



PICCA HEAD START & EARLY HEAD START APPLICATION

HS- 145 E. CORWIN ST., CIRCLEVILLE (740) 474-7411 • EHS- 465 E. OHIO ST., PO BOX 697, CIRCLEVILLE (740) 474-9544



APPLICANT (CHILD APPLYING FOR SERVICES)

FIRST	MIDDLE	LAST	BIRTHDATE	GENDER
RACE			HISPANIC	PRIMARY LANGUAGE SPOKEN
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> English
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Other
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			Specify: _____
<input type="checkbox"/> Other: _____				
PRIMARY HEALTH COVERAGE			AUTHORIZATION RELEASE	
<input type="checkbox"/> Molina			Photos & videos of my children and family will be taken during the year.	
<input type="checkbox"/> Care Source			I give permission to use them in/on:	
<input type="checkbox"/> Other			NEWSPAPER	FACEBOOK
Insurance #: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			PROGRAM PRESENTATIONS	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

ADULT 1				
FIRST	MIDDLE	LAST	BIRTHDATE	GENDER
HIGHEST GRADE COMPLETED	EMPLOYMENT STATUS		RELATIONSHIP TO CHILD	CUSTODY
<input type="checkbox"/> Diploma or GED	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Natural/Adopted/Step	<input type="checkbox"/> Yes
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No
<input type="checkbox"/> Baccalaureate Degree	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew	CHECK ALL THAT APPLY FOR THIS ADULT
<input type="checkbox"/> Less than HS graduate Last grade _____	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster	
			<input type="checkbox"/> Other	
E-MAIL ADDRESS: _____				FACEBOOK ACCOUNT
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ADULT 2				
FIRST	MIDDLE	LAST	BIRTHDATE	GENDER
HIGHEST GRADE COMPLETED	EMPLOYMENT STATUS		RELATIONSHIP TO CHILD	CUSTODY
<input type="checkbox"/> Diploma or GED	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Natural/Adopted/Step	<input type="checkbox"/> Yes
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No
<input type="checkbox"/> Baccalaureate Degree	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew	CHECK ALL THAT APPLY FOR THIS ADULT
<input type="checkbox"/> Less than HS graduate Last grade _____	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster	
			<input type="checkbox"/> Other	
E-MAIL ADDRESS: _____				FACEBOOK ACCOUNT
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL CHILDREN IN THE HOME UNDER 18 YEARS					
FIRST	MIDDLE	LAST	BIRTHDATE	GENDER	CURRENTLY ENROLLED IN HS/EHS
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

TRANSPORTATION SERVICES (FOR HEAD START ONLY)	
<input type="checkbox"/> I WANT HEAD START TO PROVIDE TRANSPORTATION	<input type="checkbox"/> I WILL SELF-TRANSPORT
Pick up address:	
Drop off address:	

SIGNATURE REQUIRED: _____	DATE: _____
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FAMILY INFORMATION

LIVING ADDRESS	ADDRESS LINE 2	ZIP	CITY	STATE	COUNTY
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MAILING ADDRESS (IF DIFFERENT)	ADDRESS LINE 2	ZIP	CITY	STATE	COUNTY
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NAME AND RELATIONSHIP TO CHILD	PHONE NUMBER	TYPE (CHECK ONE)
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

PRIMARY LANGUAGE SPOKEN AT HOME	SINGLE PARENT HOUSEHOLD	HOMELESS FAMILY	ACTIVE DUTY MILITARY	VETERAN OF U.S. MILITARY	REFERRED BY CHILD WELFARE AGENCY
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROGRAM MY CHILD WILL ATTEND: Ashville Center EHS Home-Based Circleville Elementary Classroom
 Corwin Center EHS Center-Based Westfall Elementary Classroom

ELEMENTARY SCHOOL MY CHILD WILL ATTEND WHEN THEY TRANSITION OUT OF HEAD START: _____

CHILD AND FAMILY HISTORY

DO YOU HAVE CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT? (WALKING, TALKING, PLAYING, ETC.) Yes No Explain: _____

DO YOU HAVE CONCERNS ABOUT YOUR CHILD'S BEHAVIOR? Yes No Explain: _____

DO YOU HAVE SPEECH CONCERNS ABOUT YOUR CHILD? Yes No Explain: _____

DO YOU HAVE ANY OTHER CONCERNS ABOUT YOUR CHILD? Yes No Explain: _____

HAS YOUR CHILD ATTENDED ANY PRESCHOOL PROGRAM BEFORE? Yes No

DID YOUR CHILD RELOCATE FROM A DIFFERENT HEAD START PROGRAM? Yes No

ARE ANY MEMBERS OF YOUR HOUSEHOLD CURRENTLY INCARCERATED? Yes No

DO YOU HAVE AN OPEN CASE WITH CHILD PROTECTIVE SERVICES? Yes No

HOW DID YOU HEAR ABOUT EARLY HEAD START AND HEAD START?

FAMILY INCOME

TANF/OWF/CASH	SSI	FOOD STAMPS	WIC	TOTAL # IN HOUSEHOLD (RELATED BY BLOOD, MARRIAGE OR ADOPTION)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ALL PERSONS COMPLETING AN APPLICATION FOR HEAD START/EARLY HEAD START MUST ATTACH ONE OF THE FOLLOWING DOCUMENTS AS PROOF OF GROSS FAMILY INCOME:

OFFICE USE ONLY

Verification of Income: (Please mark all that apply)

1040 Tax Form W2 Child Support Pay Stub (last 12 months) Unemployment Other Explain: _____

Under 100% Income YEARLY INCOME: _____

100%-130% Income

Over 100% Income Screened By: _____ Date Verified: _____

Verified By: _____ Date Verified: _____

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 also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours. I have also received a copy of the agency HIPAA document.

SIGNATURE REQUIRED:

DATE: