



# KCI Application for Admission

Applicant's Name: \_\_\_\_\_ [ ] Pregnant If yes EDD: \_\_\_\_\_ High Risk? Y N \_\_\_\_\_ DOB: \_\_\_\_\_

## Family Member Information

Adults – Enter Primary Adult First											Check here for notes on back [ ]	
A 1	Last Name	First Name	Middle Name	Preferred	Date of Birth	last 4 SSN#	Biological Sex M F	Preferred Pronoun he/his she/her they/them	Edu. Level	Emp. Status	Prime Lang	Eng
	Live with family? Y N	Financial Support? Y N	Employer:	Employer's Phone#	Home Phone#	Sex Offender? Y N	Notes					
A 2	Last Name	First Name	Middle Name	Preferred	Date of Birth	last 4 SSN#	Biological Sex M F	Preferred Pronoun he/his she/her they/them	Edu. Level	Emp. Status	Prime Lang	Eng
	Live with family? Y N	Financial Support? Y N	Employer	Employer's Phone#	Home Phone#	Sex Offender? Y N	Notes					
A 3	Last Name	First Name	Middle Name	Preferred	Date of Birth	last 4 SSN#	Biological Sex M F	Preferred Pronoun he/his she/her they/them	Edu. Level	Emp. Status	Prime Lang	Eng
	Live with family? Y N	Financial Support? Y N	Employer	Employer's Phone#	Home Phone#	Sex Offender? Y N	Notes					

D1 - Education Level Codes	D2 - Employment Status Codes	Primary Language	English Proficiency
G12 - 12th Grade GED - General Ed Diploma HSG - High School	COL - Coll or Adv trg CTG - Coll Deg. (Ex. CTG/BA-Bachelor's)	F - Full Time (30+ hr/wk) P - Part Time (under 35hr/wk) S - Seasonal	SE - Self- Employed U - Unemployed
	R - Retired T - Training/School	ENG - English SP - Spanish Other - List	0 - None 1 - Poor 2 - Moderate 3 - Proficient

Children														
Code	Last Name	First Name	Middle Name	Preferred	Date of Birth	SSN#	Biological Sex M F	Related to	How related	Prime lang	Eng prof	Dual cust Y N	Premature	Known food/ med allergies
C1														
C2														
C3														
C4														

[ ] Check here if there are other children in the home; list on additional sheet.	D1 - Related to Codes	D2 - How Related Codes	D3 - Disability Codes	Primary Language	English Proficiency				
	B12 - Both Adults A01 - Primary Adult.	A02 - Second Adult Etc.	C - Natural Child G - Grand Child O - Other	N - Niece/Nephew F - Foster	I - Identified S - Suspected	N - None IEP - Completed	ENG - English SP - Spanish Other - List	0 - None 1 - Poor	2 - Moderate 3 - Proficient



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## School and Eligibility Information

Enrollment		Eligibility Determination	State Licensing Requirement
_____	_____	School Year: _____	Previous child day care and schools attended by the child: _____ _____ _____ _____
Teacher's signature	Enrollment date	Program: _____	
_____	_____	Year: 1 2 3 4	
_____	_____	<i>Eligibility Determination:</i>	
Teacher's signature	Transfer date	<input type="checkbox"/> Below federal poverty guidelines	
_____	_____	<input type="checkbox"/> Between 100-130% federal poverty	
Teacher's signature	Withdrawal date	<input type="checkbox"/> Categorically Eligible- TANF/SSI/SNAP	
		<input type="checkbox"/> Over Income	
		<input type="checkbox"/> Homeless	
		<input type="checkbox"/> Foster Care	

Program Preference	Income	If so, what source(s) were used to verify income?		Health Care
Preferred Program Option	Has family income been verified?			Health Care
<input type="checkbox"/> Center-based	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SSI documentation	<input type="checkbox"/> Pay Stubs	<i>Primary:</i>
<input type="checkbox"/> Home-based	Has the child's age been verified?	<input type="checkbox"/> Social Security	<input type="checkbox"/> SNAP	<input type="checkbox"/> FAMIS <input type="checkbox"/> Private
<input type="checkbox"/> Center/class applying for:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Income Tax Form 1040	<input type="checkbox"/> TANF documentation	<input type="checkbox"/> Medicaid <input type="checkbox"/> None
_____	Hospital birth record and verified age	<input type="checkbox"/> Income Declaration	<input type="checkbox"/> Foster care reimbursement	<i>Secondary:</i>
_____	Birth Certificate #: _____	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Written statements from employers	<input type="checkbox"/> FAMIS <input type="checkbox"/> Private
		<input type="checkbox"/> Child Support	<input type="checkbox"/> Documentation of no income	<input type="checkbox"/> Medicaid <input type="checkbox"/> None
		<input type="checkbox"/> W-2	<input type="checkbox"/> Other	Insurance card # _____

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: \_\_\_\_\_

This application was completed by a face-to-face interview.

**Status**

\_\_\_\_\_  Applied  Accepted  Waiting



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## Additional Applicant Information

<b>Family Information</b>					
<b>Race:</b> (Circle all that apply)			Black	White	Native American
			Asian	Pacific Islander	Bi-Racial
			Other:	<b>Ethnicity:</b> [ ] Hispanic/Latino [ ] Non-Hispanic	
Mailing Address:			Living Address:		
City:	State:	Zip:	City:	County:	State: Zip:
Phone 1: ( )	Email:	Phone 2: ( )		Facebook:	
# in Family:	# of Children:	By Age: 0 - 3	4 - 5	# in Household	
Directions to Home:					
<b>Release Child To:</b>					
Name:		Relationship:		Name: Relationship:	
Name:		Relationship:		Name: Relationship:	
<b>Emergency Contact #1</b>			<b>Emergency Contact #2</b>		
Name:		Address:		Name: Address:	
City:	State:	Zip:	Phone: ( )	City:	State: Zip: Phone: ( )
<b>Physician:</b> Name:			Phone: ( )		
<b>Disabilities</b> [ ] Parent report and records indicate no disabilities					
Disability	Suspected	Identified	Date	Evaluated by	Notes
Speech language impairment	[ ]	[ ]			
Developmental delay	[ ]	[ ]			
Other	[ ]	[ ]			



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## Additional Applicant Information, cont.

Family Type	Transportation
<input type="checkbox"/> Two parent family <input type="checkbox"/> Single parent family (mother figure only) <input type="checkbox"/> Single parent family (father figure only) <input type="checkbox"/> Foster family <input type="checkbox"/> One parent/guardian is member of US military/active duty <input type="checkbox"/> Single parent family (mother figure only) living w/ partner <input type="checkbox"/> Single parent family (father figure only) living w/ partner <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Other type family: _____	Family currently has means of transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No Family has alternate means of transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Check 1st box for Primary and 2nd box for Alternate means of transportation</i> <input type="checkbox"/> Private vehicle <input type="checkbox"/> Public transportation <input type="checkbox"/> Taxi <input type="checkbox"/> Friend/Relative's vehicle <input type="checkbox"/> Other: _____

Type of Services or Financial Services Received			
<input type="checkbox"/> No services received	<input type="checkbox"/> Child support/Alimony	<input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Public Assistance/TANF
<input type="checkbox"/> Energy Assistance Program	<input type="checkbox"/> EPSDT	<input type="checkbox"/> Public Housing Assistance	<input type="checkbox"/> SSI    Applied? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> Foster Care/Adoption Subsidy	<input type="checkbox"/> Unemployment	<input type="checkbox"/> WIC
		<input type="checkbox"/> VIEW	<input type="checkbox"/> Other: _____

Housing Information	Family Referred By:
<b>Type of Housing</b> <input type="checkbox"/> House <input type="checkbox"/> Mobile home/McKinney-Vento <input type="checkbox"/> Hotel/motel room <input type="checkbox"/> Other: <input type="checkbox"/> Apartment <input type="checkbox"/> Community shelter <input type="checkbox"/> Homeless/no housing	<input type="checkbox"/> <b>Head Start</b> <input type="checkbox"/> <b>EHS</b>
<b>House Payment Arrangement</b> <input type="checkbox"/> Exchange services for housing <input type="checkbox"/> Rent housing <input type="checkbox"/> Receive subsidized housing <input type="checkbox"/> Make no payment for housing <input type="checkbox"/> Own housing <input type="checkbox"/> Other:	<input type="checkbox"/> Friend/Family <input type="checkbox"/> Local Agency: <input type="checkbox"/> Advertisement <input type="checkbox"/> Social Services <input type="checkbox"/> WIC <input type="checkbox"/> Physician
<b>Length at Current Address</b> <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 1-2 years <input type="checkbox"/> More than 2 years    Number of moves in the past 12 months: _____ <input type="checkbox"/> 6-12 months <input type="checkbox"/> Homeless in the past 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No    Length of time homeless: _____	<input type="checkbox"/> Public School <input type="checkbox"/> Early Intervention <input type="checkbox"/> KCI Employee _____

<b>Signature</b> _____	Any specific family need or crisis? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe on back of this page or in a contact note and notify your supervisor.)
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**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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent  Social Worker/DSS  Guardian  Self