



Child's Name: _____ **[] Pregnant** If yes, EDD: _____ **DOB:** _____

Family Member Information

(Adults - Enter Primary Adult First)

Code	Last	First	Middle	Preferred	Date of Birth	Social Security #	Sex	Educ Level	Empl Status	Notes	Prim Lang	Eng Prof
A1							M F					
Live with family? Y/N Financial support? Y/N Employer's Name _____ Phone _____ Teen Parent? Y/N TANF SSI Y/N												
A2							M F					
Live with family? Y/N Financial support? Y/N Employer's Name _____ Phone _____ Teen Parent? Y/N TANF SSI Y/N												
A3							M F					
Live with family? Y/N Financial support? Y/N Employer's Name _____ Phone _____ Teen Parent? Y/N TANF SSI Y/N												
D1 - Education Level Codes			D2 - Employment Status Codes				D3 - Notes		Primary Language		English Proficiency	
G9 - 9th Grade G12 - 12th Grade COL - Coll or Adv trg G10 - 10th Grade GED - General Ed Diploma CTG - Coll Deg. G11 - 11th Grade HSG - High School (Ex. CTG/BA-Bachelor's)			F = Full Time (35hr/wk+) U = Unemployed B = Full Time & Training P = Part Time (under 35hr/wk) R = Retired/Disabled L = Part Time & Training S = Seasonal T = Training/School D = Disabled SE = Self-Employed				For example, occupation, training programs, etc.		ENG - English SP - Spanish Other - List		0= None 2= Moderate 1= Poor 3= Proficient	

Children

Code	Last	First	Middle	Preferred	Date of Birth	Social Security #	Sex	Related to	How related	Disabilities	Prim Lang	Eng Prof	Dual Cust
C1							M F						Y N
C2							M F						Y N
C3							M F						Y N
C4							M F						Y N
D1 - Related to Codes		D2 - How Related			D3 - Disabilities Status Codes			Primary Language		English Proficiency			
B12 = Both Adults A01 = Primary Adult A02 = Second Adult Etc.		C = Natural Child N = Niece/Nephew G = Grand Child F = Foster O = Other			I = Identified N = None S = Suspected IEP = Completed			ENG - English SP - Spanish Other - List		0= None 2= Moderate 1= Poor 3= Proficient			

Check here if there are other children in the home; list on additional sheet.

Enrollment:

Teacher's Signature: _____ Enrollment Date _____

Teacher's Signature: _____ Withdrawal Date _____

Teacher's Signature: _____ Transfer Date _____

School Year: _____

Program: _____

Year 1 2 3 4

Eligibility Determination:

Below federal poverty guidelines

Between 100-130% federal poverty

Categorically Eligible- TANF/SSI

Over Income

Homeless

Foster Care

State Licensing Requirement

Previous child day care and schools attended by the child:

Preferred Program Option <input type="checkbox"/> Center Based <input type="checkbox"/> Home Based Center/Class Applying For _____	Has the family income been verified? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the child's age been verified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have viewed this child's Hospital birth record and verified his/her age. Birth Certificate# _____	If so, what source(s) were used to verify income? <input type="checkbox"/> SSI documentation <input type="checkbox"/> Social Security <input type="checkbox"/> Income Tax Form 1040 <input type="checkbox"/> Income Declaration <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> W-2 <input type="checkbox"/> Pay Stubs <input type="checkbox"/> TANF documentation <input type="checkbox"/> Foster care reimbursement <input type="checkbox"/> Other _____ <input type="checkbox"/> Written statements from employers <input type="checkbox"/> Documentation of no income _____	Health Coverage: FAMIS Private Medicaid None Primary _____ FAMIS Private Medicaid None Secondary _____ Dental Included: Y or N
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I certify that the information contained in this application is accurate and truthful to the best of my knowledge. I certify that I have verified the information as specified.

Staff Signature: _____ Date: _____

Title: _____

Status: _____ Applied Accepted Waiting

Family Information	Race: (Circle all that apply) Black White Native Am Asian Pacific Is Bi-Racial Other: _____	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic
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Mailing Address:			Living Address:			
City:	State:	Zip:	City:	State:	Zip:	County:
Phone1: ()	Email:	(Circle One) Home Work Cell Pager/Beeper	Phone2: ()	Facebook:	(Circle One) Home Work Cell Pager/Beeper	
# in Family:	# of Children: _____	By Age: 0 to 3 _____ 4 to 5 _____	# in Household:			

Directions to home:

Release Child To:	Relationship:	Release Child To:	Relationship:
Name		Name	
Name		Name	

Emergency Contacts:	Physician:	Phone:
Name	Address	Phone ()
	City	State
		Zip
Name	Address	Phone ()
	City	State
		Zip

Parent report and records indicate no disabilities

Disabilities	Suspected	Identified	Date	Evaluated by
Autism	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Emotional/behavioral	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Health Impairment	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Hearing Impairment/deafness	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Mental Retardation	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Multiple Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Non Categorical/ Developmental delay	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Orthopedic impairment	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Speech or language impairment	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Visual impairment/blindness	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____

Family type:

Two parent family

Single parent family (mother figure only)

Single parent family (father figure only)

Foster family

One parent/guardian is a member of US military/active duty

Single parent family (mother figure only) living with partner

Single parent family (father figure only) living with partner

Other relative(s)

Other type family: Specify _____

Type of Services or Financial Services Received

- No services received
- Energy Assistance Program
- Food Stamps/SNAP
- Other _____
- Child support/Alimony
- EPSDT
- Foster Care/Adoption Subsidy
- Medical Assistance
- Public Housing Assistance
- Unemployment
- Public Assistance/TANF
- SSI Applied? Yes No
- WIC

Type of Housing

- House
- Apartment
- Mobile home/McKinney-Vento
- Community shelter
- Hotel/motel room
- Homeless/no housing
- Other: _____

House payment arrangement

- Exchange services for housing
- Make no payment for housing
- Rent housing
- Own housing
- Receive subsidized housing
- Other: _____

Length at current address

- less than 6 months
- 6-12 months
- 1-2 years
- More than 2 years

Number of moves in the past 12 months: _____

Homeless in past 12 months: _____ **Length of time homeless:** _____

Family currently has means of transportation: Yes No

Family has alternate means of transportation: Yes No

Check first box for Primary and Second box for Alternate means of Transportation

- Private vehicle
- Friend/Relative's vehicle
- Public transportation
- Taxi
- Other: _____

Family Referred By: Head Start EHS

- Friend/Family
- Advertisement
- WIC
- Public School
- Local Agency: _____
- Social Services
- Physician
- Early Intervention

Any specific family need or crisis? No Yes (If yes, describe on back of this page or in a contact note. Notify your supervisor if you answered yes.)

CONFIDENTIALITY POLICY

In accordance with the Head Start Performance Standards, all information obtained about children and families is confidential. Files are kept in locked file cabinets and Head Start staff access is controlled on a "need to know" basis. A file control system is used to ensure confidentiality. Parents can make a written request to review their own child(ren)'s file(s) ONLY at any point during the program year. Professionals serving on federal and internal review teams are allowed to review files in their capacity as monitors of federal funding. Other agencies or organizations must obtain written parent/guardian consent to review information in a child/family file.

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I have read and understand the Kids Central, Inc. Confidentiality Policy.

I allow photographing/videotaping of my child for classroom use, Kids Central's web page, and/or any other publicity materials. { } Yes { } No

Parent Social Worker/DSS Guardian

Signature:

Date: