



# NCAP HEAD START ~ EARLY HEAD START EARLY CHILDHOOD PROGRAM APPLICATION



Program Year: \_\_\_\_\_  
(Please circle one)

Head Start      Early Head Start

Staff - Please mark if application is complete:     Yes     No  
If not, indicate missing documents below:  
 Birth Certificate     Income Verification     Immunizations     Dental/Physical

## APPLICANTS INFORMATION

- Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Gender:  M  F
- Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_
- Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
PO Box                      Street                      Apt#
- Ethnicity**  Hispanic  Non-Hispanic    **Race:**  African American/Black     Asian     Native American     White     Other \_\_\_\_\_
- Private Insurance: \_\_\_\_\_ Med/KC  Yes  No # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Language Spoken? (Specify) Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_ Translator needed:  Yes     No
- Is this child part of a dual/joint custody family?  No  Yes
- Has this child ever been enrolled in a Head Start, Early Head Start or a preschool program before?  No  Yes  
If so, when and where? \_\_\_\_\_
- Does this child have a special need, a suspected, or a diagnosed disability, low birth weight (EHS applicants) or a health need that might require early intervention, special education, and/or related services?  No  Yes Explain \_\_\_\_\_

### \*\* For Pregnant Parents in Box Butte, Dawes and Sheridan Counties Only: \*\*

First Pregnancy?  Yes  No Receiving PreNatal Care?  Yes  No Last Appointment: \_\_\_\_\_  
Expected due date: \_\_\_\_\_ Med/KC # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

#### High Risk Pregnancy:

- Smoke/Alcohol/Drug Use                       Closely spaced pregnancies                       Birth Weight: \_ Low \_ High                       Under 17 or Over 35 years of age  
 Health Conditions (i.e. diabetes)                       Multi-births                       Miscarriages/Stillborns

## PARENT/GUARDIAN INFORMATION:

### 10. Primary Supporting Adult:

PRINT: **Name** (First, MI, Last) \_\_\_\_\_ **Gender:**  M  F **Birth Date:** \_\_\_\_\_  
 Pregnant Parent     Biological     Adoptive     Step     Foster     Grandparent     Legal Guardian  
**Ethnicity**  Hispanic  Non-Hispanic    **Race:**  African American/Black     Asian     Native American     White     Other \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
PO Box                      Street                      Apt#  
PHONE: Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Message: \_\_\_\_\_  
 Text Opt-In Email: \_\_\_\_\_  
Is this person employed?  Yes     No    If yes,  Full Time     Part Time     Seasonal     Other \_\_\_\_\_  
High level of education:  Non High School Graduate     GED     High School Diploma     Other \_\_\_\_\_

### 11. Secondary Adult:

PRINT: **Name** (First, MI, Last) \_\_\_\_\_ **Gender:**  M  F **Birth Date:** \_\_\_\_\_  
 Pregnant Parent     Biological     Adoptive     Step     Foster     Grandparent     Legal Guardian  
**Ethnicity**  Hispanic  Non-Hispanic    **Race:**  African American/Black     Asian     Native American     White     Other \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
PO Box                      Street                      Apt#  
PHONE: Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Message: \_\_\_\_\_  
 Text Opt-In Email: \_\_\_\_\_  
Is this person employed?  Yes     No    If yes,  Full Time     Part Time     Seasonal     Other \_\_\_\_\_  
High level of education:  Non High School Graduate     GED     High School Diploma     Other \_\_\_\_\_

## FAMILY/HOUSEHOLD INFORMATION:

- 12. Parent Status:**  Foster Parent    Teen Parents (Under 18)    Non Parent    One Parent    Two Parent    Other \_\_\_\_\_
- 13: Number of Persons:** *In Applicant family:* # of Adults \_\_\_\_\_ # of Children \_\_\_\_\_ *Total # in Applicant Family* \_\_\_\_\_  
 Total Number of Persons Living in Home/household: \_\_\_\_\_
- 14.** Family's monthly housing payment (rent or mortgage – do not include utilities) \_\_\_\_\_
- 15.** Is this family homeless? \_Yes\_ \_No Does this family live with family/friends?  Yes    No
- 16.** Is one (or both) parents currently deployed in active military service?  Yes    No
- 17.** Mode of transportation:  Own vehicle    Family/Friends    Public    Other\_\_
- 18.** Does your family receive services or financial assistance from any of the following:
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> TANF / ADC (circle)                | <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> Child Support/alimony |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Child Care Subsidy     | <input type="checkbox"/> Other _____           |

**\*\* MESSAGE TO PARENTS/GUARDIANS \*\***

DEAR PARENTS/GUARDIANS: Thank you for your interest in participating in the NCAP Head Start Early Childhood Program. Please be sure to visit with your recruiter on the available choices for the preschool child. The Early Childhood Programs are designed to help parents/guardians understand and enjoy the development of the their unborn and/or child(ren). The program activities include home visits, parent and child interaction sessions, parent meetings and many more.

Assurance of Confidentiality: The information you provide will help us to deliver or direct services most appropriate for your family's needs. Some of the information may be used to help plan program goals, state and national initiatives. If you prefer not to provide some of the information, it will not affect the services we provide. However, some information is required for eligibility determination. All information will be held in the strictest confidence. As the Parent/Guardian of the above mentioned child, I clearly understand all the available program options that I can choose to place my child. I also, understand that I have the option to transfer my child to another program at any time (if an opening is available), but understand stability encourages a more positive early childhood developmental outcome. I hereby certify that the information on this application is true and accurate to the best of my knowledge.

*I verify the above listed information is true to the best of my knowledge:*

\_\_\_\_\_  
**Parent/Guardian Signature (Required)**

\_\_\_\_\_  
**Date**

~::~~::~~::~~::~~::~~::~~::~~::~~::~ **FOR STAFF USE ONLY** ~::~~::~~::~~::~~::~~::~~::~~::~~::~

Referral(s) from: \_\_\_\_\_

REQUIRED VERIFICATION:  Income from past 12 months    Birth Certificate    Immunization Records

INTERVIEW COMPLETED:  Face to Face    By Phone; Explain Why: \_\_\_\_\_

*I verify the above listed information is true to the best of my knowledge:*

Staff signature: \_\_\_\_\_ (Required)      Date: \_\_\_\_\_

~::~~::~~::~~::~~::~~::~ **FOR CENTRAL USE ONLY** ~::~~::~~::~~::~~::~~::~

**Authorization of Acceptance:** \_\_\_\_\_      **Date:** \_\_\_\_\_