

Pickaway County Early Head Start & Head Start Application



EHS- 465 E. Ohio St P.O. Box 697 , Circleville(740) 474-9544 *HS-145 E. Corwin St, Circleville (740)474-7411



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		Insurance #	Doctor	Dentist
<input type="checkbox"/> Molina				
<input type="checkbox"/> Care Source				
<input type="checkbox"/> Other : List _____				

Adult 1					
First	Middle	Last	Birthdate	Gender	
Highest Grade Completed	Employment Status		Child's Relationship	Custody	Check all that apply for this adult:
<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"/> Lives with Family
<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"/> Provides Financial Support
<input type="checkbox"/> Baccalaureate Degree	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Less than HS graduate Last grade _____	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Other		
E-mail Address: _____				Face Book Account? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Adult 2					
First	Middle	Last	Birthdate	Gender	
Highest Grade Completed	Employment Status		Child's Relationship	Custody	Check all that apply for this adult:
<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"/> Lives with Family
<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"/> Provides Financial Support
<input type="checkbox"/> Baccalaureate Degree	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Less than HS graduate Last grade _____	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Other		
E-mail Address: _____				Face Book 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 Early/Head Start	
					<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)	
I wish for Head Start to provide transportation	<input type="checkbox"/> I will self transport <input type="checkbox"/>
Pick Up Address:	
Drop off Address:	
Signature Required:	Date:

Family Information					
Living Address	Address Line 2	Zip	City	State	County
Mailing Address (if different)	Address Line 2	Zip	City	State	County
Phone Numbers	Type (<i>check one</i>)		Note (<i>for example, an extension or best time to call</i>)		
	<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				
Single Parent Household	Primary Language at Home	Homeless Family	Military Family	Referred by Child Welfare Agency	Receiving Food Stamps
<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 Attending: Circleville Ashville Westfall EHS Home Base EHS Center Base

Child and Family History			
Do you have concerns about your child's development? (walking, talking, playing, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Do you have concerns about your child's behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Do you have speech concerns about your child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Do you have any other concerns about your child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Are any members of your household currently incarcerated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did your child relocate from a different Head Start program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How did you hear about Early Head Start and Head Start?			

Family Income			
TANF/OWF/Cash	Supplemental Security Income (SSI)	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	

All persons making application to 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)	
<input type="checkbox"/> 1040 Tax Form <input type="checkbox"/> W2 <input type="checkbox"/> Child Support <input type="checkbox"/> Pay Stub(last 12 months) <input type="checkbox"/> Unemployment <input type="checkbox"/> Other Explain: _____	
Under 100% Income <input type="checkbox"/>	Screened By _____ Date Verified _____
100%-130% Income <input type="checkbox"/>	Verified By _____ Date Verified _____
Over 100% Income <input type="checkbox"/>	
Income Notes:	Yearly Income \$ _____

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 HIPPA document.*

Parent/Guardian Signature _____

Date _____