

Area Applying for: Silver City

Mining District



El Grito Early Head Start Home-Based Application



Expecting Mother: **Due Date:** _____ **Or Child:**

Legal Name:	Middle:	Last Name:
Date of Birth:	Gender: Male Female	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi Racial <input type="checkbox"/> Other: _____	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language: Other Language:

Expecting Mother or Child Family Information

Mother/Guardian First Name:	Middle Initial:	Last Name:	Date of Birth:
Home Address: City: _____ State: _____ Zip Code: _____	Mailing Address: City: _____ State: _____ Zip Code: _____		
Home/Cell Phone: e-mail:	Work Phone:		
Childs Relationship: <input type="checkbox"/> Biological Parents <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Language:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Military		
Other Language:			
Highest Grade Completed: <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> GED <input type="checkbox"/> HS Graduate <input type="checkbox"/> Training <input type="checkbox"/> Coll or Adv Training <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	Teen Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No if yes; Subsidized:		
DO YOU PROVIDE FINANCIAL SUPPORT? <input type="radio"/> YES <input type="radio"/> NO DOES YOUR CHILD LIVE WITH YOU <input type="radio"/> YES <input type="radio"/> NO			
Father/Guardian First Name:	Middle Initial:	Last Name:	Date of Birth:
Home Address: City: _____ State: _____ Zip Code: _____	Mailing address: City: _____ State: _____ Zip Code: _____		
Home/Cell Phone: e-mail:	Work Phone:		
Childs Relationship: <input type="checkbox"/> Biological Parents <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Language:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Military		
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Highest Grade Completed: <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> GED <input type="checkbox"/> HS Graduate <input type="checkbox"/> Training <input type="checkbox"/> Coll or Adv Training <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	Teen Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No if yes; Subsidized:		
DO YOU PROVIDE FINANCIAL SUPPORT? <input type="radio"/> YES <input type="radio"/> NO DOES YOUR CHILD LIVE WITH YOU <input type="radio"/> YES <input type="radio"/> NO			
Family Status: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent			

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Special Needs/Disability Information

Does your child have a Disability?

If yes, type of Special Need or Disability:

Does your child have an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)?

If yes, by whom was your child diagnosed:

At what age was the child diagnosed?

Is the child receiving special services for the disability?

If yes, type of services:

In your opinion, does your child have a special need that has not been yet diagnosed?

If yes, please explain:

List All Your Children

First and Last Name Head Start Applicant	Date of Birth	Gender M or F	How related to (Self)
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Eligibility Information

TANF:

Length of TANF:

SSI:

Length of SSI:

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What types of services or financial assistance Does your family receive: Check all that Apply

- Food Stamps WIC Public Housing Assistance (HUD) Child Support/Alimony Medicaid/Medicare
 Foster Care/Adoption Subsidy Child Care (Subsidy or Voucher) Unemployment Benefits Other

Type of Housing:

- Own Home Renting Homeless (ex. Living with Parents, Relatives, Friends, Community Shelter and Etc.)
 Other

How did you hear about head start?

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 subjected to legal actions. I also understand that the information in this application will be held within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature: _____ Date: _____