



Head Start/Early Head Start Confidential Eligibility Application Form

Section 1 – Site Name: _____ Date: _____

Section 2 – Applicant Information

APPLYING AS A PREGNANT WOMAN				
Name:		Date of Birth (pregnant woman):		
		Due date of pregnancy:		
CHILD APPLICANT (HEAD START AND EARLY HEAD START)				
Child's First Name:		Date of Birth		
Child's Last Name:		Gender: (circle one) Male Female		
Who does the child live with? <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Relative (other than grandparent) <input type="checkbox"/> Foster parent <input type="checkbox"/> Other _____				Number of brothers/sisters that live in the home:
Primary Giver's First Name:		Date of Birth		
Last Name:		Gender: (circle one) Male Female		
Street Address:		City, State & Zip Code:		
Home Phone #:		Mobile phone #:		
Primary Language of child:		How well does the child speak English?		
Secondary Language of child:		Very well Well Not well Not at all NA		
Child's Ethnicity: (circle one) Hispanic/Latino or N/A	Child's Race: (circle one) Asian Bi-racial/Multi-racial Black/African-American Caucasian/White Native American/Alaska Native Hawaiian/Pacific Islander Other : _____			
Does your child have an IEP or IFSP due to a disability or developmental delay? (circle one) Yes No Is the IEP for speech only? (circle one) Yes No				
Does your child have an IEP or IFSP in progress? (circle one) Yes No				
Does your child have a chronic medical condition or health concern? (circle one) Yes No Please explain:				
Does your child take medication prescribed by a physician? (circle one) Yes No Please explain:				
Do you have any concerns about your child's development? (circle one) Yes No Please explain:				
Is your child transitioning from Early Head Start to Head Start? (circle one) Yes No Was your child previously enrolled in another Head start? (circle one) Yes No				
Does the child care partner receive a child care subsidy for this child? (circle one) Yes No If no, is the child approved for a child care subsidy or do you have an application in progress? (circle one) Yes No Are you in need or interested in full day care due to your work or school schedule? (circle one) Yes No				
Are you in need of translation services? (circle one) Yes No Which language:				
For Office Use Only: Applying for HS _____ EHS _____ EHSCP _____ Pregnant Woman _____				
Approved or likely to be eligible for extended child care at this center: (center staff signature/date) _____				
Enrolled as Pregnant Woman() Eligibility Date _____ Acceptance Date _____ Enrollment Date _____				
Eligibility Date _____	Acceptance Date _____	1st yr Enrollment Date _____	Dropped/Terminated/Wait _____	Readmission _____
		2nd yr Enrollment Date _____	Dropped/Terminated/Wait _____	Readmission _____
Eligibility Date (HS only) _____	Acceptance Date _____	3rd yr Enrollment Date _____	Dropped/Terminated/Wait _____	Readmission _____
EHS only		4th yr Enrollment Date _____	Dropped/Terminated/Wait _____	Readmission _____