



First, check any category that may apply (stop if one applies)

- SSI
- Public Assistance: TANF, Reach Up, Snap
- Foster Care
- Homeless/McKinney Vento Act (live with family, friends or other due to cost of housing)

Or circle your gross household income:

Annual Household /Family Size	<i>Income</i>	Gross Annual	Gross Annual	Gross Annual
1	-	\$15,060	19,578	30,120
2	-	\$20,440	26,572	40,880
3	-	\$25,820	33,566	51,640
4	-	\$31,200	40,560	62,400
5	-	\$36,580	47,554	73,160
6	-	\$41,960	54,548	83,920
7	-	\$47,340	61,542	94,680
8	-	\$52,720	68,536	105,440
9	-	\$58,100	75,530	116,200
10	-	\$63,480	82,524	126,960

Monthly Household /Family Size	<i>Income</i>	Monthly	Monthly	Monthly
1	-	\$1,255	1,632	2,510
2	-	\$1,703	2,214	3,407
3	-	\$2,152	2,797	4,303
4	-	\$2,600	3,380	5,200
5	-	\$3,048	3,962	6,097
6	-	\$3,497	4,546	6,993
7	-	\$3,945	5,129	7,890
8	-	\$4,393	5,711	8,787
9	-	\$4,842	6,294	9,683
10	-	\$5,290	6,877	10,580



Capstone Community Action  
 Head Start/Early Head Start  
 20 Gable Place, Barre, VT 05641  
 1-800-639-1053 or 802-479-1053

Local Head Start Office:



Program: HS EHS EHS-Care Partnership

Option: HB CB  Classroom/Provider: \_\_\_\_\_

**Child Information**

Child's Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_

Or EHS Prenatal Applicant:  (Mother below) Due Date: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity check if  Hispanic Secondary Language: \_\_\_\_\_

Child's health insurance: No Coverage Dr.Dynasaur Medicaid Private Other: \_\_\_\_\_

Has the child received a disability or special health needs diagnosis? Y N

If yes, what? \_\_\_\_\_ By whom? \_\_\_\_\_

**Household Information**

Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: check if  Hispanic

Living Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone #s: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Child Lives With: Y N

Email address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: check if  Hispanic

Living Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone #s: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_ Child Lives With: Y N

Email address: \_\_\_\_\_

**\*\*Additional adults & children in household:**

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

**Alternative Contact Information**

Local Contact Person: Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone #s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Message) \_\_\_\_\_ (Email) \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Application was completed in-person by phone virtual other (specify) \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Capstone Head Start honors community diversity and does not discriminate in hiring or providing services on the basis of race, color, culture, language, national origin, religion, creed, political affiliation, family composition, marital status, sexual orientation, class, gender, gender identity, age or mental/sensory/physical abilities.