

EMPLOYMENT/EDUCATION INFORMATION

Primary Parent/Guardian: _____ **DOB:** _____

Current Job: Full-time Part-time Seasonal Self Employed Migrant Retired Disabled Unemployed Homemaker

Employer: _____ Start ____/____/____ End Date ____/____/____

Previous jobs in the past 12 months? No Yes

Employer: _____ Full-time Part-time Start ____/____/____ End Date ____/____/____

Employer: _____ Full-time Part-time Start ____/____/____ End Date ____/____/____

Income information received in past 12 months: pay checks unemployment compensation TANF Supplemental Security Income (SSI)
 Alimony Child Support Military Veterans Benefits Financial Aid Disability Other _____ Food Stamps
 Public Housing None WIC

Education Information

Currently Enrolled in School, Adult Education, College, Special Training or Job Training Program? Full-time Part-time N/A

School name: _____ Are you receiving financial aid? loans scholarships grants other

Education Level completed

Bachelor Advanced degree Training Certificate ESL GED No High School Some College Associates Degree Unknown
 Grade 9 or less 10 11 12 Graduate Dropout

Medical Insurance: No Yes Medicaid Chip Private Insurance

Housing Currently: Homeless Own Rent Other

Has your family moved in the last 24 months? McKinney-Vento Homeless Act? Yes No

Housing Type: Apartment Duplex House Mobile Home Public Housing Section 8 rental assistance Chapultepec Apartments

Are you and your children currently homeless, without a regular fixed residence? Yes No

_____ Living in hotel, motel, trailer/camp ground, emergency shelter _____ Living in public place, not usually accommodations for humans
_____ Living in car, park, public space, abandoned building _____ Migrant family, that is homeless
_____ Lack adequate housing such as no running water in the house, no plumbing, no electricity, no heat
_____ Sharing housing with others due to economic hardship, loss of housing, or similar reason

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT I WILL BE ASKED TO PROVIDE PROOF OF INCOME BASED ON PROGRAM: EARLY HEAD START . EARLY HEAD START YOU MUST BE WORKING OR IN SCHOOL I UNDERSTAND THAT IF I PROVIDE FALSE INFORMATION ABOUT MY INCOME OR MY FAMILY SITUATION, MY APPLICATION MAY BE DENIED SERVICES FROM THE PROGRAM OR MAY BE DROPPED FROM THE PROGRAM.

Signature of Parent or Guardian/Date

Signature of Staff Accepting Application/Date

Fields marked with () are required for PIR report

EMPLOYMENT/EDUCATION INFORMATION

Secondary Parent/Guardian: _____ DOB: _____

Current Job: Full-time Part-time Seasonal Self Employed Migrant Retired Disabled Unemployed Homemaker

Employer: _____ Start _____ / _____ / _____ End Date _____ / _____ / _____

Previous jobs in the past 12 months? No Yes

Employer: _____ Full-time Part-time Start _____ / _____ / _____ End Date _____ / _____ / _____

Employer: _____ Full-time Part-time Start _____ / _____ / _____ End Date _____ / _____ / _____

Income information received in past 12 months: pay checks unemployment compensation TANF Supplemental Security Income (SSI)
 Alimony Child Support Military Veterans Benefits Financial Aid Disability Other _____ Food Stamps
 Public Housing None

Education Information

Currently Enrolled in School, Adult Education, College, Special Training or Job Training Program? Full-time Part-time N/A

School name: _____ Are you receiving financial aid? loans scholarships grants other

Education Level completed

Bachelor Advanced degree Training Certificate ESL GED No High School Some College
 Associates Degree Unknown Grade 9 or less 10 11 12 Graduate Dropout

Medical Insurance: No Yes Medicaid Chip Private Insurance

Housing Currently: Homeless Own Rent Other

Has your family moved in the last 24 months? McKinney-Vento Homeless Act? Yes No

Housing Type: Apartment Duplex House Mobile Home Public Housing Section 8 rental assistance Chapultepec Apartments

Are you and your children currently homeless, without a regular fixed residence? Yes No

_____ Living in hotel, motel, trailer/camp ground, emergency shelter _____ Living in public place, not usually accommodations for humans

_____ Living in car, park, public space, abandoned building _____ Migrant family, that is homeless

_____ Lack adequate housing such as no running water in the house, no plumbing, no electricity, no heat

_____ Sharing housing with others due to economic hardship, loss of housing, or similar reason

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT I WILL BE ASKED TO PROVIDE PROOF OF INCOME BASED ON PROGRAM: EARLY HEAD START. EARLY HEAD START YOU MUST BE WORKING OR IN SCHOOL I UNDERSTAND THAT IF I PROVIDE FALSE INFORMATION ABOUT MY INCOME OR MY FAMILY SITUATION, MY APPLICATION MAY BE DENIED SERVICES FROM THE PROGRAM OR MAY BE DROPPED FROM THE PROGRAM.

Signature of Parent or Guardian/Date

Signature of Staff Accepting Application/Date

Fields marked with () are required for PIR report

HCISD PREGNANCY, EDUCATION & PARENTING PROGRAM
Supplement page / Needs Assessment

Student Name: _____ ID # _____ Due date/D.O.B. of child: _____

Please check the appropriate boxes:

1. I am a: Senior Junior Sophomore Freshman Other _____

2. I will graduate: Dec 2011 May 2011 Summer school 2011
 May 2012 May 2013 May 2014

3. Do you have reliable transportation, other than the school bus? Yes No

4. Someone in my house receives: Medicaid WIC Food Stamps TANF SSI

5. Does your child have a diagnosed disability? No Yes- If Yes provide documentation and describe the disability: _____

6. Are you currently or in the past 24 months experienced any of the following listed below?

Yes No

- Child abuse investigation mental illness death of a parent, child, guardian,
- alcohol or substance abuse parent incarceration illness medical crises in home
- sensitive issue disabled parent requiring medical ongoing care
- protective orders on file family violence 5th year recovery graduation plan
- not on target for 4 yr graduation failing grade (required courses)

7. Is the primary and/or secondary caregiver enrolled and participating in an alternative high school, Odyssey, Academy, XLR8, education program, special training?

1 parent full-time 2 parents full-time No

8. Have you and your children been homeless at any point in the past 12 months? Yes No

10. Are you currently in foster care or kinship care? Yes No

11. Do you have other child care options if your child is not in the PEP center? No Yes

Who is available? _____ How long? _____

<i>For office use only</i>	
Enrollment: (2 each)	Attendance: _____ out of _____ = _____%
_____ See attached list	TOTAL: _____
_____	Total Selection pts _____ + _____ + _____ = _____
_____	Supp + Enr + Attn + status
