EARLY HEAD START APPLICATION

Supplemental Information

Child Information

Race: ☐Black or African American ☐Asian ☐Native Hawaiian or Pacific Islander ☐White ☐Native American or Alaskan Native ☐Other	Ethnicity: Hispanic ☐ Yes ☐ No
Language: Primary	Secondary
Nationality:	
Ethnicity:	

Family Member Information

Adults

First and Last Name: (Enter Primary Adult First)	Date of Birth	Gender	Education Level (B1)	Employment Status (B2)	Notes (B3)
(A01)		☐M ☐F			
(A02)		☐M ☐F			
(A03)		☐M ☐F			

(B1) = Last Grade Completed Codes
G9 – Up to 9th Grade GED – Gen Ed. Diploma
G10 – 10th Grade HSG – High School Diploma
G11 – 11th Grade COL – Some College
G12 – 12th Grade CTG – College Degree

(B2) – Employment Status Code
F – Full Time U – Unemployed
P – Part Time R – Retired
S – Seasonal T – Training/School
B – Work/Training

(B3) – Notes
For Example: Occupation, Training Programs, Etc

Children

First and last name of children in home	Date of Birth	Gender	Related to (D1)	How Related (D2)	Notes (D3)
1 Applicant Child ----------					
2		☐M☐F			
3		☐M☐F			
4		☐M☐F			
5		☐M☐F			
6		☐M☐F			

Related to Codes (D1)
B12 – Both Adults
A01 – Primary Adult
A02 – Secondary Adult
A03 – Other Adult

How Related Codes (D2)
C – Natural Child O – Other
G – Grand Child
F – Foster Child
N – Niece / Nephew

Participation Status Codes (D3)
A – Applied Child
O – Too old for program
P – Previous Head Start Family
E – Early Head Start Age Eligible

Medical Insurance

☐Denali KidCare ☐Medicaid ☐Military ☐Native Health ☐Private ☐Other : (Please List)

Doctor

Name:	Office:	Phone: ( ) -

Dentist

Name:	Office:	Phone: ( ) -

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:_____