



EARLY HEAD START APPLICATION

Application Date: _____

Child Information

Child's Legal Name (Last)			(First)		
Preferred Name			Child's Social Security#		
Parents Name:			Parents Date of Birth:		
Child's Date of Birth : Pregnant <input type="checkbox"/> Due Date :			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Living Address:			Mailing Address:		
City:	State:	Zip:	City:	State:	Zip:
Primary Phone () - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message <input type="checkbox"/> Pager			Secondary Phone () - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message <input type="checkbox"/> Pager		
Additional Phone () - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message <input type="checkbox"/> Pager			Additional Phone () - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message <input type="checkbox"/> Pager		
Email:					
Parental Status: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Foster <input type="checkbox"/> Non-Parent <input type="checkbox"/> Other			Number in Family:		
Number of Children: Ages: 0 to 3 Ages 4 to 5			Number in Household:		
Home Base Center applying for: Chugiak <input type="checkbox"/> Meadow Lakes <input type="checkbox"/> Palmer <input type="checkbox"/> Wasilla <input type="checkbox"/>					

Emergency Information

Emergency / Message Contacts

Name:	Address:	Phone: () -
	City: State: Zip:	Phone: () -
Name:	Address:	Phone: () -
	City: State: Zip:	Phone: () -
Name:	Address:	Phone: () -
	City: State: Zip:	Phone: () -

Eligibility Information

ATAP(TANF): <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior ATAP <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI): <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Eligible for child care assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Child Care Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Number:							
Working: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need childcare: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Work Schedule:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Income: (List all family members)		Monthly X 12 = Annual Income	Weekly X 52 = Annual Income	Twice a Month X 25 = Annual Income	Every 2 Weeks X 26 = Annual Income		
Family Member	Amount	Per	X	Annual Income	Employer or Income Source		
Total Yearly Income of Family							
Was Child Referred to Program <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes by whom)				(Why?)			
(Optional) Child has a disability, special needs or health issues: <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> Yes (If yes, give date, and source.)							
(Optional) Any specific family needs or crisis? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe)							

Please send with this application income verification and birth certificate (if enrolling a child).

HEAD START NUMBERS

Early Head Start	Wasilla	Meadow Lakes	Chugiak	Palmer	Admin
Phone--373-7736	Phone--373-7795	Phone--373-7165	Phone--688-2660	Phone--746-4483	Phone--745-4040
Fax--373-7756	Fax--373-0752	Fax--373-7300	Fax--688-1309	Fax--746-5183	Fax--745-4060