



Head Start and Early Head Start Application

Steps to Process Application

1. Complete the entire application and return to center. (Centers listed below)
2. Attach proof of your family's income for the past 12 months or last calendar year.
(Examples: 2010 Federal Tax Form, W-2's, SSI, Unemployment Compensation, Veteran's Benefits and Military Allotments, School Grants or Scholarships, Child Support, Alimony, Self-Signed statements indicating your wages in the last 12 months (if parent worked for cash) and paystubs for all jobs.)
3. Attach proof of your child's birth date. (Birth Certificate, Hospital Birth Certificate or Passport)

Additional Documents Needed for Enrollment

- Immunization Record (current)
- Medicaid, CHIP or Insurance card
- Proof of school registration and/or current employment (EHS parents only)
- WIC Card (if you are receiving)
- Foster/Kinship Placement Letter

Kyle Area

| First Steps | Hemphill CDC |
|----------------|----------------|
| 0-3 years old | 3-4 years old |
| 3995 E. FM 150 | 3995 E. FM 150 |
| 512-268-2480 | 512-268-5305 |

Child Information

 Child's Last Name

Child's First Name

 Date of Birth

Address (Apt #, Unit,)

City, State Zip

Race: White/Caucasian Native American Biracial/Multiracial Black/African America Asian
 Unspecified

Primary/Secondary Language: _____ Ethnicity: Hispanic Non-Hispanic

Is the child applicant a foster child? Yes No U.S. Citizen: Yes No

Child has: Medicaid CHIP Private Insurance None

Are there any other children in your household currently enrolled or applying for Head Start/Early Head Start?

Yes No If yes, please list _____

Head of Household Parent/Guardian Information

| | | |
|---------------------------|-----------------|------------------------|
| Last Name | First Name | Date of Birth |
| <hr/> | | |
| Address | City, State Zip | Social Security Number |
| <hr/> | | |
| Home/Primary Phone Number | Cell Phone | Work Phone |

Primary/Secondary Language _____

Do you live in the house with child? Yes No Gender: Female Male
Are you currently receiving WIC? Yes No Marital Status: Single Married Divorced Separated

Ethnicity: Hispanic Non Hispanic Race: White/Caucasian Native American Asian
Black/African America Biracial/Multiracial Unspecified

Employment Status Head of Household Parent/Guardian Relationship to Child:
Full-Time Part-Time Homemaker Mother Father Other
Seasonal Self-Employed
Student Unemployed Legal Guardian: Specify Court Appointed Parent Appointed

Education completed: Dropped Out (No GED or Diploma) GED ESL Grade 9 or less
Grade 10 Grade 11 Grade 12 Some College/Training Certification AA BA

Are you currently in school? Yes No If yes, what school and where?
Parent Medical Insurance: Yes No Medicaid CHIP Medicare Private Insurance

Current Housing: Homeless Own Rent Other Chapultepec Apartments
Has your family moved in the past 24 months? Yes No
Is your family without a home or without a regular place to live? Yes No If yes number of days: _____
Check the box that best describes your housing situation. Hotel Camp Ground Emergency Shelter
Car Other If Other, please describe: _____

Did the Head of Household Parent/Guardian work in the last 12 months? Yes No
Please list all jobs in the last 12 months and time frame of job:
1. _____
2. _____

Are you able to transport your child everyday? Yes No
(Transportation is limited for children with disabilities)

Other Household Parent/Guardian Information

Last Name _____ First Name _____ Date of Birth _____

Address _____ City, State Zip _____ Social Security Number _____

Home/Primary Phone Number _____ Cell Phone _____ Work Phone _____

Primary/Secondary Language _____

Do you live in the house with child? Yes No Gender: Female Male

Ethnicity: Hispanic Non Hispanic Race: White/Caucasian Native American Asian
Black/African America Biracial/Multiracial Unspecified

Employment Status

Full-Time Part-Time Homemaker
Seasonal Self-Employed
Student Unemployed

Other Parent/Guardian Relationship to Child:

Mother Father Other

Legal Guardian: Specify Court Appointed Parent Appointed

Education completed: Dropped Out (No GED or Diploma) GED ESL

Grade 9 or less Grade 10 Grade 11 Grade 12 Some College/Training Certification BA

Are you currently in school? Yes No If yes, what school and where?

Other Parent/Guardian Medical Insurance: Yes No Medicaid CHIP Medicare Private Insurance

Did the other Parent/Guardian work in the last 12 months? Yes No

Please list all jobs in the last 12 months and time frame of job:

1. _____

2. _____

Please list all people in your household. How many people live in your household?

| | Name | Date of Birth | Relationship to Child | Worked in past 12 months |
|----|-------|---------------|-----------------------|--|
| 1. | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Health and Wellness

PTS

1. Is child's parent/guardian incarcerated? Yes No Date of expected release: _____
2. Has family experienced the death of child's parent/guardian/sibling in the last 12 months? Yes No
3. Are there issue of domestic violence? Yes No If yes, current past
Please explain _____
4. Do you currently have an open CPS case? Yes No
5. Is child's parent/guardian experiencing any mental health issues (depression, bipolar disorder or anxiety) Yes No
Are you receiving treatment? Yes No If yes, please explain _____
6. Is child's parent/guardian experiencing substance or alcohol abuse? Yes No
7. Is the family receiving services from these programs? Head Start Early Head Start Utility Assistance HIV/AIDS
Prescription Assistance Family Planning Homeless Prevention Program
8. Is anyone in household experiencing an ongoing medical condition? Yes No
9. Does child have a diagnosed disability (Physical, Speech, Socially, Emotionally)? Yes No
If yes, provide documentation (IEP, IEFSP, Doctor Note) Please describe _____

Please attach separate sheet of paper if needed for explanations.

Sources of Income

In the last 12 months, did anyone in your household receive any of the following:

- Employment Paychecks Yes No
- Child Support Yes No
- Supplemental Security Income (SSI) Yes No
- TANF Yes No
- School Grants or Scholarships Yes No
- Social Security, Retirement, Veteran's or Disability Benefits Yes No
- Unemployment Benefits Yes No
- Do other family members or friends support you? Yes No Who?
- No income for the last 12 months Yes No

** Please explain why you don't have any income and how you were able to support yourself and children during this time.*

If yes to any question, please provide documentation for the past 12 months.

To the best of my knowledge, the information on this application is accurate and correct. I understand that I will be asked to provide certain documents and I understand that if I provide FALSE information my application may be denied or services may be terminated.

Date _____ Signature of Parent/Guardian _____

Staff Initials _____

Total Points _____