

Clovis Early Head Start (Web)
901 N. MLK Blvd.
Clovis NM 88101

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? ☐ Single ☐ Twins ☐ Triplets ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Health Care Provider Name: ☐ Yes ☐ No
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				Acquiring/learning another language in addition to English	Currently Pregnant		Relationship to Applicant	
First	Last													1st	2nd									
				Male		American Indian or		Asian		Black or African		Unspecified		X										
JOANNA	Sample	02/02/79	444-22-1234	X									X											
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								

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
1			Yes
2			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:

Street _____

City _____

State _____

Zip Code _____

(If different from home address)

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.

WAGES, SALARIES, TIPS

UNEMPLOYMENT COMPENSATION

WORKER'S COMPENSATION

SOCIAL SECURITY BENEFITS

SUPPLEMENTAL SECURITY INCOME (SSI)

WELFARE ASSISTANCE (TANF)

VETERAN'S BENEFITS

MILITARY BENEFITS

PENSION/RETIREMENT

ALIMONY

CHILD SUPPORT

FOSTER CARE/ADOPTION SUBSIDY

SCHOLARSHIPS/GRANTS

TRUSTS, ESTATE RECEIPTS

NET RENTAL INCOME

DIVIDENDS

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

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: _____