



# Pickaway County Early Head Start & Head Start Application



EHS- 465 E. Ohio St P.O. Box 697 , Circleville(740) 474-9544 \*HS-145 E. Corwin St, Circleville (740)474-7411

## Applicant (child applying for services)

First	Middle	Last	Birthdate	Gender
Race		Hispanic	Primary Language Spoken	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> English	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Other	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		Specify:	
<input type="checkbox"/> Other: _____				
Primary Health Coverage		Insurance #	Doctor	Dentist
<input type="checkbox"/> Molina				
<input type="checkbox"/> Care Source				
<input type="checkbox"/> Other : List _____				

## Adult 1

First	Middle	Last	Birthdate	Gender
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply for this adult:
<input type="checkbox"/> Diploma or GED	<input type="checkbox"/> Full Time	<input type="checkbox"/> Natural/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Part Time	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Baccalaureate Degree	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Niece/Nephew		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Less than HS graduate Last grade _____	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Foster		If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Other		
	<input type="checkbox"/> Part Time & Training			
	<input type="checkbox"/> Training or School			
	<input type="checkbox"/> Retired or Disabled			
E-mail Address: _____				Face Book Account? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Adult 2

First	Middle	Last	Birthdate	Gender
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply for this adult:
<input type="checkbox"/> Diploma or GED	<input type="checkbox"/> Full Time	<input type="checkbox"/> Natural/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Part Time	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Baccalaureate Degree	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Niece/Nephew		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Less than HS graduate Last grade _____	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Foster		If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Other		
	<input type="checkbox"/> Part Time & Training			
	<input type="checkbox"/> Training or School			
	<input type="checkbox"/> Retired or Disabled			
E-mail Address: _____				Face Book Account? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Additional Children in the home under 18 years

First	Middle	Last	Birthdate	Gender	Currently Enrolled In Early/Head Start
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

## Transportation Services (for Head Start only)

I wish for Head Start to provide transportation  I will self transport

Pick Up Address: \_\_\_\_\_

Drop off Address: \_\_\_\_\_

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Information**

Living Address	Address Line 2	Zip	City	State	County
Mailing Address (if different)	Address Line 2	Zip	City	State	County
Phone Numbers	Type ( <i>check one</i> )			Note ( <i>for example, an extension or best time to call</i> )	
	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other	
	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other	
	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other	
Single Parent Household	Primary Language at Home	Homeless Family	Military Family	Referred by Child Welfare Agency	Receiving Food Stamps
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Program Attending:** Circleville Ashville Westfall EHS Home Base EHS Center Base

**Child and Family History**

Do you have concerns about your child's development? (walking, talking, playing, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Do you have concerns about your child's behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Do you have speech concerns about your child	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Do you have any other concerns about your child	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Are any members of your household currently incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did your child relocate from a different Head Start program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about Early Head Start and Head Start?		

**Family Income**

TANF/OWF/Cash	Supplemental Security Income (SSI)	WIC	Total # in Household (related by blood, marriage or adoption)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

All persons making application to Early / Head Start Must attach one of the following documents as proof of gross family income.

**Office Use Only**

Verification of Income: (Please mark all that apply)

1040 Tax Form  W2  Child Support  Pay Stub(last 12 months)  Unemployment  Other Explain: \_\_\_\_\_

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Under 100% Income  Screened By \_\_\_\_\_ Date Verified \_\_\_\_\_

100%-130% Income  Verified By \_\_\_\_\_ Date Verified \_\_\_\_\_

Over 100% Income

Income Notes: \_\_\_\_\_ Yearly Income \$ \_\_\_\_\_

**Certification:** *I certify that this information is true. If any part is false, my participation in this 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. I have also received a copy of the agency HIPPA document.*

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_