the Center?

☐ Referred by other Agency (WIC, child support services, etc.) ☐ Other: _____

Is at least one member of your family active-duty military or veteran? ☐ Yes ☐ No

Has your family been directly impacted by COVID-19? ☐ Yes ☐ No If yes, how? _____

_____

PLEASE SIGN

My signature below denotes that the above information is true and correct to the best of my knowledge.

_____ _____

Parent/Guardian Signature Date

_____

Printed Name