

Fayette County Head Start Enrollment

Application Page 1

Child's Last Name _____ First Name _____ Middle _____ Preferred Name _____

Date of Birth _____ Age _____ Social Security Number _____ Sex _____

Child's Home Address -Street _____ City _____ State _____ Zip Code _____ County _____

Name of Parent(s) Guardian _____ Parent or Guardian Social Security Number _____

Home Phone # _____ Cell Phone# _____ email address _____

White Black Biracial Hispanic Asian Native American _____
 Child's Race _____ Language Spoken _____

Parent's Race Mom _____ Dad _____ Is parent pregnant? _____

What is your current living arrangement/situation: own _____ rent _____ Motel _____

Shelter _____ Friends _____ /Relative-Who _____ Other, Specify _____ Homeless _____

What is the name of your Doctor? _____ Dentist? _____

Do you receive Wic? _____ is parent/legal guardian currently working? Mom _____ Dad _____ Guardian _____

For Office Use Only	
Date Accepted	_____
Date Of Entry	_____
Jeff.	_____
W.C.H.	_____
Preschool	_____
Income Verified:	
Under	_____
Over	_____
Points	_____
Age	_____
Referral	_____
Federal	_____
Other	_____
SSI/TANF	_____

Child's year in program
 1st. 2nd. 3rd.

Names of other children in the home	Birth date	Age	Relationship to child	Last grade completed
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
Names of Adults in the home				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Do you currently have Health Insurance? Y _____ N _____ Medical Card Number _____
 Insurance Name _____ Do you receive cash benefits from Human Services? Y _____ N _____

How did you find out about the Head Start program? (Flyer/parent /friend./former child or sibling /Referral) _____

Your child may be in the A.M. or P.M. classes in our Jeff. or W. C.H. Center and you may be responsible for transporting your child to school daily. Circle the class you prefer

A.M. P.M. (This is not a guarantee that you will get the class you want.)

Certification: I certify that this information is true. If any part is false, my participation in this agency's program may be terminated and may be subject to legal action. 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 _____

Received _____
By _____

FAYETTE COUNTY HEAD START ENROLLMENT APPLICATION—PAGE 2
OPTIONAL

YOU **DO NOT** NEED TO COMPLETE THIS PAGE. THIS INFORMATION IS **CONFIDENTIAL** AND WILL NOT AFFECT YOUR CHILD'S POSSIBLE ENROLLMENT.

Have you ever worked with any of the following program or agencies?

- | | YES | NO | |
|-----|-----|-----|---|
| 1. | ___ | ___ | Hopewell SERCC (Special Educational Regional Resource Center) |
| 2. | ___ | ___ | Fayette Progressive School/Industries |
| 3. | ___ | ___ | Summer Speech Program |
| 4. | ___ | ___ | Children's Hospital: _____ |
| 5. | ___ | ___ | Early Intervention |
| 6. | ___ | ___ | Early Start |
| 7. | ___ | ___ | Other Program: _____ |
| 8. | ___ | ___ | Does your child have a disability or delay? Type of disability/delay: _____ |
| 9. | ___ | ___ | Has the disability been professionally diagnosed? by who? _____ |
| 10. | ___ | ___ | Is your child receiving special services for the disability? type of service: _____ |
| 11. | ___ | ___ | In your opinion, does your child have any special needs? _____ |

Check All That Apply:

Parent/Caregiver:

- ___ Not typical development as a child
 ___ Victim of child abuse or neglect

Family Issues:

- ___ Severe family crisis
 ___ Unusual or recurring accidents involving children
 ___ Environment poses risk
 ___ Family often in turmoil
 ___ Domestic Violence
 ___ Genetic disorder
 ___ Inadequate health care/no health care insurance
 ___ Lack of stable residence, homeless
 ___ Single parent household
 ___ Single parent household with 4 or more preschool age children

Biological Factors-Child:

- ___ Asphyxia (not Breathing)
 ___ Chronic otitis media (ear infections)
 ___ Small for gestational age
 ___ Very low birth weight

Biological Factors-Parent:

- ___ Chronic or acute mental illness
 ___ Drug or alcohol dependence
 ___ Limited prenatal care
 ___ Maternal prenatal substance abuse
 ___ Mental retardation
 ___ Severe chronic illness

Parent Issues:

- ___ History of child abuse(parent abused as a child)
 ___ Inadequate parenting skills or inability to interact with child
 ___ Parent and child separation
 ___ Physical or social isolation or lack of adequate social support

 Child's Name

 Parent's Signature

HEAD START ELIGIBILITY VERIFICATION

1. Child's Name: _____
2. Child's date of birth: _____
3. Verify Eligibility: Check which category of eligibility this child falls into:

Income:

- Below federal poverty guidelines
- Between 100-130% federal poverty guidelines
(no more than 35% of enrolled children may fall into this category)
- Over Income (counted as part of 10% maximum for non-AI/AN programs)
counted as part 49% maximum for AI/A programs)
- SSI
- Public Assistance
- Homeless
- Foster Care

5. What documentation was used to determine eligibility?

- | | |
|---|--|
| <input type="checkbox"/> Income Tax Form 1040 | <input type="checkbox"/> Written statements from employers |
| <input type="checkbox"/> W-2 | <input type="checkbox"/> Foster care reimbursement |
| <input type="checkbox"/> TANF documentation | <input type="checkbox"/> SSI Documentation |
| <input type="checkbox"/> Pay stub or pay envelopes | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unemployment | If Other, please explain: _____ |
| <input type="checkbox"/> Documentation of no income | _____ |

Annual Household income is: _____

Total Number in household: _____

I verify the income stated above has been compared with the ACYF/Head Start Financial Guidelines, and based on this comparison the family is at the 100% 130% or over the guidelines. (circle one of the above)

Parent /Guardian Signature: _____

Staff Signature: _____ Date of eligibility Verification: _____

Staff Name: _____ Title: _____