

CREC Head Start Application Program Year _____



Section 1: Applicant Information	
Child's Name:	DOB:
Child's Demographics:	<input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____
Child's Primary Language:	Proficient? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Secondary Language, if any:	Proficient? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have medical insurance?	
Medical Home:	
Does the child have dental insurance?	
Dental Home:	
Does your child have a suspected or diagnosed disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the concern? _____	
Section 2: Primary Adult	
Primary Adult Name:	DOB:
Relationship to Child:	Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Adult Demographics:	<input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____
Primary Adult Education: <input type="checkbox"/> Some high school <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certificate	
Primary Adult Employment: <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> In Training <input type="checkbox"/> Retired or Disabled	
Section 3: Secondary Adult	
Secondary Adult Name:	DOB:
Relationship to Child:	Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Adult Demographics:	<input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____
Secondary Adult Education: <input type="checkbox"/> Some high school <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certificate	
Secondary Adult Employment: <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> In Training <input type="checkbox"/> Retired or Disabled	
Section 4: Household Information	
Physical Address:	
Type of Home: <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Rent <input type="checkbox"/> Own	
Length of time at address: _____	
Have you moved in the last 12 months? _____	
Have you been homeless in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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The family type is: <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Single Parent Family-child lives with _____ <input type="checkbox"/> Foster Placement <input type="checkbox"/> Guardian is child's relative—specify _____					
Income and Assistance used by the household: <input type="checkbox"/> None <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> WIC <input type="checkbox"/> HUD <input type="checkbox"/> Unemployment <input type="checkbox"/> SNAP <input type="checkbox"/> Husky/Medicaid <input type="checkbox"/> Other: _____					
Does your household have access to a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list all family members including the child and head of household who are living in the same household as the child who are (1) supported by the parent(s)/guardian(s)' income AND (2) are related to the child's parent(s)/guardian(s) by blood, marriage or adoption OR are the child's authorized caregiver or legally responsible party.					
	Name	DOB	Relationship to Child	Employed?	In School?
1			Parent/Guardian		
2			Self		
3					
4					
5					
6					
7					
8					
Number of Adults:		Number of Children:		Family Size:	
Section 4: Pregnant Mom Information (if applicable)					
What is the current month of your pregnancy? _____					
What is the expected due date? _____					
Who is your health care provider? _____					
Do you have existing medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please specify: _____					
Do you have any concerns about your pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain: 					

To the best of my knowledge, all information provided in this application is true and correct. I attest that this eligibility information is true, complete and correct and that the income documentation provided to the program staff reflects the **TOTAL** family income.

Parent/Guardian Signature Date

Name of Staff Reviewing Application Date