

CSA Head Start Enrollment Application

Revised 3/17/2010

Primary Adult – please complete the following for the parent/guardian living in the home that is the head of the household

First Name	MI	Last Name	Birth Date	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Ethnicity (select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				
Primary Language (select one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		English-Speaking Ability (select one) <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Well <input type="checkbox"/> Very Well		
Race (mark all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified <input type="checkbox"/> Other _____				
Relationship to Child Applying for Head Start (select one) <input type="checkbox"/> Biological Parent <input type="checkbox"/> Stepparent <u>by Marriage</u> <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adoptive/Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> No Legal/Blood Relationship				
Medical Insurance Coverage (mark all that apply) <input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Indian Health Services (IHS) <input type="checkbox"/> Private <input type="checkbox"/> Other _____				
Highest Level of Education (select one) <input type="checkbox"/> Grade 9 or Less <input type="checkbox"/> High School <u>Non-Graduate</u> <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree				
Current Employment Status (mark all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Training <input type="checkbox"/> Student <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Unemployed *If you are not employed, when did you last work? _____				
Sources of Income You Have Had for the Last Year (mark all that apply) <input type="checkbox"/> TANF/SSI Cash Aid <input type="checkbox"/> Employment/Self-Employment <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> School Grants/Scholarships <input type="checkbox"/> Foster Care/Adoption Subsidy <input type="checkbox"/> Social Security <input type="checkbox"/> No Income Sources <input type="checkbox"/> Other Sources _____				

Secondary Adult – please complete the following for the other parent/guardian living in the home

First Name	MI	Last Name	Birth Date	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Ethnicity (select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				
Primary Language (select one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		English-Speaking Ability (select one) <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Well <input type="checkbox"/> Very Well		
Race (mark all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified <input type="checkbox"/> Other _____				
Relationship to Child Applying for Head Start (select one) <input type="checkbox"/> Biological Parent <input type="checkbox"/> Stepparent <u>by Marriage</u> <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adoptive/Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> No Legal/Blood Relationship				
Medical Insurance Coverage (mark all that apply) <input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Indian Health Services (IHS) <input type="checkbox"/> Private <input type="checkbox"/> Other _____				
Highest Level of Education (select one) <input type="checkbox"/> Grade 9 or Less <input type="checkbox"/> High School <u>Non-Graduate</u> <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree				
Current Employment Status (mark all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Training <input type="checkbox"/> Student <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Unemployed *If you are not employed, when did you last work? _____				
Sources of Income You Have Had for the Last Year (mark all that apply) <input type="checkbox"/> TANF/SSI Cash Aid <input type="checkbox"/> Employment/Self-Employment <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> School Grants/Scholarships <input type="checkbox"/> Foster Care/Adoption Subsidy <input type="checkbox"/> Social Security <input type="checkbox"/> No Income Sources <input type="checkbox"/> Other Sources _____				

CSA Head Start Enrollment Application

Revised 3/17/2010

Living and Contact Information – please provide as much contact information as you can

Living Address Unit/Space # City State Zip Code

Mailing Address Unit/Space # City State Zip Code

Primary Phone Secondary Phone Additional Phone
 Home Cell Work Message () - () - () -
 Home Cell Work Message () - () - () -
 Home Cell Work Message () - () - () -

E-mail Address

Current Housing Situation (select one)

Paying Rent Do Not Pay Rent Own My Home Homeless

Dwelling Type (select one)

Apartment (a) Single-Family House (b) Condo/Townhouse (c) Duplex/Triplex/4-plex (d) Mobile Home/Trailer (e)
 Motel/Hotel (f) Shelter (g) Park, Street, Car or Campsite (h)

Transportation Situation (select one)

Car (1) Car of Friend or Relative (2) Public Transportation (3) No Transportation (4)

How did you hear about Head Start? (select one)

Phone Book (i) Internet Website (j) Radio (k) Television (l) Family (m) Friend (n) Outside Agency Referral (o)
 Newspaper (p) Community Events (q) Poster/Flyer (r) CSA/HS Internal Referral (t)

Is your family receiving any of the following services? (mark all that apply)

WIC Food Stamps Energy Program Assistance Section 8 Housing HUD Housing Assistance No Services

Family Type (mark all that apply)

Two-Parent Family (v) Mother Figure Only - Single-Parent Family (w) Father Figure Only - Single-Parent Family (x) Grandparent Family (y)
 Foster Family (y) Other Relatives (y)

Family Size (please specify how many adults and children are living in the home)

Adults: _____ Children: _____

Program Applicant Disclosure Statement (signature required)

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.

Applicant's Signature _____ Today's Date _____

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

CSA Head Start Enrollment Application

Revised 3/17/2010

Head Start Applying Child – please complete the following for the child you would like to enroll in the CSA Head Start Program

First Name MI Last Name Birth Date Social Security Number

Gender Male Female Are you disabled? Yes No Ethnicity (select one) Hispanic Non-Hispanic

Primary Language (select one) English-Speaking Ability (select one)
 English Spanish Other _____ None Poor Well Very Well

Race (mark all that apply)
 Asian Black Native American Pacific Islander White Unspecified Other _____

Medical Insurance Coverage (mark all that apply)
 None
If you have Medicaid, please select the type of plan you have:
 Medicaid's Amerigroup Community Care Medicaid's Health Plan of Nevada Medicaid – not sure of which plan I have
*Medicaid Number: _____
Other Insurance Types:
 Nevada Check Up IHS (Federal Health Services for American Indians/Alaskan Natives) Private Other: _____
*Insurance ID Number: _____

Does the child have a doctor? Yes No When was the child's last physical exam? _____ (mm/yyyy)

Doctor's Name or Office Name Address Phone Number

Does the child have a dentist? Yes No When was the child's last dental exam? _____ (mm/yyyy)

Dentist's Name or Office Name Address Phone Number

Does the child have a medical condition such as history of asthma, allergies, seizures, etc. that would require medication, accommodation or restriction in the classroom or during outside play? Yes No

What is the condition? _____

Does your child take medication for this condition? Yes No

When was this condition diagnosed? _____

Which doctor's office would have this information on file? _____

Does the child have diagnosed special needs and/or disabilities? Yes No

Do you as the parent/guardian of the child have a concern for special needs and/or disabilities? Yes No

Please specify your concerns _____

Preferred Classroom _____ Secondary Classroom _____

Preferred Session Time (mark all that apply)

- Morning (8:00 a.m. to 11:30 a.m., Monday thru Thursday)
- Afternoon (1:00 p.m. to 4:30 p.m., Monday thru Thursday)
- Extended Day (8:00 a.m. to 1:00 p.m., Monday thru Thursday)
- Full Day (7:45 a.m. to 5:15 p.m., Monday thru Friday)

* Space in the Full Day and Extended Day sessions are limited

Secondary Session Time (mark all that apply)

- Morning (8:00 a.m. to 11:30 a.m., Monday thru Thursday)
- Afternoon (1:00 p.m. to 4:30 p.m., Monday thru Thursday)
- Extended Day (8:00 a.m. to 1:00 p.m., Monday thru Thursday)
- Full Day (7:45 a.m. to 5:15 p.m., Monday thru Friday)

* Space in the Full Day and Extended Day sessions are limited

Additional Selection Criteria / Waitlist Priority (mark all that apply)

- Applying Head Start family is currently homeless
- One or both parents of the Head Start applying child are incarcerated
- Head Start applying child is transitioning from the Early Head Start Program
- Head Start applying child is being referred from The Child Find Project
- None of the above are applicable

