



Head Start/Early Head Start Application

Instructions: Please Print Legibly Using Black Or Blue Ink Only.

Office Use Only
CPID No.: _____
Term: _____
Site: _____

Applicant (Child or Pregnant Woman) Information

First Name:	Last Name:	Middle:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:
Which program are you applying for? <input type="checkbox"/> Early Head Start (EHS) <input type="checkbox"/> EHS Pregnant Women <input type="checkbox"/> Head Start				
Which program option are you applying for? <input type="checkbox"/> Full Day* <input type="checkbox"/> AM Session <input type="checkbox"/> PM Session <input type="checkbox"/> Home Based <input type="checkbox"/> No Preference <small>*Note: To be prioritized for full day, both parent/guardian must be working (25+ hrs/wk) or in school full time (7+ units)</small>				
Does the applicant have a current IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, can you provide a current copy of the IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the applicant currently in 24-hour foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, do you have Education Rights? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does applicant have special health needs, medical conditions, or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:				

Family Information

Primary Parent/Guardian/Caregiver:	Birth Date:	Cell Phone:	E-mail Address:
Secondary Parent/Guardian/Caregiver:	Birth Date:	Cell Phone:	E-mail Address:
Primary Phone:	Home Phone:	Alternate Phone:	Alternate Phone:
Do you authorize the program to send you important program information and notices through either of the following:		Text Message: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No
Living Address:		City/Zip:	
Mailing Address (if different from Living Address):		City/Zip:	
Has applicant experienced recent loss of housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please describe current living arrangement:			
Parent(s)/Guardian(s) in the Home: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents		Name of Person(s) Having Legal Custody of the Child:	
Primary Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		Preferred Language of Written Material: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Do you have an open CPS case? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do grandparents have guardianship of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family member at home with a permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Incarcerated or terminally ill parent(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List all other family members living in the household for whom you provide financial support Not Listed Above

First Name:	Last Name:	Birth Date:	Is this person related to the child's parent(s)?	Is this person supported by the parent's income?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total* number of people living in the household (including you) for whom you provide financial support:

* Use box to the right to write the total number

An Incomplete Application Will Delay Enrollment

Applicant's Name: _____ Birth Date: _____

Primary Guardian	
Name:	Lives with Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Applicant:	Has Legal Custody of Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Bi/Mult-racial <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hispanic, Latino or Spanish Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Grade Completed: <input type="checkbox"/> Less than High School <input type="checkbox"/> Junior College (A.A. or A.S.) <input type="checkbox"/> High School or GED <input type="checkbox"/> College/University (B.A. or B.S.) <input type="checkbox"/> Technical or Trade Certificate <input type="checkbox"/> Graduate (M.A., M.S. Doctorate)	
Income Sources	Has Income: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive (check all that apply): Monthly Amount	
<input type="checkbox"/> CalWORKs "Cash Aid"	\$ _____
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____
<input type="checkbox"/> Alimony/Child Support	\$ _____
<input type="checkbox"/> Other	\$ _____
Employment Status	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonally Employed	
<input type="checkbox"/> Retired <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Disabled	
Disabled from _____ To _____	
Employment Information	
Employer Name:	Employer Phone:
Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
Gross Income: Total \$ _____ Per _____	
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Company Check	
Total Hours Worked per Week: _____	
Do you authorize the program to contact your employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School or Training Information	
Are you in school or vocational/job training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Name:	School Phone:
Total School Units/Training Hours Per Week: _____	
Are you an employee of RCOE Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to an RCOE Head Start employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Secondary Guardian	
Name:	Lives with Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Applicant:	Has Legal Custody of Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Bi/Mult-racial <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hispanic, Latino or Spanish Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Grade Completed: <input type="checkbox"/> Less than High School <input type="checkbox"/> Junior College (A.A. or A.S.) <input type="checkbox"/> High School or GED <input type="checkbox"/> College/University (B.A. or B.S.) <input type="checkbox"/> Technical or Trade Certificate <input type="checkbox"/> Graduate (M.A., M.S. Doctorate)	
Income Sources	Has Income: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive (check all that apply): Monthly Amount	
<input type="checkbox"/> CalWORKs "Cash Aid"	\$ _____
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____
<input type="checkbox"/> Alimony/Child Support	\$ _____
<input type="checkbox"/> Other	\$ _____
Employment Status	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonally Employed	
<input type="checkbox"/> Retired <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Disabled	
Disabled from _____ To _____	
Employment Information	
Employer Name:	Employer Phone:
Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
Gross Income: Total \$ _____ Per _____	
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Company Check	
Total Hours Worked per Week: _____	
Do you authorize the program to contact your employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School or Training Information	
Are you in school or vocational/job training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Name:	School Phone:
Total School Units/Training Hours Per Week: _____	
Are you an employee of RCOE Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to an RCOE Head Start employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that the information in this application is true and complete to the best of my knowledge. I understand that failure to report correct information may be grounds for rejection of this application or termination of childcare services. I will notify the agency immediately if there is any change in my income, family size, home address, employment, or reason for needing childcare services.

Parent/Guardian/Caregiver Signature: _____ Date: _____