Emanuel County Early Head Start

308 Tiger Trail
Swainsboro, GA 30401
478-237-3434

Applicant & Family Member Information

Child Applicant

Name:	Nickname:	Gender	Birthday

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other: _____	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ Poor ☐ Moderate ☐ Proficient

Primary Health Coverage	Other Coverage	Medicaid Eligibility	Child's Doctor	Family Dentist	Diagnosed Allergies
		☐ Not Eligible ☐ On Medicaid ☐ 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	Do you have a disability?

Race	Hispanic	English Proficiency	Are you pregnant?	Are you currently in school?
☐ Asian ☐ American Indian ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other: _____	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient	☐ Yes ☐ No **If yes, when is your due date?** _____	☐ Yes ☐ No **If yes, where?** _____

Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:
☐ Associate's ☐ Grade 10 ☐ Bachelor's ☐ Grade 11 ☐ Some College ☐ HS Graduate ☐ Adv. Training ☐ < Grade 9 ☐ Master's ☐ GED	☐ Full Time ☐ Full Time & Training ☐ Part Time ☐ Part Time & Training ☐ Seasonal ☐ Training or School ☐ Unemployed ☐ Retired or Disabled	☐ Natural/Adopted/Step ☐ Grandchild ☐ Niece/Nephew ☐ Foster ☐ Other	☐ Yes ☐ No	☐ Lives with Child ☐ Provides Financial Support ☐ Teen Parent

Email address

Secondary or Other Adult

Name:	Birthday	Gender	Do you have a disability?

Race	Hispanic	English Proficiency	Are you pregnant?	Are you currently in school?
☐ Asian ☐ American Indian ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other: _____	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient	☐ Yes ☐ No **If yes, when is your due date?** _____	☐ Yes ☐ No **If yes, where?** _____

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Email address

Additional Child in Household (Non-Applicant) *

Name:	Enrolled in Head Start?	Birthday	Gender	Has a disability?

Additional Child in Household (Non-Applicant) *

Name:	Enrolled in Head Start?	Birthday	Gender	Has a disability?

** 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?	Mailing Address	ZIP	City	State
☐ Yes ☐ No				

Contact Name/Phone Number	Type (*check one*)	Note (*for example, an extension or best time to call*)
	☐ Cell ☐ Home ☐ Work ☐ Other	
	☐ Cell ☐ Home ☐ Work ☐ Other	
	☐ Cell ☐ Home ☐ Work ☐ Other	

Parents Living in the Home?	**Number In Household?**	**Homeless Family**	Active Duty Military	Referred by Child Welfare Agency	**Receiving Food Stamps**	Receiving WIC	Are You A Migrant Family?
☐ One ☐ Two		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Family Income

Income Verified by (office use)	Verification Date (office use)	**Does family receive TANF?**	**Does family receive SSI?**
		☐ Yes ☐ No ☐ Formerly on TANF/Not now	☐ Yes ☐ 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**	
	☐ Cell ☐ Home ☐ Work		☐ Cell ☐ Home ☐ Work		☐ Cell ☐ Home ☐ Work

Contact 2

Name				Relationship	
Street Address		**City**		**State**	**Zip Code**
Phone Number 1		**Phone Number 2**		**Phone Number 3**	
	☐ Cell ☐ Home ☐ Work		☐ Cell ☐ Home ☐ Work		☐ Cell ☐ Home ☐ 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 _____