

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 ____/____/____

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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 _____ / _____ / _____

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San Marcos CISD Phoenix Learning Center
PREGNANCY, EDUCATION & PARENTING PROGRAM 2010-2011
 Supplement Page/Needs Assessment

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

___ 1. Expected Graduation: April 2011 June 2011 October 2011
 December 2011 April 2010

___ 2. Student (Mom) credits: 0 – 5 credits 6 – 11 credits
 12 – 18 credits 19 + credits
 Student (Dad) credits: 0 – 5 credits 6 – 11 credits
 12 – 18 credits 19+ credits

___ 3. Is child in categorically eligible group (*attach documentation*):
 kinship / foster care homeless in last 12 months
 family receives public assistance (SSI or TANF)

___ 4. Is student parent(s) enrolled in and participating in school?
 Mom: Phoenix pending enrollment at Phoenix SMHS
 Dad: Phoenix pending enrollment at Phoenix SMHS

___ 5. Is student receiving: WIC Food stamps Medicaid Child support

___ 6. Does child have a diagnosed disability? No Yes (provide ECI documentation)
 What is the severity of the diagnosed disability? Profound Moderate At risk

___ 7. Is student currently or in the past 12 months experiencing any of the following scenarios?
 1 scenario 2 scenarios
 3 scenarios 4+ scenarios

Circle all that apply:

- | | |
|--|--|
| a. child abuse investigation | b. mental illness |
| c. death of parent, child, guardian | d. alcohol/substance abuse |
| e. parent incarceration | f. illness causes poor attendance |
| g. disabled parent w/ ongoing care | h. sensitive issue |
| i. military deployment | j. failing grade (required course) |
| k. not on target for 4 year graduation | l. 5 th year recovery graduation plan |
| m. protective orders on file | n. family domestic violence |

For School Use Only:

8. Phoenix referral summary: _____
 Exceeds expectations Meets expectations Needs improvement
 9. Special programs: _____ = _____ pts
 10. Student Attendance: _____ days of _____ = _____ %
 90 – 100% 80 – 89% 70 – 79%
 60 – 69% 50 – 59% 49% or less
 11. Child status currently: baby in center baby not in center Pregnancy

Total Selection Points: _____