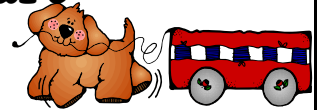




Lee County Head Start/Early Head Start Application Form



Natural Father Step Father Guardian

Last name _____ First Name _____

Address _____ Birth date _____

Country where you were born (if not USA): _____

Lives with Family yes no Provides Financial Support yes no
(for example: rent, child care, bills, child's expenses)

Education: Highest grade completed _____

Do you have a GED or High School Diploma? yes no Attending Training or School
Completed AA degree or certified training program Bachelor's Degree from United States

Present employment: Full time over 35 hours/week Part Time less than 35 hours/week
Unemployed Disabled Retired Homemaker

Place of employment: _____ Phone: _____

Teen Parent? (when child was born) yes no

Natural Mother Step Mother Guardian

Last Name _____ First Name _____

Address _____ Birth date _____

Country where you were born (if not USA): _____

Lives with Family yes no Provides Financial Support yes no
(for example: rent, child care, bills, child's expenses)

Education: Highest grade completed _____

Do you have a GED or High School Diploma? yes no Attending Training or School
Completed AA degree or certified training program Bachelor's Degree from United States

Present employment: Full time over 35 hours/week Part Time less than 35 hours/week
Unemployed Disabled Retired Homemaker

Place of employment: _____ Phone: _____

Teen Parent? yes no Are you Pregnant? yes no
(when child was born) Due date: _____

Martial Status: Married Separated Divorced Living Together Single

Primary Language in the home: _____

Does your child speak English? Yes Some No

Children Information: How many children are in your family? _____

List the names of All children in your family, living in your home.

Legal Name	Relationship to parent or guardian	Date of Birth	Age	Sex	Name of School Attending	Grade in School

Other people living in the home: (All other adults and children not already listed.)

Legal Name	Relationship to child	Date of birth	Sex

Emergency Contacts (relatives, neighbors, friends):

Name _____	Relationship _____
Home # _____	Work # _____ Cell # _____
Name _____	Relationship _____
Home # _____	Work # _____ Cell # _____

Are you currently involved with:

- | | | |
|--|-----------------------------|------------------------------|
| Children and Families (HRS) Protective Services? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Counseling or Parenting Services? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Healthy Families from Children's Home Society? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Healthy Start? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

Health/Child Development:

Do you or anyone in your family have health problems or a disability? No Yes

If yes, name: _____ explain: _____

Do they receive SSI? No Yes

Does your child have Medicaid? No Yes Number: _____ Need Card

Does your child have Healthy Kids (CHIP)? No Yes Number: _____ Need Card

Does your child have private insurance? No Yes Does it cover dental? No Yes

Was alcohol or drugs used during pregnancy with your child? No Yes

Was your child born prematurely or with a low birth weight? No Yes

Do you have concerns about your child's behavior or development at home? No Yes

Has your child been asked to withdraw from a day care center for behavior? No Yes

Has your child been evaluated for a behavior or emotional concern? No Yes

Has your child ever been tested for speech or other disability? No Yes

Has your child attended preschool in an elementary school? No Yes

Has your child been in an ESE classroom (Special Education)? No Yes

Check yes or no:

Do you have a temporary living arrangement due to loss of housing or economic hardship? No Yes

Are you receiving Section 8 housing/HUD/rent assistance? No Yes

Is the child's parent incarcerated (in jail)? No Yes

Have you or a family member been a victim of domestic violence? No Yes

Are you receiving WIC now?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is part or all of your child's day care paid for by 4Cs child care agency?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you receive child support?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does your family have a car?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Are you buying your home?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Are you renting your home?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Family Income: (Please report all money sources received by your family members.)

Name	Relationship to child	Amount of Gross Income or Unemployment	How often are you paid?	Amount of Child Support	TANF or AFDC or SSI disability	Retirement income

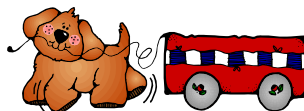
I certify that the above information is true and correct. All income is reported.

I further understand that any person, who knowingly does not tell the truth, hides information, pretends to be someone else, or does not give all the information needed, **will be asked to leave the program.**

I understand that the information on this form is being given to determine eligibility for a program paid for by the US Federal government.

Parent/Guardian Signature

Date



REVISED 12/08 SLB