



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
Teacher's signature _____	Enrollment date _____	School Year: _____ Program: _____ Year: 1 2 3 4	Previous child day care and schools attended by the child: _____
Teacher's signature _____	Transfer date _____	<i>Eligibility Determination:</i> <input type="checkbox"/> Below federal poverty guidelines <input type="checkbox"/> Between 100-130% federal poverty <input type="checkbox"/> Categorically Eligible- TANF/SSI/SNAP <input type="checkbox"/> Over Income <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care	NOTE: Kids Central may send you text messages about important updates and information about your child's program or enrollment status. Message and data rates may apply. To learn how we protect your information, please read our Privacy Notice, www.kidscentralinc.com . <input type="checkbox"/> Opt in
Teacher's signature _____	Withdrawal date _____		

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

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

Family Information															
Race: (Circle all that apply)		Black	White	Native American	Asian	Pacific Islander	Bi-Racial	Other:	Ethnicity: [] 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:															
Release Child To:															
Name:				Relationship:				Name:				Relationship:			
Name:				Relationship:				Name:				Relationship:			
Emergency Contact #1						Emergency Contact #2									
Name:				Address:				Name:				Address:			
City:		State:		Zip:		Phone: ()		City:		State:		Zip:		Phone: ()	
Physician: Name:						Phone: ()									
Disabilities											[] 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"/> 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 Check 1st box for Primary and 2nd box for Alternate means of transportation <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"/> Energy Assistance Program <input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> Child support/Alimony <input type="checkbox"/> EPSDT <input type="checkbox"/> Foster Care/Adoption Subsidy	<input type="checkbox"/> Medical Assistance <input type="checkbox"/> Public Housing Assistance <input type="checkbox"/> Unemployment <input type="checkbox"/> VIEW	<input type="checkbox"/> Public Assistance/TANF <input type="checkbox"/> SSI Applied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WIC <input type="checkbox"/> Other: _____

Housing Information	Family Referred By:
Type of Housing <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"/> Head Start <input type="checkbox"/> EHS
House Payment Arrangement <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 <input type="checkbox"/> Public School <input type="checkbox"/> Early Intervention
Length at Current Address <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: _____ Homeless in the past 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No Length of time homeless: _____	<input type="checkbox"/> KCI Employee _____

Signature	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