

alameda family services
 Early Childhood & Family Support Services Division
Head Start / Early Head Start Enrollment Application

APPLICANT(S)

Child's Name: _____ Male Female DOB: _____ EHS HS
 Hispanic AND White Asian Native American Black Primary Language: _____
 Non-Hispanic Pacific Islander Multi-Racial (*check all that apply*) Other: _____ ENGLISH? Proficient Moderate None
(circle one)

Child's Name: _____ Male Female DOB: _____ EHS HS
 Hispanic AND White Asian Native American Black Primary Language: _____
 Non-Hispanic Pacific Islander Multi-Racial (*check all that apply*) Other: _____ ENGLISH? Proficient Moderate None
(circle one)

Pregnant Mother: _____ DOB: _____ Due Date: _____
 Hispanic AND White Asian Native American Black Primary Language: _____
 Non-Hispanic Pacific Islander Multi-Racial (*check all that apply*) Other: _____ ENGLISH? Proficient Moderate None
(circle one)

GUARDIANSHIP & EMPLOYMENT

Parental Status: Single Two Parent Foster Non-Parent Guardianship Joint/Shared Custody

Parent/Guardian-Primary Contact (A1): Lives with your family Provides Financial Support Teen Parent

Relationship to child: Biological Parent Adoptive Parent Step Parent Grandparent Foster Parent Relative non-Grandparent

First Name: _____ Last Name: _____ Male Female DOB: _____

Hispanic AND White Asian Native American Black Language at Home: _____
 Non-Hispanic Pacific Islander Multi-Racial (*check all that apply*) Other: _____

Preferred Language: _____

Last Grade Completed: Grade 9 or less Grade 10 Grade 11 Grade 12 GED High School Graduate
 Associate's Degree Bachelor's Degree Master's Degree (or above) Training Certificate

Employment Status (check all that apply):

_____ *Occupation / School* Full-Time Work (36+hrs/wk or more) Full-Time & School Retired / Disabled
 Part-Time Work (Under 36 hrs/wk) Part-Time & School Training / School
 Unemployed Seasonal Employment

Parent/Guardian Secondary Contact (A2): Lives with your family Provides Financial Support Teen Parent

Relationship to child: Biological Parent Adoptive Parent Step Parent Grandparent Foster Parent Relative Non-Grandparent

First Name: _____ Last Name: _____ Male Female DOB: _____

Hispanic AND White Asian Native American Black Language at Home: _____
 Non-Hispanic Pacific Islander Multi-Racial (*check all that apply*) Other: _____

Preferred Language: _____

Last Grade Completed: Grade 9 or less Grade 10 Grade 11 Grade 12 GED High School Graduate
 Associate's Degree Bachelor's Degree Master's Degree (or above) Training Certificate

Employment Status (check all that apply):

_____ *Occupation / School* Full-Time Work (36+hrs/wk or more) Full-Time & School Retired / Disabled
 Part-Time Work (Under 36 hrs/wk) Part-Time & School Training / School
 Unemployed Seasonal Employment

RESIDENCY**Housing:** Homeless Alameda Point Midway Shelter Shared Housing Public Rent OwnPrimary Residence: _____, CA _____
Number, Street & Apartment # Zip Code

Mailing / Other Address: _____, CA _____

Home () _____ Cell/Work () _____ Other () _____

 Yes I want to receive important cellular text message notifications from the Program.

Email: _____

 Yes I want to receive important Email notifications from the Program.**HOUSEHOLD**

Total number of family members living in the same household as the applicant(s) who are financially supported by, and related by blood, marriage or adoption to the parent/guardian(s) listed above: _____

List family member(s) who were included in the number reported above, but not already listed in this application:

Name	DOB	Age	Relationship	Gender	Occupation (if over 18)
_____	_____	_____	_____	M F	_____
_____	_____	_____	_____	M F	_____
_____	_____	_____	_____	M F	_____
_____	_____	_____	_____	M F	_____

INCOMEDoes any family member living in the household receive benefits from TANF, SSI or Cal-Works? No Yes

If yes, who and what type of benefit? _____

Total household's income over the last 12 months? \$ _____

If zero, how is the family being supported financially? _____

ADDITIONAL FACTORSDoes any member of your household have a diagnosed disability or have other special needs? No Yes

If yes, name(s): _____

Diagnosis/Condition: _____ IEP IFSP

Receiving treatment and/or services from: _____

Is or was any applicant listed enrolled in Head Start or Early Head Start? No Yes Year(s): _____

If yes, name(s): _____ Location(s): _____

Are there any family circumstances that warrant additional placement consideration, such as death, divorce, mental health issues, serious medical conditions, incarceration, domestic violence, substance abuse, child abuse?

 No Yes

If yes, explain briefly: _____

CERTIFICATION*Documentation of proof of birth and household income must be submitted with this application. Documentation may include any of the following: Notice of Action, W2, Tax Return (first page), recent pay stub, year-to-date income, child support, unemployment, letter from employer or signed statement of no-income. Verification of income will be conducted by Alameda Head Start prior to acceptance into any program option. Documentation of work and/or school schedule for each adult member of the household will be required for households seeking placement in center-based options offering more than part-day services. A copy of an applicant's signed IEP or IFSP MUST be submitted for priority placement consideration.*

Name of person completing application if not the child's legal guardian: _____

Relationship to the child/family: _____ Phone () _____

I hereby certify by this signature that the information presented in this application is true and correct._____
Parent/Guardian's Signature_____
Date