

SITE APPLYING FOR: _____ **Applicant:** _____

First name *Middle name* *Last name*

After your baby is born, are you interested in having your child receive services in our Early Head Start program? Yes No
 When is the baby due? _____ Is this pregnancy: Single Twins Triplets **Marital Status:** Single Married Separated Divorced Widowed
 Health Care Provider Name: _____ Address: _____
 Is applicant currently an Elementary, Middle School, or High School Student? Yes No
 If no, applicant dropped out of school (check one): Before I became pregnant Due to the school policy related to pregnancy Graduated
 By my own choice, despite of school policy that would allow me to remain in school

FAMILY MEMBER INFORMATION – Starting with Primary Adult, complete the following on ALL family members.

| | Name | | Date of Birth | Social Security Number | Sex | | Race | | | | | | | Ethnicity | | Language Spoken | | English Proficiency | | | | Currently Pregnant | | Relationship to Applicant | | | |
|----|-------|--------|---------------|------------------------|------|--------|-----------------------------------|-------|------------------|-------------|---|-------|-----------------------|-----------------|---------------------|-----------------|-----------------|---------------------|----------|--------|------|--------------------|----|---------------------------|--|------------------------|--|
| | First | Last | | | Male | Female | American Indian or Alaskan Native | Asian | Black or African | Unspecified | Native Hawaiian or Other Pacific Islander | White | Multi-racial/Biracial | Hispanic/Latino | Non Hispanic/Latino | 1 st | 2 nd | Proficient | Moderate | Little | None | Yes | No | | | | |
| | Joe | Sample | 02/02/79 | 444-22-1234 | X | | | | | | | | | | X | | | | | | | | | X | | Primary Adult – | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Education: List the highest level of education for each **ADULT** in the household.

| | Name of Adult | Highest Level of Education Completed | Date Completed | Currently Enrolled |
|---|---------------|--------------------------------------|----------------|--------------------|
| | Joe Sample | 10 th grade | May 25, 1996 | Yes <u>No</u> |
| 1 | | | | Yes No |
| 2 | | | | Yes No |

Is the child applying related to any teachers at this center? If so, who? (List name/s) _____

FAMILY INFORMATION

Living Address:

Street _____

City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Message Phone: _____ Cell Phone: _____ E-Mail: _____

Home Phone: _____ Work Phone: _____ Message Phone: _____ Cell Phone: _____ E-Mail: _____

Mailing Address:
(If different from home address)

Street _____

City _____ State _____ Zip Code _____

Parental Status: (Check one) Two Parents/Guardians Single Parent/Guardian (mother figure only) Single Parent/Guardian (father figure only)

Is at least one Parent/Guardian an active duty member of the United States Military? Yes No a veteran of the United States Military? Yes No

Employment/Job Training Status: Check all that apply

Two Parents/Guardians are:

- employed
- in job training or school
- not working (unemployed, retired, disabled)

One Parent/Guardian is:

- employed
- in job training or school
- not working (unemployed, retired, disabled)

Types of Service Received (mark all that apply): No services received

- Public Assistance/Welfare (i.e. TANF)* Food Stamps WIC Supplemental Security Income (SSI) Foster Care
- Health and Wellness Treatment/Therapy Other: Specify _____

Currently Homeless: Yes No Own Housing Rent Housing Group Home Other: _____
Type of Housing: House Mobile home/trailer Migrant Housing Apartment Community shelter/Group Home
 Hotel/motel room Other: _____

INCOME INFORMATION:

Number of **Adults** in Family: _____ Number of **Children** in Family: _____ Number of **Adults contributing to the Income:** _____

FAMILY INCOME SOURCES: Check all sources of income.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> WAGES, SALARIES, TIPS | <input type="checkbox"/> UNEMPLOYMENT COMPENSATION | <input type="checkbox"/> WORKER'S COMPENSATION | <input type="checkbox"/> SOCIAL SECURITY BENEFITS |
| <input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME (SSI) | <input type="checkbox"/> WELFARE ASSISTANCE (TANF) | <input type="checkbox"/> VETERAN'S BENEFITS | <input type="checkbox"/> MILITARY BENEFITS |
| <input type="checkbox"/> PENSION, RETIREMENT | <input type="checkbox"/> ALIMONY | <input type="checkbox"/> CHILD SUPPORT | <input type="checkbox"/> FOSTER CARE/ADOPTION SUBSIDY |
| <input type="checkbox"/> SCHOLARSHIPS/GRANTS | <input type="checkbox"/> TRUSTS, ESTATE RECEIPTS | <input type="checkbox"/> NET RENTAL INCOME | <input type="checkbox"/> DIVIDENDS |
| <input type="checkbox"/> INTEREST | <input type="checkbox"/> ROYALTIES | | |

Attach most Recent Tax Return with all attachments (W-2, schedules, etc.) Federal 1040, 1040A or EZ AND NM (PIT) state form to determine eligibility.

SEND COMPLETED APPLICATION TO: Eastern Plains Head Start – P.O. Box 1244 – Tucumcari, NM 88401

I certify that the information provided in this form is accurate and truthful to the best of my knowledge. I give permission for Eastern Plains Head Start to verify any information for the purpose of determining eligibility for participation in the program.
 Signature _____ Date: _____

NOTE: Services are provided primarily in classroom setting. Head Start does not provide transportation

INFORMACION DE LA FAMILIA

Direccion

De Casa: _____
Calle _____

| | | |
|-------------------------|----------------------------|----------------------------|
| Cuidad _____ | Estado _____ | Codigo de Correo _____ |
| Telefono de Casa: _____ | Telefono de Trabajo: _____ | Telefono de Mensaje: _____ |
| Telefono de Casa: _____ | Telefono de Trabajo: _____ | Telefono de Mensaje: _____ |
| Telefono de Casa: _____ | Telefono de Trabajo: _____ | Telefono de Mensaje: _____ |
| Telefono de Casa: _____ | Telefono de Trabajo: _____ | Telefono de Mensaje: _____ |
| Telefono de Casa: _____ | Telefono de Trabajo: _____ | Telefono de Mensaje: _____ |

Direccion de Correo: _____

(si es diferente que la direccin de casa) Calle _____
Cuidad _____ Estado _____ Codigo de Correo _____

Estatus Paternal (Marque Uno) Familia de dos Padres/Guardianes Familia de Madre/Guardian sola Familia de Padre/Guardian solo

Es por lo menos un Padre/Gaurdian un miembro activo del Ejército de Estados Unidos? Si No un veterano del Ejército de Estados Unidos? Si No

Situacion de Empleo/Entrenamiento de Empleo: (Marque todo que aplica)

| | |
|--|--|
| <input type="checkbox"/> Dos Padres/Guardianes estan empleados | <input type="checkbox"/> Un Padre/Guardian esta empleado |
| <input type="checkbox"/> en entrenamiento de empleo o escuela | <input type="checkbox"/> en entrenamiento de empleo o escuela |
| <input type="checkbox"/> desempleados (desempleados, jubilados, incapacitados) | <input type="checkbox"/> desempleado (desempleado, jubilado, incapacitado) |

Tipos de Servicios Recibidos (marque todo que aplica): Servicios no son Recibidos
 Ayuda Publica/Welfare (TANF) Estampillas de Comida WIC Supplemental Ingreso de Seguro (SSI) Cuidado Fomente
 Salud y Bienestar Tratamiento/Terapia Otro: Especifica _____

Corrientamente Sin Hogar: S No Dueno de hospedaje Renta de hospedaje: Hogar Grupal Otro: Especifica: _____

Tipo de Hospedaje:

Casa Casa Movil/Remoque Hospedaje Migratorio Apartamento Asilo de Comunidad/Hogar Grupal
 Cuarto de Hotel/motel Otro: _____

INFORMACION DE INGRESOS:

Numero Total de Adultos en Hogar: _____ Numero Total de Niños en Hogar: _____ Numero Total de Adultos contribuyendo a los Ingresos de Casa: _____

INGRESOS DE CASA: Marque todas fuentes de ingresos

| | | | |
|---|--|---|--|
| <input type="checkbox"/> SUELDOS, SALARIOS, PROPINA | <input type="checkbox"/> COMPENSACION DE DESEMPLEADO | <input type="checkbox"/> COMPENSACION DE TRABAJADOR | <input type="checkbox"/> BENEFICIOS DE SEGURO SOCIAL |
| <input type="checkbox"/> SEGURO SOCIAL SUPPLEMENTAL (SSI) | <input type="checkbox"/> ASISTENCIA PUBLICA (TANF) | <input type="checkbox"/> BENEFICIOS DE VETERANOS | <input type="checkbox"/> BENEFICIOS MILITARES |
| <input type="checkbox"/> PENSION, JUBILACION | <input type="checkbox"/> PENSION DE DIVORCIO | <input type="checkbox"/> MANTENIMIENTO DE NINO | <input type="checkbox"/> PAGO POR NINO ADOPTIVO |
| <input type="checkbox"/> BECA DE COLEGIATURA | <input type="checkbox"/> INGRESOS DE FORTUNA | <input type="checkbox"/> INGRESOS NETA DE RENTA | <input type="checkbox"/> DIVIDENDOS |
| <input type="checkbox"/> INTERES | <input type="checkbox"/> DERECHOS DE AUTOR | | |

Incluya la mas reciente Declaracion de Impuestos con todos fijaciones (W-2, hojas, etc.) Forma Federal 1040, 1040A o EZ Y Forma Estado NM (PIT) para determinar elegibilidad

MANDE LA APLICACION COMPLETADA A: Eastern Plains Head Start – P.O. Box 1244 – Tucumcari, NM 88401

Certifico que la informacion proveido en esta forma es exacto y sincero, segun mi entender. Doy permiso al Programa de Eastern Plains Head Start verificar cualquier informacion para el proposito elegibilidad determinante para la participación en el programa.
 Firma: _____ Fecha _____

NOTA: Los servicios se proporcionan principalmente en el aula. El programa de Head Start no provee servicios de transportación.

EASTERN PLAINS HEAD START PROGRAM
(Pregnant Woman)
APPLICATION FOR ENROLLMENT

RELEASE OF INFORMATION

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

| CITY | STATE | ZIP CODE |
|------|-------|----------|
|------|-------|----------|

Permission is hereby granted by me to the Eastern Plains Head Start Program to secure and/or release any medical/dental information obtained in connection with eligibility for its services, and to make these findings and reports available to those persons or agencies having a valid and legitimate interest in the case of the above named. Any party so involved will understand that the information thus obtained will be treated as confidential.

I hereby release Eastern Plains Head Start from all legal responsibility or liability that may arise from this authorization.

A photo copy of this release is valid.

Signature: _____

Date Signed: _____

EASTERN PLAINS HEAD START PROGRAM
(Mujer Embarazada)
APLICACION DE MATRICULACION

H-3_{EHS}

PERMISO DE AUTORIZACION
PARA SOLICITAR INFORMACION

NOMBRE: _____

FECHA DE NACIMIENTO: _____

DIRECCION: _____

CIUDAD

ESTADO

CODIGO DE CORREO

Por este medio doy permiso al Programa de Eastern Plains Head Start que solicite y que obtenga cualquier informacion o reportes medicales/dentales necesitados para que sea eligible para recibir servicios del Programa de Head Start y hacer a la disposicion para personas/agencias que tambien tengan interes en la causa. Esta informacion sera de confianza.

Libro por este medio a Eastern Plains Head Start de responsabilidad o perjuicios legales que resulten por esta autorización.

Una fotocopia de esta autorización es valida

Firma: _____

Fecha de la Firma: _____