

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
Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander
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
Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander
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
Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander
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: Two Parent Family Single Parent Family-child lives with _____
 Foster Placement Guardian is child's relative—specify _____

Income and Assistance used by the household: None TANF SSI WIC HUD
 Unemployment SNAP Husky/Medicaid Other: _____

Does your household have access to a vehicle? Yes 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? Yes No

If yes, please specify: _____

Do you have any concerns about your pregnancy? Yes 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