

HS_EHS_RAB_EHS-CCP (Fayette_Clinton_Highland_) Enrollment Form

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

Date of Birth _____ City/State born _____ Gender _____ Race _____ Spoken Language _____

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

Cell Phone # _____ Home Phone# _____ E-mail Address _____

Is child receiving services for: IEP/IFSP: **Y / N** Speech: **Y / N** Diagnosed disability: **Y / N**

Enrolled in Help Me Grow? **Y / N** Is parent/guardian pregnant? **Y / N** Due Date: _____

Applicant's doctor: _____ Applicant's dentist: _____

Current living arrangement: (Specify if you pay rent to the person you are living with)

Own _____ Rent _____ Motel _____ Shelter _____ Friends _____ Relative-Who? _____ Other (specify) _____ Homeless _____

Do you receive WIC? **Y / N** Do you receive food stamps? **Y / N** Does the household have reliable transportation? **Y / N**

Is parent/guardian currently working? Mom/Guardian #1: **FT PT N/A** Dad/Guardian #2: **FT PT N/A**

Is parent/guardian currently enrolled in school? Mom/Guardian #1: **FT PT N/A** Dad/Guardian #2: **FT PT N/A**

For Office Use Only			
Date Accepted	_____		
Date Of Entry	_____		
EHS Homebased	_____		
H.S.-Jeff.	_____		
H.S.-W.C.H.	_____		
RAB (EHS-CCP)	_____		
RAB (Daycare)	_____		
Sunrise Sunset	_____		
Wilson	_____		
Income Verified:			
Under	_____		
Over	_____		
Points	_____		
SSI/TANF	_____		
Homeless	_____		
Foster	_____		
Child's year in program			
1 st	2 nd	3 rd	

Names of Siblings in the home:	Birth date	Race	Relationship to child (brother or sister)	Last grade completed
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
Names of Parents/Guardian in home:				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Does child currently have health insurance? **Y / N** Medical insurance name: _____

Do you currently receive cash benefits (TANF/OWF) from ODJFS? **Y / N** In the past 12 months? **Y / N**

How did you find out about Head Start? (Flyer/parent/friend/former H.S. child or sibling/referral/returnee/social media) _____

The following questions apply to biological parents and/or current household members:

Current or history of domestic violence? **Y / N** One or more parents currently or previously incarcerated? **Y / N**

Current or previous case with Children's Services? **Y / N** Current or history of substance abuse? **Y / N**

Does child have a deceased biological parent? **Y / N** Current or history of mental health? **Y / N**

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. I 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

For Office Use Only:	
Date Received	_____
By	_____

CUSTODY INFORMATION

Child's Name: _____

Please check **ONE** of the following:

_____ The natural parents were married at the child's birth and are currently married. *(Both have Legal rights)*

_____ The natural parents were not married at the child's birth, but are currently married. *(Both have Legal rights)*

_____ The natural parents were not married at the child's birth, got married but are now currently divorced.
CUSTODY PAPERS MUST BE ON FILE!

_____ The natural parents were married at the child's birth, but are now currently divorced.
CUSTODY PAPERS MUST BE ON FILE!

_____ The mother was not married to the biological father and is the sole residential/custodial parent.

_____ Both parents share custody. **CUSTODY PAPERS MUST BE ON FILE!**

_____ The father was not married to the biological mother but is on the birth certificate & is acting custodial parent.

_____ Natural parents are separated, but there has been no documented legal action at this time. *(Both have legal rights).*

_____ Temporary custody has been placed with _____.
COURT PAPERS MUST BE ON FILE!

_____ Temporary parent appointed guardian. Child placed with _____.

_____ Safety Plan set up with _____.
SAFETY PLAN MUST BE ON FILE! "CHILDREN SERVICES INITIAL AUTHORIZATION RELEASE FORM" COMPLETED AT TIME OF APPLICATION.

_____ Grandparent. Power of attorney for residential grandparent/caretaker authorization affidavit must be provided at the time the application process has begun. *(Staff may assist grandparent to obtain documents).*

_____ Court appointed guardian/custody. **COURT PAPERS MUST BE ON FILE!**

_____ Foster parents. Case worker for the child must complete application unless documentation states otherwise.
COURT PAPERS MUST BE ON FILE! "CHILDREN SERVICES INITIAL AUTHORIZATION RELEASE FORM" COMPLETED AT TIME OF APPLICATION.

The child named above is in my legal custody, and I can provide legal documents to verify this custody. I understand that if I cannot provide verification of custody or other records as required of all enrollees, the student may not be admitted to this program.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date