



# Lee County Head Start/Early Head Start Application Form



Natural Father       Step Father       Guardian

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Birth date \_\_\_\_\_

Country where you were born (if not USA): \_\_\_\_\_

Lives with Family    yes     no       Provides Financial Support    yes     no   
(for example: rent, child care, bills, child's expenses)

Education: Highest grade completed \_\_\_\_\_

Do you have a GED or High School Diploma?    yes     no       Attending Training or School   
Completed AA degree or certified training program  Bachelor's Degree from United States

Present employment:    Full time over 35 hours/week     Part Time less than 35 hours/week   
Unemployed     Disabled     Retired     Homemaker

Place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Teen Parent? (when child was born)    yes     no

Natural Mother       Step Mother       Guardian

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Birth date \_\_\_\_\_

Country where you were born (if not USA): \_\_\_\_\_

Lives with Family    yes     no       Provides Financial Support    yes     no   
(for example: rent, child care, bills, child's expenses)

Education: Highest grade completed \_\_\_\_\_

Do you have a GED or High School Diploma?    yes     no       Attending Training or School   
Completed AA degree or certified training program  Bachelor's Degree from United States

Present employment:    Full time over 35 hours/week     Part Time less than 35 hours/week   
Unemployed     Disabled     Retired     Homemaker

Place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Teen Parent?    yes     no       Are you Pregnant?    yes     no   
(when child was born)      Due date: \_\_\_\_\_

Martial Status: Married  Separated  Divorced  Living Together  Single

Primary Language in the home: \_\_\_\_\_

Does your child speak English? Yes  Some  No

**Children Information:** How many children are in your family? \_\_\_\_\_

List the names of All children in your family, living in your home.

Legal Name	Relationship to parent or guardian	Date of Birth	Age	Sex	Name of School Attending	Grade in School

**Other people living in the home:** (All other adults and children not already listed.)

Legal Name	Relationship to child	Date of birth	Sex

**Emergency Contacts (relatives, neighbors, friends):**

Name _____	Relationship _____
Home # _____	Work # _____ Cell # _____
Name _____	Relationship _____
Home # _____	Work # _____ Cell # _____

**Are you currently involved with:**

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| Children and Families (HRS) Protective Services? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Counseling or Parenting Services?                | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Healthy Families from Children's Home Society?   | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Healthy Start?                                   | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

**Health/Child Development:**

Do you or anyone in your family have health problems or a disability? No  Yes

If yes, name: \_\_\_\_\_ explain: \_\_\_\_\_

Do they receive SSI? No  Yes

Does your child have Medicaid? No  Yes  Number: \_\_\_\_\_ Need Card

Does your child have Healthy Kids (CHIP)? No  Yes  Number: \_\_\_\_\_ Need Card

Does your child have private insurance? No  Yes  Does it cover dental? No  Yes

Was alcohol or drugs used during pregnancy with your child? No  Yes

Was your child born prematurely or with a low birth weight? No  Yes

Do you have concerns about your child's behavior or development at home? No  Yes

Has your child been asked to withdraw from a day care center for behavior? No  Yes

Has your child been evaluated for a behavior or emotional concern? No  Yes

Has your child ever been tested for speech or other disability? No  Yes

Has your child attended preschool in an elementary school? No  Yes

Has your child been in an ESE classroom (Special Education)? No  Yes

**Check yes or no:**

Do you have a temporary living arrangement due to loss of housing or economic hardship? No  Yes

Are you receiving Section 8 housing/HUD/rent assistance? No  Yes

Is the child's parent incarcerated (in jail)? No  Yes

Have you or a family member been a victim of domestic violence? No  Yes

Are you receiving WIC now?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is part or all of your child's day care paid for by 4Cs child care agency?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you receive child support?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does your family have a car?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Are you buying your home?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Are you renting your home?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**Family Income: (Please report all money sources received by your family members.)**

Name	Relationship to child	Amount of Gross Income or Unemployment	How often are you paid?	Amount of Child Support	TANF or AFDC or SSI disability	Retirement income

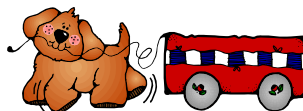
**I certify that the above information is true and correct. All income is reported.**

I further understand that any person, who knowingly does not tell the truth, hides information, pretends to be someone else, or does not give all the information needed, **will be asked to leave the program.**

I understand that the information on this form is being given to determine eligibility for a program paid for by the US Federal government.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



REVISED 12/08 SLB