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| SUPERVISORY STAFF USE ONLY | | | |
| Entry Date: | _____ | | |
| Classroom Assignment: | _____ | | |
| Program/Class Session: | <input type="checkbox"/> HS-Half-Day | | |
| | <input type="checkbox"/> HS-Full-Day | <input type="checkbox"/> EHS | <input type="checkbox"/> Child Care <input type="checkbox"/> HB |

**Lorain County Community Action Agency
HEAD START/EARLY HEAD START
Quick Application
FY 2014-2015**

Date of Application: _____ (mm/dd/yyyy)

Check one that applies: New Applicant Sibling Application _____
Name of Enrolled Child

- 1.) Child First Name _____
- 2.) Child Middle Initial _____
- 3.) Child Last Name _____
- 4.) Date of Birth _____ (mm/dd/yyyy)
- 5.) Gender: ___ Male or ___ Female Race: _____
- 6.) Social Security Number _____ (000-00-0000)
- 7.) School District of Residence _____
- 8.) Disability Status: ___ No Disability ___ Diagnosed but no IEP or IFSP
 ___ Diagnosed with IEP or IFSP ___ Suspected but not diagnosed

HOUSEHOLD INFORMATION

- 9.) Total number of adults in household: _____
Note: if this child is a dual-custody child, enter the number of adults in both households combined
- 10.) Total number of children in household: _____
Note: if this child is a dual-custody child, enter the number of children in both households combined
- 11.) Guardian #1 First Name _____
- 12.) Guardian #1 Last Name _____
- 13.) Guardian #1 Gender: ___ Male or ___ Female
- 14.) Does this person count in the income eligibility calculations? ___ Yes ___ No
- 15.) Role in the Household: ___ Father Figure ___ Mother-Figure ___ Other _____
- 16.) Relation to Child: ___ Biological Mother ___ Biological Father ___ Other _____
- 17.) Guardian #1 Employment Status at the time of enrollment:
 ___ Employed Full-Time ___ Retired ___ Employed Part-Time ___ Disabled
 ___ Employed Seasonal ___ Full Time Student ___ Unemployed ___ Unknown
- 18.) Is Guardian #1 enrolled in school or job training?
 ___ Yes, Full-Time ___ Yes, Part-time ___ No
- 19.) Guardian #1 Education Level: ___ Less than high school ___ High school graduate or GED
 ___ Associate Degree, vocational school, or some college ___ Advanced degree of baccalaureate degree
- 20.) Does Guardian #1 reside in the house? ___ Yes or ___ No
- 21.) Guardian #1 Address: _____
 Address 2 (PO Box or Apt #): _____
- 22.) City _____ Zip Code _____
- 23.) Home Phone (____) _____ Work Phone (____) _____
 Cell Phone (____) _____ Email Address _____
- 27.) Primary language spoken in the home ___ English ___ Spanish ___ Other
- 28.) Does Parent need an Interpreter? ___ Yes ___ No
- 29.) Guardian #2 First Name _____
- 31.) Guardian #2 Last Name _____
- 31.) Guardian #2 Gender: ___ Male ___ Female
- 32.) Does this person count in the income eligibility calculations? ___ Yes ___ No

- 33.) **Role in the Household:** ___ Father Figure ___ Mother-Figure ___ Other
- 34.) **Relation to Child:** ___ Biological Mother ___ Biological Father ___ Other, _____
- 35.) **Guardian #2 Employment Status at the time of enrollment:**
 ___ Employed Full-Time ___ Retired ___ Employed Part-Time ___ Disabled
 ___ Employed Seasonal ___ Full Time Student ___ Unemployed ___ Unknown
- 36.) **Is this Guardian #2 enrolled in school or job training?**
 ___ Yes, Full-Time ___ Yes, Part-time ___ No
- 37.) **Guardian #2 Education Level:** ___ Less than high school ___ High school graduate or GED
 ___ Associate Degree, vocational school, or some college ___ Advanced degree of baccalaureate degree
- 38.) **Does Guardian #2 reside in the house?** ___ Yes or ___ No
- 39.) **Address:** _____
- 40.) **City** _____ **Zip Code** _____
- 41.) **How did you hear about the program?** _____
- 42.) **Source of Information:** ___ E-Mail ___ Phone ___ Center ___ Website ___ Event ___ Referral ___ Other

Preferences

1.) **Program Option Preferences**

- Full-Day Enrollment Part-Day AM Enrollment Part Day PM Enrollment Home Based

2.) **Center Preferences:**

Directly Operated

- ___ Hopkins-Locke (Lorain)
 ___ Hamilton (Elyria)
 ___ Wellington
 ___ Children's Developmental Center (Amherst)

Collaborative Partners

- ___ Horizon Activities Center
 ___ Little Lighthouse Learning Center
 ___ Lorain City Schools
 ___ Elyria City Schools

- 3.) **Program Type:** ___ Head Start
 ___ Early Head Start

Family Income

1.) **Special Eligibility Information**

- ___ Someone in family receives cash benefits or other services through TANF
 ___ Someone in family receives public assistance through SSI (not SSD or Veterans Benefits)
 ___ Family is homeless
 ___ Child is a foster child

- 2.) **Is this child a dual-custody child?** ___ Yes ___ No

STAFF USE ONLY

- 1.) **Age Code:** _____
- 2.) **Income Eligibility:** ___ Income Eligible ___ Eligible-SSI-TANF-Foster-Homeless ___ Over Income
- 3.) **Has the Income Statement been signed:** Check if Yes
- 4.) **Income verification documents received:**
 ___ Individual Income Tax Form 1040 ___ W-2
 ___ TANF Documentation ___ Paystub or Pay Envelope
 ___ Unemployment ___ SSI Documentation
 ___ Written Statements from Employers ___ Documentation of No Income
 ___ Other, please explain: _____
- 5.) **Address Verification:**
 ___ Government Identification Card ___ Utility Bill ___ Account Statement ___ Passport
 ___ Other, please explain: _____
- 6.) **Age verification documents received:**
 ___ Birth Certificate ___ Baptism Certificate ___ Hospital Record ___ Medical Card
 ___ Other, please explain: _____
- Center Assigned:** Hopkins-Locke Hamilton Wellington Amherst Collaborative: _____
 (Center Name)
- Intake Status:** Placeable Eligible Incomplete
- Program Preference Comments:** _____
- Completed by:** _____, **Staff Person**
- Referred By:** _____