Early Head Start & Head Start

Infant & Toddler Program

Preschool Program

Community Services Agency
Early Childhood Development Programs

Who is eligible for services?

- Families who are low income
- Recipients of TANF or SSI cash aid
- Children and pregnant youth in foster care
- Families experiencing a temporary living situation due to loss of housing, economic hardship or similar reasons

What documents do I need to provide?

Child Applicant Documents

- Birth record (if available)
- Immunization record
- Custody, adoption, guardianship, or protection orders (if applicable)
- Disability or special needs documentation (if applicable)

Proof of Eligibility

- TANF or SSI: Benefit letter that states what is being received now
- Foster Children: Foster placement letter & foster license
- Temporary Living Circumstance Due to Loss of Housing: Fully document the situation on this enrollment application
- Family Income for the Last 12 Months:
  - Current 1040 U.S. Individual Income Tax forms OR W-2s
  - Last 4 paycheck stubs with year-to-date gross information
  - Child support for all children in the home

We are required to document the last 12 months of family income from all sources. Every family's income situation is different and there may be more or different sources of income. The items above would be good to bring in initially. Our enrollment team will go over the application and let you know of items needed.

How do I turn in my application?

Bring to Our Main Office at 1100 E 8th Street, Reno NV 89512
Open 8:00 AM to 4:30 PM, Monday through Friday ** Office hours may be modified due to COVID-19 and we recommend you contact us at (775) 786-6023 to set up an appointment **

Mail to CSA Head Start Enrollment, PO Box 10167, Reno NV 89510-0167

Fax to 1 (775) 333-8684 (don't forget the "1 (775)" when faxing)

Scan and E-mail to enrollment@csareno.org

CSA is a federally funded, non-profit organization providing FREE infant & toddler care and preschool services designed to promote school readiness for children from low-income families.

Our program offers:

- High-quality, comprehensive early childhood education services
- Parent involvement opportunities in the classroom, program planning & parent committees
- Parental supports and education
- Help connecting parents and children to other services & resources in the community
- Vision, hearing and dental screenings for enrolled children including other health, mental health, and nutrition services
- Prenatal services and more!

Frequently Asked Questions

Does my child need to be potty trained?
No, in fact, we work with parents and children to assist in the potty-training process.

Can I apply for my disabled child?
Yes, we welcome children with disabilities or special needs and encourage families to apply regardless of income.

How long does the process take?
We do our best to verify eligibility as quick as possible and parents can assist by ensuring all income/eligibility items needed are fully provided with the application.

When should I apply?
We accept applications and enroll all year long and encourage you to apply as soon as possible!

You can apply online! If you would like to submit your application via our website instead of completing the paper application, please visit: www.csareno.org

Contact us at (775) 786-6023 and apply today!

ENGLISH

Head Start Preschool & Early Head Start Infant and Toddler Care Enrollment Application

Revised July 2020

Who is applying for the program?

Child Applicants · List all children ages 0 to 5 you would like to enroll

First Name	MI	Last Name (as it appears on birth record)	Birth Date MM / DD / YY	Disabled
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Pregnant Woman Applicant · Apply now in preparation of your child's birth

First Name	MI	Last Name (legal name)	Expected Delivery Date MM / DD / YY	High Risk
				☐ Yes ☐ No

What classroom location and time are you interested in?

Early Head Start Infant & Toddler Program · Serves pregnant woman & children age 0 up until the 3rd birthday

Location Preference (specify below) 1st	2nd	3rd	Mark up to 3 locations with your 1st choice being your most preferred location.		All locations provide year-round care and require both parents / guardians in the home to be working, training or going to school. Daily attendance is required.
☐	☐	☐	**Carson City** · 200 E Winnie Ln, Suite 288-298	Carson City 89706	Full Day · 7:30 AM to 5:30 PM, Mon – Fri
☐	☐	☐	**Destiny Reno** · 790 Sutro St	Reno 89512	Full Day · 7:30 AM to 5:30 PM, Mon – Fri
☐	☐	☐	**Sun Valley** · 115 W 6th Ave	Sun Valley 89433	Full Day · 7:30 AM to 5:30 PM, Mon – Fri
☐	☐	☐	**Victory Sparks** · 727 F St	Sparks 89431	Full Day · 7:30 AM to 5:30 PM, Mon – Fri

Head Start Preschool Program · Serves children ages 3 to 5

Location Preference (specify below) 1st	2nd	3rd	Mark up to 3 locations with your 1st choice being your most preferred location. Daily attendance is required. ✸ For Full Day, children must be age 4 on or before September 30th and both parents/guardians in the home must be working, training or going to school.		Schedule Preference ⬇ Mark the hours you prefer for each location you selected ⬇ Morning 8 AM to 11:30 AM Mon - Thurs	Afternoon 1 PM to 4:30 PM Mon - Thurs	Extended Day 8 AM to 1:30 PM Mon - Fri	Full Day ✸ 8 AM to 4:30 PM Mon - Thurs
☐	☐	☐	**Agnes Risley** · 1960 Sullivan Ln	Sparks 89431	☐	☐	Not Available	Not Available
☐	☐	☐	**Cottonwood Fernley** · 915 Farm District Rd	Fernley 89408	☐	☐	Not Available	Not Available
☐	☐	☐	**Bernice Mathews** · 2700 Elementary Dr	Reno 89512	Not Available	Not Available	☐	☐ Age 4 Only
☐	☐	☐	**Desert Heights** · 5310 Echo Ave	Reno 89506	Not Available	Not Available	☐	Not Available
☐	☐	☐	**Echo Loder** · 650 Apple St	Reno 89502	Not Available	Not Available	☐	Not Available
☐	☐	☐	**Smithridge** · 4950 Filbert Rd	Reno 89502	☐	☐	Not Available	Not Available
☐	☐	☐	**Sutro** · 1100 E 8th St	Reno 89512	☐	☐	☐	Not Available
☐	☐	☐	**Vassar HUCs** · 2405 Vassar St	Reno 89502	Not Available	Not Available	☐	Not Available
☐	☐	☐	**Wooster** · 1950 Villanova Drive	Reno 89502	Not Available	Not Available	☐	Not Available

Placement Considerations · Specify your preferences below

Transportation (mark one below that best fits your situation)

☐ No transportation, we walk or ride the bus

☐ Have transportation, we don't mind driving to a further location

☐ Other: _____

Sibling Placement (mark one below that best fits your situation)

☐ If possible, place siblings together in the same classroom

☐ If possible, place siblings in SEPARATE classrooms

☐ No preference or not applicable

Head Start Preschool & Early Head Start Infant and Toddler Care Enrollment Application

Revised July 2020

Family Living, Mailing and Contact Information

Contact info for the PRIMARY ADULT in the Home

First Name of PRIMARY ADULT

E-mail Address

☐ Home ☐ Cell ☐ Work ☐ Message
( ) -
OK to text? ☐ Yes ☐ No

☐ Home ☐ Cell ☐ Work ☐ Message
( ) -
OK to text? ☐ Yes ☐ No

☐ Home ☐ Cell ☐ Work ☐ Message
( ) -
OK to text? ☐ Yes ☐ No

Contact Info for the SECONDARY ADULT in the Home

First Name of SECONDARY ADULT

E-mail Address

☐ Home ☐ Cell ☐ Work ☐ Message
( ) -
OK to text? ☐ Yes ☐ No

☐ Home ☐ Cell ☐ Work ☐ Message
( ) -
OK to text? ☐ Yes ☐ No

☐ Home ☐ Cell ☐ Work ☐ Message
( ) -
OK to text? ☐ Yes ☐ No

Family Living Address · Specify below

Street Number and Name	Unit / Space	City	Zip Code

Living Address Dwelling Type (mark one)

☐ House ☐ Apartment ☐ Condo or townhouse ☐ Duplex, triplex or 4-plex ☐ Mobile home or trailer ☐ Motel or hotel
☐ Emergency shelter or transitional housing

Family Mailing Address · Specify from Living Address

Street Number and Name	Unit / Space	City	Zip Code

Household Information

Household Members & Family Size · Specify how many people are living in the home

Example: Mother 1 Father 1 Your Children 3 Other Adults 0 Other Children 0 Household Total 5

Mother ⬇	Father ⬇	Your Children ⬇	Other Adults ⬇	Other Children ⬇	Household Total ⬇

Who are the OTHER ADULTS and OTHER CHILDREN in the home and what is their relationship to you?

Services Your Family Receives · Mark all applicable services your family is currently receiving

☐ WIC ☐ SNAP ☐ Energy Assistance Program (EAP) ☐ Section 8 ☐ HUD ☐ NONE

Program Referral · Specify how you heard about our early childhood programs

☐ Child Protective Services ☐ Facebook, Twitter or Instagram ☐ Flyer or Door Hanger ☐ School District
☐ Social Services ☐ Internet Search or Digital Ad ☐ Radio or Television ☐ Community Event
☐ Division of Child & Family Services ☐ Mail or E-mail ☐ Friend or Family ☐ Past Parent

☐ CSA Internal Referral: _____

☐ Other Outside Agency Referral: _____

Head Start Preschool & Early Head Start Infant and Toddler Care Enrollment Application

Parents / Guardians Living in the Home & Eligibility Interview - Part 1

PRIMARY ADULT in the Home

First Name | **MI**

Last Name (legal name)

Birth Date MM / DD / YY

Gender (mark one) ☐ Female ☐ Male

Marital Status (mark one)
☐ Married ☐ Separated ☐ Single ☐ Divorced ☐ Widow

Ethnicity (mark one)
☐ Hispanic ☐ Non-Hispanic

Race (mark all that apply)
☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ White
☐ African American / Black ☐ Unspecified

Primary Language / Spoken at Home (mark one)
☐ English ☐ Spanish ☐ Other: _____

Ability to Speak & Understand English (mark one)
☐ None ☐ Well / Moderate
☐ Little / Poor ☐ Very Well / Proficient

Highest Level of Education (mark one)
☐ Grade 9 or Less ☐ Some College
☐ High School Non-Graduate ☐ Associate Degree
☐ GED ☐ Bachelor's Degree
☐ High School Diploma ☐ Master's Degree

Medical Insurance Coverage (mark all that apply)
☐ Employer Provided ☐ Medicaid ☐ None
☐ Military Health Care ☐ Direct Purchase
☐ Medicare (disabled) ☐ State Coverage

Is the *Primary Adult*... (answer all below)

☐ Yes	☐ No	disabled?
☐ Yes	☐ No	an active duty member of the US military?
☐ Yes	☐ No	receiving military pay or military family allotments?
☐ Yes	☐ No	a veteran?
☐ Yes	☐ No	receiving veteran's benefits?

IN THE LAST 12 MONTHS, did the *Primary Adult*... (answer below)

☐ Yes	☐ No	stay at home to care for the children?
☐ Yes	☐ No	Have at least 1 job?
☐ Yes	☐ No	attend college, university or vocational school?
☐ Yes	☐ No	receive financial aid for school such as grants, scholarships, fellowships, or assistantships?

SECONDARY ADULT in the Home

First Name | **MI**

Last Name (legal name)

Birth Date MM / DD / YY

Gender (mark one) ☐ Female ☐ Male

Marital Status (mark one)
☐ Married ☐ Separated ☐ Single ☐ Divorced ☐ Widow

Ethnicity (mark one)
☐ Hispanic ☐ Non-Hispanic

Race (mark all that apply)
☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ White
☐ African American / Black ☐ Unspecified

Primary Language / Spoken at Home (mark one)
☐ English ☐ Spanish ☐ Other: _____

Ability to Speak & Understand English (mark one)
☐ None ☐ Well / Moderate
☐ Little / Poor ☐ Very Well / Proficient

Highest Level of Education (mark one)
☐ Grade 9 or Less ☐ Some College
☐ High School Non-Graduate ☐ Associate Degree
☐ GED ☐ Bachelor's Degree
☐ High School Diploma ☐ Master's Degree

Medical Insurance Coverage (mark all that apply)
☐ Employer Provided ☐ Medicaid ☐ None
☐ Military Health Care ☐ Direct Purchase
☐ Medicare (disabled) ☐ State Coverage

Is the *Secondary Adult*... (answer all below)

☐ Yes	☐ No	disabled?
☐ Yes	☐ No	an active duty member of the US military?
☐ Yes	☐ No	receiving military pay or military family allotments?
☐ Yes	☐ No	a veteran?
☐ Yes	☐ No	receiving veteran's benefits?

IN THE LAST 12 MONTHS, did the *Secondary Adult*... (answer below)

☐ Yes	☐ No	stay at home to care for the children?
☐ Yes	☐ No	Have at least 1 job?
☐ Yes	☐ No	attend college, university or vocational school?
☐ Yes	☐ No	receive financial aid for school such as grants, scholarships, fellowships, or assistantships?

Eligibility Interview - Part 2

PRIMARY ADULT in the Home

First Name

Current Employment Status (mark all that apply)

- ☐ Employed Full Time
- ☐ Employed Part Time
- ☐ Employed Seasonally
- ☐ Student Attending School
- ☐ Unemployed
- ☐ Retired or Disabled

Name of Current Employer (as it appears on check stubs or W-2 Form)

IN THE LAST 12 MONTHS, what were all sources of income received by the *Primary Adult?* (answer all below)

☐ Yes	☐ No	Employment with check stubs / W-2s
☐ Yes	☐ No	Self-employment earnings
☐ Yes	☐ No	Pay in cash from side jobs or tips
☐ Yes	☐ No	Unemployment benefits
☐ Yes	☐ No	Workers' Compensation
☐ Yes	☐ No	Retirement or pension
☐ Yes	☐ No	Regular support / help from friends or family
☐ Yes	☐ No	Social Security benefits such as retirement, disability insurance, or survivor's benefits
☐ Yes	☐ No	Supplemental Security Income (SSI cash aid)
☐ Yes	☐ No	Temporary Assistance for Needy Families (TANF cash aid)
☐ Yes	☐ No	Child support and/or spousal support (whether through court or private agreement)
☐ Yes	☐ No	Foster care or adoption subsidies

Did the *Primary Adult* receive ANY other types of income in the last 12 months NOT listed above?

☐ Yes ☐ No (If yes, specify below)

If NO to all income sources above, how did the *Primary Adult* take care of bills, rent, expenses, and family needs during the last 12 months? (explain below)

SECONDARY ADULT in the Home

First Name

Current Employment Status (mark all that apply)

- ☐ Employed Full Time
- ☐ Employed Part Time
- ☐ Employed Seasonally
- ☐ Student Attending School
- ☐ Unemployed
- ☐ Retired or Disabled

Name of Current Employer (as it appears on check stubs or W-2 Form)

IN THE LAST 12 MONTHS, what were all sources of income received by the *Secondary Adult?* (answer all below)

☐ Yes	☐ No	Employment with check stubs / W-2s
☐ Yes	☐ No	Self-employment earnings
☐ Yes	☐ No	Pay in cash from side jobs or tips
☐ Yes	☐ No	Unemployment benefits
☐ Yes	☐ No	Workers' Compensation
☐ Yes	☐ No	Retirement or pension
☐ Yes	☐ No	Regular support / help from friends or family
☐ Yes	☐ No	Social Security benefits such as retirement, disability insurance, or survivor's benefits
☐ Yes	☐ No	Supplemental Security Income (SSI cash aid)
☐ Yes	☐ No	Temporary Assistance for Needy Families (TANF cash aid)
☐ Yes	☐ No	Child support and/or spousal support (whether through court or private agreement)
☐ Yes	☐ No	Foster care or adoption subsidies

Did the *Secondary Adult* receive ANY other types of income in the last 12 months NOT listed above?

☐ Yes ☐ No (If yes, specify below)

If NO to all income sources above, how did the *Secondary Adult* take care of bills, rent, expenses, and family needs during the last 12 months? (explain below)

Head Start Preschool & Early Head Start Infant and Toddler Care Enrollment Application

Eligibility Interview · Part 3

Program Eligible Circumstances · Income may not be needed if any of the following apply (answer all below)

1 ☐ Yes ☐ No **Is any adult OR child in the home receiving TANF cash aid?**
The benefit letter will say "TANF NEON" or "TANF Child Only" on it. Bring the letter that states what you are receiving now.

2 ☐ Yes ☐ No **Is any adult OR child in the home receiving SSI cash aid?**
The benefit letter will say "Supplemental Security Income" on it. Bring the letter that states what you are receiving now.

3 ☐ Yes ☐ No **Is any child applicant OR minor pregnant woman applicant currently a foster child?**
Bring legal court documents OR the foster placement letter & foster license.

Family Housing Circumstances · The questions below are used to better determine your eligibility for the program because certain living circumstances may mean we do not need income documentation (answer all below)

4 **How would you identify your family's living situation?** (mark one option below that best fits your situation)

☐ Housing is owned by the *Primary Adult* and/or *Secondary Adult*
☐ Paying rent for housing
☐ No payment is made for housing and our living situation is PERMANENT
☐ We are in a temporary living situation and could be without housing at any time

5 ☐ Yes ☐ No **Is your family staying in a transitional housing project, emergency shelter or motel/hotel?**

If yes, where are you staying? _____

6 ☐ Yes ☐ No **Is your family temporarily staying with friends or family because you had nowhere else to go?**

(If yes, specify all the reasons you are staying with friends or family below)

☐ Loss of employment or income
☐ Financial or economic hardship
☐ Illness or medical reason
☐ Loss of housing due to danger, extreme conflict or similar reason
☐ Incarceration
☐ Eviction, foreclosure or other loss of home such as a house fire
☐ Natural disaster
☐ Separation from spouse / partner caused displacement

☐ Other not mentioned above: _____

_____

7 ☐ Yes ☐ No **Is your family staying at a place with inadequate facilities / substandard housing?**

(review scenarios below and, if yes, mark all applicable)

☐ RV, mobile trailer, car, park, campground, public spaces, etc.
☐ No adequate water, heat, electricity, kitchen, or plumbing
☐ Unsafe conditions (dangerous heat or electrical systems, rotting floors, mold, bug/rodent infestation, gas leak, etc.)
☐ Overcrowding in the home

☐ Other not mentioned above: _____

Describe your family's situation: _____

_____

8 ☐ Yes ☐ No **Is any child applicant OR minor pregnant woman applicant NOT in the physical custody of a biological parent or legal guardian due to any of the following circumstances?**

(review scenarios below and, if yes, mark all applicable)

☐ Loss of housing due to danger, extreme conflict, unsafe living conditions, or similar reasons
☐ Eviction, foreclosure or other loss of home such as a house fire
☐ Parents' financial/economic hardship, loss of employment or income, etc.
☐ Unstable situations such as parent incarceration, drug / alcohol abuse, etc.

Describe the situation: _____

_____

_____

Head Start Preschool & Early Head Start Infant and Toddler Care Enrollment Application

Revised July 2020

Children Applying for the Program - Part 1

Child Applicant 1

First Name

Last Name (as it appears on birth record)

Birth Date	Gender
MM / DD / YY	☐ Female ☐ Male

Ethnicity

☐ Hispanic ☐ Non-Hispanic

Race (mark all that apply)

☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ African American / Black
☐ White
☐ Unspecified

Primary Language

☐ English ☐ Spanish
☐ Other: _____

Ability to Speak & Understand English

☐ None ☐ Little ☐ Well ☐ Very Well

Medical & Dental Insurance Coverage

Medical	Dental	Mark all applicable for each
☐	☐	Medicaid
☐	☐	Medicare (disabled)
☐	☐	Nevada Check Up
☐	☐	Employer Provided
☐	☐	Direct Purchase
☐	☐	Military Health Care
☐	☐	Indian Health Services
☐	☐	NONE

Doctor Information

Doctor Name or Office Name

Telephone	Last Exam
	MM/YYYY

☐ Child DOES NOT have a doctor

Dentist Information

Dentist Name or Office Name

Telephone	Last Exam
	MM/YYYY

☐ Child DOES NOT have a dentist

Child Applicant 2

First Name

Last Name (as it appears on birth record)

Birth Date	Gender
MM / DD / YY	☐ Female ☐ Male

Ethnicity

☐ Hispanic ☐ Non-Hispanic

Race (mark all that apply)

☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ African American / Black
☐ White
☐ Unspecified

Primary Language

☐ English ☐ Spanish
☐ Other: _____

Ability to Speak & Understand English

☐ None ☐ Little ☐ Well ☐ Very Well

Medical & Dental Insurance Coverage

Medical	Dental	Mark all applicable for each
☐	☐	Medicaid
☐	☐	Medicare (disabled)
☐	☐	Nevada Check Up
☐	☐	Employer Provided
☐	☐	Direct Purchase
☐	☐	Military Health Care
☐	☐	Indian Health Services
☐	☐	NONE

Doctor Information

Doctor Name or Office Name

Telephone	Last Exam
	MM/YYYY

☐ Child DOES NOT have a doctor

Dentist Information

Dentist Name or Office Name

Telephone	Last Exam
	MM/YYYY

☐ Child DOES NOT have a dentist

Child Applicant 3

First Name

Last Name (as it appears on birth record)

Birth Date	Gender
MM / DD / YY	☐ Female ☐ Male

Ethnicity

☐ Hispanic ☐ Non-Hispanic

Race (mark all that apply)

☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ African American / Black
☐ White
☐ Unspecified

Primary Language

☐ English ☐ Spanish
☐ Other: _____

Ability to Speak & Understand English

☐ None ☐ Little ☐ Well ☐ Very Well

Medical & Dental Insurance Coverage

Medical	Dental	Mark all applicable for each
☐	☐	Medicaid
☐	☐	Medicare (disabled)
☐	☐	Nevada Check Up
☐	☐	Employer Provided
☐	☐	Direct Purchase
☐	☐	Military Health Care
☐	☐	Indian Health Services
☐	☐	NONE

Doctor Information

Doctor Name or Office Name

Telephone	Last Exam
	MM/YYYY

☐ Child DOES NOT have a doctor

Dentist Information

Dentist Name or Office Name

Telephone	Last Exam
	MM/YYYY

☐ Child DOES NOT have a dentist

Head Start Preschool & Early Head Start Infant and Toddler Care Enrollment Application

Children Applying for the Program · Part 2

Child Applicant 1

First Name

Does this child have a disability or any other special needs?

☐ Yes ☐ Suspected ☐ No

(If yes, specify below)

Does this child have documentation regarding special needs and/or disabilities?

☐ Yes (provide IFSP or IEP) ☐ No

Is this child receiving special education or some other early intervention services?

☐ Yes (specify where below) ☐ No

Relationship to Adults on Application

Primary Adult	Secondary Adult	Mark one for each adult
☐	☐	Biological Child
☐	☐	Step by Marriage
☐	☐	Grandchild
☐	☐	Other Relative
☐	☐	Adopted Child
☐	☐	Foster Child
☐	☐	No Legal or Blood Relationship

Family Type for This Child

☐ Two parents / guardians in same home
☐ Split custody & child lives in 2 homes
☐ One parent / guardian only
☐ Other (specify below)

Is there a court order or private agreement for custody, adoption, guardianship, or protection for this child?

☐ Yes (provide document) ☐ No

In the last 12 months, have you received child support for this child?

☐ Yes (provide document) ☐ No

Child Applicant 2

First Name

Does this child have a disability or any other special needs?

☐ Yes ☐ Suspected ☐ No

(If yes, specify below)

Does this child have documentation regarding special needs and/or disabilities?

☐ Yes (provide IFSP or IEP) ☐ No

Is this child receiving special education or some other early intervention services?

☐ Yes (specify where below) ☐ No

Relationship to Adults on Application

Primary Adult	Secondary Adult	Mark one for each adult
☐	☐	Biological Child
☐	☐	Step by Marriage
☐	☐	Grandchild
☐	☐	Other Relative
☐	☐	Adopted Child
☐	☐	Foster Child
☐	☐	No Legal or Blood Relationship

Family Type for This Child

☐ Two parents / guardians in same home
☐ Split custody & child lives in 2 homes
☐ One parent / guardian only
☐ Other (specify below)

Is there a court order or private agreement for custody, adoption, guardianship, or protection for this child?

☐ Yes (provide document) ☐ No

In the last 12 months, have you received child support for this child?

☐ Yes (provide document) ☐ No

Child Applicant 3

First Name

Does this child have a disability or any other special needs?

☐ Yes ☐ Suspected ☐ No

(If yes, specify below)

Does this child have documentation regarding special needs and/or disabilities?

☐ Yes (provide IFSP or IEP) ☐ No

Is this child receiving special education or some other early intervention services?

☐ Yes (specify where below) ☐ No

Relationship to Adults on Application

Primary Adult	Secondary Adult	Mark one for each adult
☐	☐	Biological Child
☐	☐	Step by Marriage
☐	☐	Grandchild
☐	☐	Other Relative
☐	☐	Adopted Child
☐	☐	Foster Child
☐	☐	No Legal or Blood Relationship

Family Type for This Child

☐ Two parents / guardians in same home
☐ Split custody & child lives in 2 homes
☐ One parent / guardian only
☐ Other (specify below)

Is there a court order or private agreement for custody, adoption, guardianship, or protection for this child?

☐ Yes (provide document) ☐ No

In the last 12 months, have you received child support for this child?

☐ Yes (provide document) ☐ No

Head Start Preschool & Early Head Start Infant and Toddler Care Enrollment Application

Child and Family Circumstances · Your honest completion of the following questions is greatly appreciated. This information is confidential and is used only to better understand your family's need for services. We want to serve those who need us the most.

Child Applicant Circumstances

Child Applicant 1	Child Applicant 2	Child Applicant 3	Consider the circumstances below and specify for each child applicant (answer all below)
First Name	First Name	First Name	
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Is this child transitioning from the Early Head Start infant & toddler program because he or she is or will be 3?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Has this child ever been exposed to abuse, neglect, violence or dysfunction in the home?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Has this child ever been removed from the home and placed in foster care or in the care of another person?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Does this child have behavior problems and/or emotional issues?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Has this child lost a parent due to death, abandonment, deportation, or incarceration?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Is Child Protective Services (CPS) involved in this child's life?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Is this child currently being cared for by someone other than the biological parent?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Has this child's parent OR guardian ever experienced problems with alcohol and/or substance abuse?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Has this child's parent OR guardian ever been incarcerated?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Has this child moved or changed residences more than 3 times in the last 12 months?

Pregnant Woman Applicant Circumstances · If this section is not applicable to your family, please cross this section out and skip to the *Need for Full Day Services* section.

How long has it been since your last pregnancy?

☐ Never pregnant before ☐ Less than 18 months ☐ More than 18 months

☐ Yes ☐ No **Do you have a history of any of the following?**

(review scenarios below and, if yes, mark all applicable)

☐ Lung, kidney or heart problems ☐ High blood pressure ☐ Diabetes ☐ Cancer
☐ Sexually transmitted diseases ☐ Miscarriage or stillbirth ☐ Premature labor ☐ Preeclampsia
☐ Family history of genetic disorders ☐ Autoimmune disease ☐ Seizure disorder

☐ Yes ☐ No **Have you used or been exposed to any of the following substances during your pregnancy?**

(review scenarios below and, if yes, mark all applicable)

☐ Secondhand smoke ☐ Cigarettes / Tobacco ☐ Alcohol ☐ Caffeine
☐ Non-prescription drugs ☐ Prescription drugs ☐ Street drugs

☐ Yes ☐ No **Are you receiving prenatal care?**

If yes, where are receiving care? _____

☐ Yes ☐ No **Are you YOUNGER than 17 OR OLDER than 35?**

Need for Full Day Services · For each adult, specify the need that best describes the situation

Primary Adult	Secondary Adult
☐ Working, training, or going to school	☐ Working, training, or going to school
☐ Need care to work or attend school	☐ Need care to work or attend school
☐ Retired or disabled, unable to work or attend school	☐ Retired or disabled, unable to work or attend school
☐ No plans to work or attend school	☐ No plans to work or attend school
	☐ Not applicable, the *Primary Adult* is a single parent

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Additional Children in the Home · Not child applicants

Additional Child 1

First AND Last Name (legal name) **Birth Date**

MM / DD / YY

Gender (mark one)
☐ Female ☐ Male

Ethnicity (mark one)
☐ Hispanic ☐ Non-Hispanic

Race (mark all applicable)
☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ White
☐ African American / Black ☐ Unspecified

Primary Language (mark one)
☐ English ☐ Spanish
☐ Other: _____

English Ability (mark one)
☐ None ☐ Well
☐ Little ☐ Very Well

Medical Insurance Coverage (mark all applicable)
☐ Employer Provided ☐ Medicaid ☐ Medicare (disabled)
☐ Military Health Care ☐ State Coverage ☐ Direct Purchase
☐ None

Diagnosed Disability
☐ Yes ☐ No

Receive child support for this child?
☐ Yes ☐ No

Relationship to Primary Adult
☐ Biological Child
☐ Other: _____

Relationship to Secondary Adult
☐ Biological Child
☐ Other: _____

Additional Child 2

First AND Last Name (legal name) **Birth Date**

MM / DD / YY

Gender (mark one)
☐ Female ☐ Male

Ethnicity (mark one)
☐ Hispanic ☐ Non-Hispanic

Race (mark all applicable)
☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ White
☐ African American / Black ☐ Unspecified

Primary Language (mark one)
☐ English ☐ Spanish
☐ Other: _____

English Ability (mark one)
☐ None ☐ Well
☐ Little ☐ Very Well

Medical Insurance Coverage (mark all applicable)
☐ Employer Provided ☐ Medicaid ☐ Medicare (disabled)
☐ Military Health Care ☐ State Coverage ☐ Direct Purchase
☐ None

Diagnosed Disability
☐ Yes ☐ No

Receive child support for this child?
☐ Yes ☐ No

Relationship to Primary Adult
☐ Biological Child
☐ Other: _____

Relationship to Secondary Adult
☐ Biological Child
☐ Other: _____

Additional Child 3

First AND Last Name (legal name) **Birth Date**

MM / DD / YY

Gender (mark one)
☐ Female ☐ Male

Ethnicity (mark one)
☐ Hispanic ☐ Non-Hispanic

Race (mark all applicable)
☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ White
☐ African American / Black ☐ Unspecified

Primary Language (mark one)
☐ English ☐ Spanish
☐ Other: _____

English Ability (mark one)
☐ None ☐ Well
☐ Little ☐ Very Well

Medical Insurance Coverage (mark all applicable)
☐ Employer Provided ☐ Medicaid ☐ Medicare (disabled)
☐ Military Health Care ☐ State Coverage ☐ Direct Purchase
☐ None

Diagnosed Disability
☐ Yes ☐ No

Receive child support for this child?
☐ Yes ☐ No

Relationship to Primary Adult
☐ Biological Child
☐ Other: _____

Relationship to Secondary Adult
☐ Biological Child
☐ Other: _____

Additional Child 4

First AND Last Name (legal name) **Birth Date**

MM / DD / YY

Gender (mark one)
☐ Female ☐ Male

Ethnicity (mark one)
☐ Hispanic ☐ Non-Hispanic

Race (mark all applicable)
☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ White
☐ African American / Black ☐ Unspecified

Primary Language (mark one)
☐ English ☐ Spanish
☐ Other: _____

English Ability (mark one)
☐ None ☐ Well
☐ Little ☐ Very Well

Medical Insurance Coverage (mark all applicable)
☐ Employer Provided ☐ Medicaid ☐ Medicare (disabled)
☐ Military Health Care ☐ State Coverage ☐ Direct Purchase
☐ None

Diagnosed Disability
☐ Yes ☐ No

Receive child support for this child?
☐ Yes ☐ No

Relationship to Primary Adult
☐ Biological Child
☐ Other: _____

Relationship to Secondary Adult
☐ Biological Child
☐ Other: _____

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Applicant Disclosure Notification

I hereby declare that the information contained in this application for program services is true and correct to the best of my knowledge and understanding. No false or misleading statements have been made by me or anyone representing me. The acceptance of the application DOES NOT guarantee that services will be performed under any program, and that services are dependent on many things including accurate applications, availability of funding and determination that the applicant qualifies for the program.

I hereby release, discharge, and exonerate Community Services Agency, their agents and representatives and any person furnishing information or examining information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns. I additionally authorize Community Services Agency and their agents and representatives to use the information that I have provided and aggregated with other customers and clients of Community Services Agency for any and all reporting and funding purposes.

Community Services Agency, its agents, partners and funding sources do not discriminate based on color, sex, age, religion, national origin, disability, marital status, sexual orientation, ancestry, or any other consideration made unlawful by the applicable discrimination laws. The USDA is an equal opportunity provider and employer.

YOUR SIGNATURE IS REQUIRED BELOW TO COMPLETE YOUR APPLICATION ⬇

SIGNATURE of Primary or Secondary Adult	PRINT your name	Today's Date
		MM / DD / YY