



# HEAD START/EARLY HEAD START APPLICATION

Application Date \_\_\_\_\_

## Child Information

Child's Legal Name (Last)			(First)			(Middle)		
Preferred Name:								
Date of Birth :			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male					
Race (Choose all that apply): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Native American or AK Native <input type="checkbox"/> Other			Language: Primary _____ Secondary _____					
			Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No				Other:	
Living Address:			Mailing Address:					
City:	State:	Zip:	City:	State:	Zip:			

## Primary Adult Information

Primary Phone ( ) - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message <input type="checkbox"/> Other			Secondary Phone ( ) - <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message <input type="checkbox"/> Other					
Primary Adult Name(Last)			(First)			(Middle)		
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Mobile Phone:	Home Phone:					
Relationship to Child:	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Family: <input type="checkbox"/> Yes <input type="checkbox"/> No	Provides Support: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employment Status/Training:	Highest Grade Completed:	Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Race (Choose all that apply): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Native American or AK Native <input type="checkbox"/> Other			Language: Primary _____ Secondary _____					
			Email:					
			Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No		Other:			

## Secondary Adult Information

Secondary Adult Name(Last)			(First)			(Middle)		
Date of Birth	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Mobile Phone:	Home Phone:					
Relationship to Child:	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Family: <input type="checkbox"/> Yes <input type="checkbox"/> No	Provides Support: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employment Status/Training:	Highest Grade Completed:	Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No					
Race (Choose all that apply): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Native American or AK Native <input type="checkbox"/> Other			Language: Primary _____ Secondary _____					
			Email:					
			Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No		Other:			

***This application cannot be processed without income verification and birth certificate.***

Parental Status: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Foster <input type="checkbox"/> Non-Parent <input type="checkbox"/> Other: _____				Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
Number of Children:		Ages: 0 to 3	Ages 4 to 5	Number in Family:	
Number in Household:					

**Center Preference**

Head Start is for children 3-5 years old as of September 1<sup>st</sup>  
 Early Head Start is for Prenatal Moms and children birth-3 years old (center and home based)

**1<sup>st</sup> Preference:**

- ☐ Head Start Fairview ☐ Head Start Meadow Lakes ☐ Head Start Palmer ☐ Head Start Wasilla  
☐ Early Head Start Wasilla Center ☐ EHS Home Base Fairview ☐ EHS Home Base Meadow Lakes  
☐ Early Head Start Palmer Center ☐ EHS Home Base Palmer ☐ EHS Home Base Wasilla  
☐ Early Head Start Fairview Center

**2<sup>nd</sup> Preference:**

- ☐ Head Start Fairview ☐ Head Start Meadow Lakes ☐ Head Start Palmer ☐ Head Start Wasilla  
☐ Early Head Start Wasilla Center ☐ EHS Home Base Fairview ☐ EHS Home Base Meadow Lakes  
☐ Early Head Start Palmer Center ☐ EHS Home Base Palmer ☐ EHS Home Base Wasilla  
☐ Early Head Start Fairview Center

**Emergency Contact Information**

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

**Eligibility Information**

Prior TANF <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 Case # _____
TANF <input type="checkbox"/> Yes <input type="checkbox"/> No Case # _____	SNAP (Food Stamps) <input type="checkbox"/> Yes <input type="checkbox"/> No Case # _____	

**Total Yearly Income of Family**

(Optional) Child has disability or special need: ☐ No ☐ Suspected ☐ Yes (If yes, give diagnosis, date, and source.)

**Family Information**

**Medical Insurance:** ☐ Denali KidCare ☐ Medicaid ☐ Military ☐ Native Health ☐ Private ☐ Other: \_\_\_\_\_

**Doctor:**

**Dentist:**

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

**CONTACT US:**

ADMINISTRATION OFFICE: 2060 E Industrial Drive Wasilla, AK 99654 Phone (907) 373-7000 Fax (907) 373-7020  
 FAIRVIEW CENTER: 3895 Birch Leaf Way, Wasilla, AK 99654 Phone (907) 373-7000 Fax (907) 373-7020  
 MEADOW LAKES CENTER: 7362 W Parks Hwy #752, Wasilla, 99623 Phone (907) 373-7165 Fax (907) 373-7300  
 PALMER CENTER – 905 Auklet Ave, Palmer, AK 99645 Phone (907) 746-4483 Fax (907) 746-5183  
 WASILLA CENTER: 2100 E Foundry Way, Wasilla, AK 99654 Phone (907) 373-7795 Fax (907) 373-0752  
 EARLY HEAD START WASILLA CENTER: 2060 E Foundry Way, Wasilla, AK 99654 Phone (907) 373-7736 Fax (907) 373-7756

**REVISED: APRIL 2022**