



WESTERN EGYPTIAN ECONOMIC OPPORTUNITY COUNCIL HEAD START



CHILD APPLICATION FORM

Applicant							
First	Middle	Last	Birthday	Gender	Race	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Health Coverage		Carrier	Insurance #	Medicaid Eligibility <input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially	Medicaid #	Doctor/Medical Home	
Dental Coverage		Dental Coverage #		Dentist/Dental Home			

Select the center location(s) and program option(s) that best meets your family's needs			
PART YEAR / PART DAY	PART YEAR / EXTENDED DAY	PART YEAR / FULL DAY	FULL YEAR / FULL DAY
Monday – Thursday, August – April 4 Hours / 4 Days per Week	Monday –Thursday, August –April 5 Hours / 4 Days per Week	Monday – Friday, August – May	Monday – Friday, Year-Round
Chester Percy Perry Co.	Evansville	Sparta	Coulterville Sparta Pinckneyville Little Britches, DuQuoin Children First Learning Center, Columbia

Primary Adult							
First	Middle	Last	Birthday	Gender	Race	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<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"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative	If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate						
						<input type="checkbox"/> Teen Parent	

Secondary or Other Adult							
First	Middle	Last	Birthday	Gender	Race	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<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"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative	If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate						
						<input type="checkbox"/> Teen Parent	

Additional Household Member							
First	Middle	Last	Suffix	Birthday	Gender	Race	

Additional Household Member							
First	Middle	Last	Suffix	Birthday	Gender	Race	

Additional Household Member							
First	Middle	Last	Suffix	Birthday	Gender	Race	

Additional Household Member							
First	Middle	Last	Suffix	Birthday	Gender	Race	

Additional Member							
First	Middle	Last	Suffix	Birthday	Gender	Race	

Family Information							
Family Living Address							
Started Living At Date	Living Address	Address Line 2	ZIP	City	State	County	
Family Mailing Address							
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)	Owner of Phone	Type (check one)			Opt In for Text Messages		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parental Status (check one)	Number in Household	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	Receiving WIC
<input type="checkbox"/> One <input type="checkbox"/> Two			<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

Other Family Considerations	
Parent/Guardian suspects child has a Speech Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has been identified or is currently receiving services for Speech Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian suspects child has a Developmental Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has been identified or is currently receiving services for Developmental Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child was referred by another agency, school or doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom?
Family has an open DCFS case	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has an incarcerated parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent has a disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has English as their second language	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent is currently enrolled in school	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income: List all income in last 12 months (specify any months of no income)*						
TANF Status		SSI		Income Verified by		Verification Date
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes				
<input type="checkbox"/> Formerly on TANF, Not now		<input type="checkbox"/> No				
Family Member	Gross Amount	Per (for example: week, month, year)	Annual Gross Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Job Start Date
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			
Income Notes						

*Family Income Information: You must provide proof of your family's income before child is enrolled in 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 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.

 Parent/Guardian Signature Date Family & Community Partnership Manager Date