



# HEAD START/EARLY HEAD START

Making a Measurable Difference in the Lives of Children and Families

A division of



Community Service Programs of West Alabama, Inc.

## Application Instructions

1. Complete each page. Please print
2. Sign and date the enrollment form.
3. Return application with the following:
  - a. Family income (check stub, written statement, W2)
  - b. Child's Medicaid card
  - c. Child's birth certificate
  - d. Child's immunization record (blue card)
  - e. Physical Examination/Assessment form
  - f. Dental Examination/Treatment form
4. Contact us if there are any changes in your address, telephone number or the number of family members.

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If you have any questions, please call a Family Health Case Manager at your local Head Start Center.

**Bibb County**  
205-938-9469

**Hale County (Moundville)**  
205-371-4255

**Tuscaloosa (Alberta)**  
205-556-2613

**Fayette County**  
205-932-3560

**Hale County (Sawyerville)**  
334-624-4014

**Tuscaloosa (McDonald Hughes)**  
205-759-5490

**Greene County**  
205-372-2810

**Lamar County**  
205-695-6588

**Tuscaloosa (Early Head Start)**  
205-554-0550

Thank you for your interest in Head Start/Early Head Start.



# HEAD START/EARLY HEAD START

## Application for Enrollment

A division of



Community Service Programs of West Alabama, Inc.

### Applicant Information

Complete for individuals applying to Head Start Program.

Primary Adult Name \_\_\_\_\_

Birthday \_\_\_\_\_

Applicant Name \_\_\_\_\_

Birthday \_\_\_\_\_

Primary Adult/Family Member 1					
General					
Family Member (circle one): Adult Child		If Adult (circle one): Primary Adult Secondary Adult Third/Other Adult			
Last	First	Middle	Preferred	Suffix	
Birthday			Gender: Male Female		
Complete if Family Member is a Child			Complete if Family Member is an Adult		
Adult Name	Child's Relationship	Custody?	Lives w/ Family? Yes No		
		Yes No	Provides Financial Support? Yes No		
		Yes No	Highest Grade Completed	Present Employment Status	
Releases Signed? Yes No	Date Signed		Teen Parent? Yes No	Subsidized? Yes No	
Family Member 2					
General					
Family Member (circle one): Adult Child		If Adult (circle one): Primary Adult Secondary Adult Third/Other Adult			
Last	First	Middle	Preferred	Suffix	
Birthday			Gender: Male Female		
Complete if Family Member is a Child			Complete if Family Member is an Adult		
Adult Name	Child's Relationship	Custody?	Lives w/ Family? Yes No		
		Yes No	Provides Financial Support? Yes No		
		Yes No	Highest Grade Completed	Present Employment Status	
Releases Signed? Yes No	Date Signed		Teen Parent? Yes No	Subsidized? Yes No	
Family Member 3					
General					
Family Member (circle one): Adult Child		If Adult (circle one): Primary Adult Secondary Adult Third/Other Adult			
Last	First	Middle	Preferred	Suffix	
Birthday			Gender: Male Female		
Complete if Family Member is a Child			Complete if Family Member is an Adult		
Adult Name	Child's Relationship	Custody?	Lives w/ Family? Yes No		
		Yes No	Provides Financial Support? Yes No		
		Yes No	Highest Grade Completed	Present Employment Status	
Releases Signed? Yes No	Date Signed		Teen Parent? Yes No	Subsidized? Yes No	

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 \_\_\_\_\_

Verifying Staff Member \_\_\_\_\_

Date \_\_\_\_\_



ChildPlus Family ID # \_\_\_\_\_  
 Application # \_\_\_\_\_

## Family Information

*Shaded boxes will be completed by agency staff.*

Primary Adult Name \_\_\_\_\_ Birthday \_\_\_\_\_  
 Applicant Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address			
Living Address			
Living Address Line 2			
City	State	Zip	County
Mailing Address (if different)			
Mailing Address Line 2			
City	State	Zip	

Phone Numbers			
Type	✓ if Primary	Phone Number	Note
		( )	
		( )	
		( )	
		( )	
		( )	

**Phone Type Codes:** H-Home W-Work C-Cell M-Message P-Pager/Beeper

General		
Primary Site	Parental Status: One Two	Primary Language At Home
Number in Family _____	Number of Children _____ By age: 0-3 _____ 4-5 _____	Number in Household _____

Income Support		
CACFP Status: Full No/Little Reduced	CACFP Date	CACFP Income
TANF Status: Yes No	SSI: Yes No	WIC: Yes No
WIC Code		

Family Income								
Family Member	Date	Source	Amount	Per	Annual Amount	Type	Desc	Verifi- cation

<b>Type Codes</b> ERN-Earned SUB-Subsidized	<b>Description Codes</b> PEN-Pension SSI-SSI SS-Social Security	<b>Verification Codes</b> CS-Check Stub W2-W-2 EL-Employer Letter TAN-TANF
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**Income Notes**

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

This child is income eligible for Head Start. Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)

Verifying Staff Member \_\_\_\_\_ Date \_\_\_\_\_



# Applicant Information

Complete for individuals who are applying to a program.

Primary Adult Name \_\_\_\_\_ Birthday \_\_\_\_\_

Applicant Name \_\_\_\_\_ Birthday \_\_\_\_\_

<b>General</b>											
Family Member (circle one): Adult    Child			If Adult (circle one): Primary Adult    Secondary Adult    Third/Other Adult								
Last		First		Middle		Preferred		Suffix			
Birthday								Gender: Male    Female			
Complete if Family Member is a Child					Complete if Family Member is an Adult						
Adult Name		Child's Relationship		Custody?	Lives w/ Family?    Yes    No						
				Yes    No	Provides Financial Support?    Yes    No						
				Yes    No	Highest Grade Completed			Present Employment Status			
Releases Signed?    Yes    No		Date Signed			Teen Parent?		Subsidized?				
					Yes    No		Yes    No				
<b>Eligibility Criteria (McKinney-Vento Act)</b>											
(A) Living with family (Currently unable to afford housing)? _____ Yes    _____ No					(B) Living in a motel/hotel, weekly rate housing? _____ Yes    _____ No						
(C) Living in Shelter (family, domestic violence, temporary housing) ? _____ Yes    _____ No					(D) Living in an abandoned building, car, inadequate accommodation (street, park)? _____ Yes    _____ No						
FOR STAFF ONLY:		A: PR 60	B: PR 70	C: PR 80	D: PR 90						
Phone Type	✓ if Primary	Phone Number		Phone Note		Note: Fill in Email and Elementary School for ALL individuals where applicable.					
		(    )				Email					
		(    )				Elementary School					
<b>Health Coverage</b>											
Medicaid Eligibility Status:    On Medicaid    Not Eligible    Potentially Eligible					Medicaid Number						
Primary Health Coverage			Other Health Coverage			Insurance Number					
<b>Demographics</b>											
Race (check ALL that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____		Language		✓ if Primary	Proficiency	Nationality					
		English									
						Ethnicity					
<b>Codes</b>											
<b>Child's Relationship</b> C-Natural/Adopted/Step F-Foster G-Grandchild N-Niece/Nephew O-Other		<b>Highest Grade Completed</b> COL-College/Advanced Training    G9-Grade 9 or less CTG-College Degree/Training Cert    G10-Grade 10 HSG-High School Grad    G11-Grade 11 GED-General Education Diploma    G12-Grade 12 A-Associate's Degree    B-Bachelor's Degree M-Master's Degree			<b>Present Employment Status</b> F-Full Time (35+hrs/wk)    B-Full Time and Training P-Part Time    L-Part Time and Training R-Retired or Disabled    S-Seasonally Employed T-Training or School    U-Unemployed			<b>Phone Type</b> H-Home C-Cell M-Message P-Pager/Beeper W-Work		<b>Language Proficiency</b> 0-None 1-Poor 2-Moderate 3-Proficient	

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

Verifying Staff Member \_\_\_\_\_ Date \_\_\_\_\_



Primary Adult Name \_\_\_\_\_ Birthday \_\_\_\_\_

Applicant Name \_\_\_\_\_ Birthday \_\_\_\_\_

This information is for  Entire Family  Only the person(s) listed here: \_\_\_\_\_

<b>Contacts</b>						
<b>Contact 1</b>	Name		Phone Type	Phone Number	Phone Note	Relationship to Child
	Address			( )		
	Address Line 2			( )		Emergency Contact? Yes No
	City			( )		
	State	Zip		( )		Release To? Yes No
<b>Contact 2</b>	Name		Phone Type	Phone Number	Phone Note	Relationship to Child
	Address			( )		
	Address Line 2			( )		Emergency Contact? Yes No
	City			( )		
	State	Zip		( )		Release To? Yes No
<b>Contact 3</b>	Name		Phone Type	Phone Number	Phone Note	Relationship to Child
	Address			( )		
	Address Line 2			( )		Emergency Contact? Yes No
	City			( )		
	State	Zip		( )		Release To? Yes No
<b>Contact 4</b>	Name		Phone Type	Phone Number	Phone Note	Relationship to Child
	Address			( )		
	Address Line 2			( )		Emergency Contact? Yes No
	City			( )		
	State	Zip		( )		Release To? Yes No
<b>Contact 5</b>	Name		Phone Type	Phone Number	Phone Note	Relationship to Child
	Address			( )		
	Address Line 2			( )		Emergency Contact? Yes No
	City			( )		
	State	Zip		( )		Release To? Yes No
<b>Contact 6</b>	Name		Phone Type	Phone Number	Phone Note	Relationship to Child
	Address			( )		
	Address Line 2			( )		Emergency Contact? Yes No
	City			( )		
	State	Zip		( )		Release To? Yes No

**Phone Type Codes:** H-Home W-Work C-Cell M-Message P-Pager/Beeper

**Doctor/Dentist**

Doctor Name	Address	City	State	Zip	Phone ( )
Dentist Name	Address	City	State		Phone ( )

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 \_\_\_\_\_

Verifying Staff Member \_\_\_\_\_ Date \_\_\_\_\_



# Enrollment Information

*To be completed by agency staff.*

Primary Adult Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Applicant Name \_\_\_\_\_

Birthdate \_\_\_\_\_

<b>Program 1</b>											
Program Information											
Site Name			Class			Program			Program Term		
Application Status		Class Age	Class Hours		Application #		Funding		Application Date		
Entry Date	Accepted: Yes No		Date Accepted	Waitlisted: Yes No		Date Waitlisted	Abandoned: Yes No		Date Abandoned		
General Eligibility Information											
Eligibility Date			Eligibility Income			Income Status		Participation Year		Top Priority Eligibility: Yes No	
Sibling Eligible Next Year: Yes No			Eligibility Notes								
Eligibility Rating			Participation Days/Meals								
	Code	Points	Check (✓) all applicable days								
Parental Status				Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
Disability			Participates in Program								
Income			All Scheduled Meals								
Age			Breakfast								
Other 1			AM Snack								
Other 2			Lunch								
Other 3			PM Snack								
Total Eligibility Rating:			Supper								
<b>Program 2</b>											
Program Information											
Site Name			Class			Program			Program Term		
Application Status		Class Age	Class Hours		Application #		Funding		Application Date		
Entry Date	Accepted: Yes No		Date Accepted	Waitlisted: Yes No		Date Waitlisted	Abandoned: Yes No		Date Abandoned		
General Eligibility Information											
Eligibility Date			Eligibility Income			Income Status		Participation Year		Top Priority Eligibility: Yes No	
Sibling Eligible Next Year: Yes No			Eligibility Notes								
Eligibility Rating			Participation Days/Meals								
	Code	Points	Check (✓) all applicable days								
Parental Status				Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
Disability			Participates in Program								
Income			All Scheduled Meals								
Age			Breakfast								
Other 1			AM Snack								
Other 2			Lunch								
Other 3			PM Snack								
Total Eligibility Rating:			Supper								
<b>Codes</b>											
<b>A</b> -Incomplete, Info Not Returned <b>B</b> -Complete, Needs Birth Certificate <b>C</b> -Complete & Verified <b>D</b> -Departed Area/Moved Away <b>I</b> -Incomplete			<b>M</b> -Complete, Needs Medical Info <b>N</b> -No Show at Registration or First Day <b>O</b> -Too Old for Program <b>P</b> -Accepted into Another Program <b>S</b> -Attending School or Preschool			<b>T</b> -Transportation Problem, Out of Area <b>V</b> -Complete, Needs Income Verification <b>X</b> -Inactive <b>Y</b> -Too Young for Program <b>Z</b> -Other			<b>E</b> -Eligible <b>F</b> -Foster Child <b>O</b> -Over Income <b>P</b> -Public Assistance <b>H</b> -Homeless		

Verifying Staff Member \_\_\_\_\_

Date \_\_\_\_\_

