

**Emanuel County Early Head Start
308 Tiger Trail
Swainsboro, GA 30401
478-237-3434**

Applicant & Family Member Information

Child Applicant					
Name:		Nickname	Birthday	Gender	SSN Alt ID
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Primary Health Coverage	Other Coverage	Medicaid Eligibility	Child's Doctor	Family Dentist	Diagnosed Allergies
		<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially			
Diagnosed Health Problems	Diagnosed Disability	Do you suspect a developmental delay? (circle all that apply)			
		Learning Vision Hearing Physical Speech			

Primary Adult						
Name:		Birthday	Gender	SSN	Alt ID	
Race		Hispanic	English Proficiency	Are you pregnant?	Are you currently in school?	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when is your due date?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:		
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Some College <input type="checkbox"/> Adv. Training <input type="checkbox"/> Master's	<input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> HS Graduate <input type="checkbox"/> < Grade 9 <input type="checkbox"/> GED	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled Place of employment: _____	<input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Child <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent

Secondary or Other Adult						
Name:		Birthday	Gender	SSN	Alt ID	
Race		Hispanic	English Proficiency	Are you pregnant?	Are you currently in school?	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when is your due date?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:		
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Some College <input type="checkbox"/> Adv. Training <input type="checkbox"/> Master's	<input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> HS Graduate <input type="checkbox"/> < Grade 9 <input type="checkbox"/> GED	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled Place of employment: _____	<input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Child <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent

Additional Child in Household (Non-Applicant) *				
Name:	Enrolled in Head Start?	Birthday	Gender	SSN

Additional Child in Household (Non-Applicant) *				
Name:	Enrolled in Head Start?	Birthday	Gender	SSN

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Family Information, Income & Contacts

Family Information								
Family Living Address								
Living/Street Address				ZIP	City	State	County	
Same as living? <input type="checkbox"/> Yes <input type="checkbox"/> No				Mailing Address		ZIP	City	State
Contact Name/Phone Number		Type (check one)		Note (for example, an extension or best time to call)				
		<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						
Parents Living in the Home? <input type="checkbox"/> One <input type="checkbox"/> Two	Number In Household?	Homeless Family <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Duty Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by Child Welfare Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving WIC <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You A Migrant Family? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Family Income							
Income Verified by (office use)			Verification Date (office use)		Does family receive TANF?		Does family receive SSI?
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No
List ALL sources of income for the family including employment, child support, financial aid, SSI, etc.)				Referred By: (How did you hear about EHS?)			
Family Member	Amount	Per (week, month, year)	Annual Amount	Description (SSI, Job, Child Support, Financial Aid)	Verification (for example: W2, check stub)	Note	
	\$		\$				
	\$		\$				
	\$		\$				
List Members of Household (and their relationship to the child)							
1.		3.		5.			
2.		4.		6.			

Alternate Contacts								
Contact 1	Name					Relationship		
	Street Address					City	State	Zip Code
	Phone Number 1		Phone Number 2		Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Contact 2	Name					Relationship		
	Street Address					City	State	Zip Code
	Phone Number 1		Phone Number 2		Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

List any specific family need or crisis _____

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.

Parent/Guardian Signature _____

Date _____