WAGES Head Start/Early Head Start Application

Application Date: _____ **School Year Applying for:** _____

CHILD and FAMILY INFORMATION

Child's Legal Name: Last	**First**	**Middle**	
Child's Gender: □M □F	**Date of Birth:**	**Preferred Name:**	
Name of Person(s) Child Lives With:			
Relation to child: □ Parent (biological, adoptive, stepparent) □ Grandparent □ Relative (other than Grandparent) □ Foster parent (Non relative) □ Other _____			
Street Address:			
Mailing Address: (if different)			
City:	**State:**	**Zip Code:**	**County:**
Primary Phone: □ Home □Message ( ) - □ Cell □ Beeper/Pager		**Alternate Phone:** □ Home □Message ( ) - □ Cell □ Beeper/Pager	
May we contact you by email? □ Yes □ No **Email address:** _____		**May we contact you by text messaging?** □ Yes □ No **Cell phone**_____	

MEDICAL INFORMATION

Child's Doctor:	**Office Phone:**	**Address:**
Child's Dentist:	**Office Phone:**	**Address:**
Preferred Hospital:		
Please indicate child's current health insurance? □ Medicaid □ NC HealthChoice □ TriCare □ Private □ None		
If applicable, please list insurance number:		**Issue Date?**

Which of the following health concerns or problems relate to this child?

□ No significant health concerns
□ Developmental Delays □ Allergies □ Medically Fragile
□ Rashes □ Behavior/Emotional Problems □ Seizures/Convulsions
□ Hyperactivity □ Fears
□ Chronic Health Problems (such as Asthma, Diabetes, Arthritis, Obesity)
□ Other – please explain:_____

List any medications child currently takes:

EMERGENCY CONTACT INFORMATION

Please list up to 4 emergency contact names that we may call in case we can't reach you by phone:

1	**Name:**	
	Relationship:	**Phone: ( ) -**
2	**Name:**	
	Relationship:	**Phone: ( ) -**
3	**Name:**	
	Relationship:	**Phone: ( ) -**
4	**Name:**	
	Relationship:	**Phone: ( ) -**

CHILD & FAMILY INFORMATION

Child's Race: □ Black /African American □ White □ American Indian/Alaska Native □ Pacific Islander/Native Hawaiian □ Asian □ Multi-Racial (please also check individual race boxes)

Parent's Race: □ Black/African American □ White □ American Indian/Alaska Native □ Pacific Islander/Native Hawaiian □ Asian □ Multi-Racial (please also check individual race boxes)

Child's Ethnicity: □ Hispanic or Latino origin (Cuban, Mexican, Puerto Rican, or other Spanish culture or origin)
□ Non-Hispanic/Non-Latino origin

Primary Language spoken at home: □English □Spanish □Other (please indicate:)

Secondary Language spoken at home: □English □Spanish □Other (please indicate: _____)
Proficiency: □Poor □Moderate □Proficient

Family preference for written communication: □English □Spanish □Other (please indicate:)

Parental Status: □ One parent □ Two parent □ Foster □ Non-Parent □Other

Total Family Size? _____ Total Household Size (how many people live on the income listed on this application)? _____
□ Mother □Father □Number of Children_____ □ Other Adults (age 18+) How many?

Housing Status: __ Own home __Rent home/apartment/mobile home __ Living with friends/relatives temporarily
__ Living in shelter __ Living in hotel/motel __ Other (explain)_____

Does your family receive assistance from any of the following? □ Work First Family Assistance □TANF □ SSI
□ Food Stamps □ Medicaid through Work First □ Free/Reduced price School Meals □WIC

ADULT DEMOGRAPHIC INFORMATION

First and Last Name Enter Primary Adult First	Date of Birth	Sex	Marital Status	(D1) Educ Level	(D2) Employ Status	(D3) Notes Name of Employer, Or Occupation
		M F				
		M F				

Marital Status Codes
S - Single **M - Married**
D - Divorced **DS - Deployed Spouse**
Other _____

D1 – Education Level
G9 = Grade 9(or less) **GED** **AA** = Associates
G10 = Grade 10 **COL** = Some College **BA** = Bachelors
G11= Grade 11 **DRP** = Dropped out **MA** = Masters
STU = In High school **HSG** = High school Graduate

D2- Employment Status
U= Unemployed **T**= Student in School
F= Full Time work **P**= Part Time work
B= F-time & student **L**= P-Time & student
M=Medical Leave **R**= Retired/ Disabled
S= Seasonal work **Other** _____

If employed, how long has mother (or primary adult/guardian) been at current job?
□ < 90 days □ 3–12 months □ 13-18 months □ 19-24 months □ more than 2 years

If employed, how long has father (or secondary adult/guardian) been at current job?
□ < 90 days □ 3–12 months □ 13-18 months □ 19-24 months □ more than 2 years

If either parent/guardian is unemployed, are you currently looking for employment? □ Yes □ No

Does primary parent/guardian currently have health insurance: □ Yes □ No
If yes, please indicate which: □ Medicaid □ Affordable Care Act □ TriCare □ Employer Sponsored

Does secondary parent/guardian currently have health insurance: □ Yes □ No
If yes, please indicate which: □ Medicaid □ Affordable Care Act □ TriCare □ Employer Sponsored

Is either parent/guardian currently an active duty member of United States military? □ Yes □ No

Is either parent/guardian a veteran of the United States military? □ Yes □ No

SIBLING INFORMATION

First and last name of all OTHER children in home	Date of Birth	Sex	Related to	How Related	Notes e.g., program participation status, other programs, etc.
2.		M F			
3.		M F			
4.		M F			
5.		M F			
6.		M F			

Related to Codes
A01 - Primary Adult **A02** - Second Adult
B12 - Both Adults (includes step-parents)

How Related
C = Natural Child **F**= Foster Child
G = Grandchild **N**= Niece/Nephew

Participation Status Codes
A= Applied Child **Y**= Too Young
N= Next Yr Elig. **O**= Too Old

ADDITIONAL INFORMATION

Indicate which of the following agencies this child has previously received or currently receives services from:

□ None
□ Public Schools (List county, state_____)
□ Care Coordination for Children (CC4C)
□ Children's Developmental Services Agency (CDSA)
□ Mental Health
□ Early Childhood Intervention
□ Other? _____

SPECIAL NEEDS INFORMATION

Does this child have a disability or special need? □Yes □ No □ Suspected

If Yes, what is diagnosis: _____

Does child already have an IEP or IFSP? □Yes □ No

Date IEP or IFSP initiated: _____

Is child receiving services related to disability? □ Yes □ No

If No, has child been referred for services related to suspected disability? □ Yes □ No
If Yes, who has child been referred to?

Any specific family need or crisis? □Yes □ No (If yes, explain:)

Is family currently Homeless? □Yes □ No (If yes, please explain your situation:)

SITE PREFERENCE INFORMATION

(Please note that transportation and extended day services are not available nor guaranteed at all sites)

Early Head Start (EHS) classrooms are for children age (0-2yrs old)
Head Start (HS) classrooms are for children age (3-4yrs old)

What is your site preference? (please number 1-10 with 1 indicating most desired to 10 being least desired)

WAGES sites in Goldsboro area:

____ Belfast (both EHS & HS)
____Bryan Sutton Child Development Center (both EHS & HS)
____Chestnut (both EHS & HS)
____Herman (EHS only)
____Royall Avenue (both EHS & HS)
____ School Street Elementary (HS only)

WAGES sites in Dudley and Mt Olive area:

____Carver (both EHS & HS)
____Stephen & Susan Parr Family Learning Center (EHS only)

WAGES EHS - Child Care Partnership sites:

____ Antioch Child Care Academy (EHS only)
____Trinity Child Care Center (EHS only)
____Joyful Play Child Care Center (EHS only)
____Joyful Play Two Child Care Center (EHS only)

Is child currently in childcare or other pre-K setting? □ Yes □ No If yes, where: _____ How long? _____
Has child ever been in childcare or other pre-K setting? □ Yes □ No If yes, where: _____ How long? _____

TRANSPORTATION INFORMATION

(Bus Transportation is limited and this service is not guaranteed)

Will transportation services be needed? □ Yes □ No
If Yes, list Pick-up Location: _____

list Drop-off Location: _____
If bus transportation is not available, would you be able to get your child to and from school on a daily basis?
□ Yes □ No Parent Initials: _____

EXTENDED DAY CHILD CARE INFORMATION

Will extended day childcare services be required for this child? □ Yes □ No
If Yes, check all that apply: □Before School Care □ After School Care □ Holiday Care □ Summer Care

Does family receive a child care voucher from DSS for childcare assistance? □ Yes □ No
If No, is family on waitlist? □ Yes □ No

Does family have alternative arrangements if extended day childcare services cannot be provided? □ Yes □ No
If Yes, with whom:

HEAD START/EARLY HEAD START FAMILY INCOME

When applying for Head Start and/or Early Head Start services, you will be asked to provide verification of gross income for the previous 12 months. This includes income from the following sources: employment, self-employment, unemployment benefits, workman's comp, child support, Social Security benefits, SSI benefits, TANF, retirement or pension income, scholarships, alimony, adoption assistance, foster care payments, VA benefits.

You may submit proof of income with your application such as copies of Form 1040 for most recent tax year, current check stubs, and/or proof of any other income received. Application can be submitted without proof of income, however, application will not be considered "complete" until it is received.

PARENT/GUARDIAN - PLEASE READ AND SIGN

I understand that this is an application for services offered and does not constitute enrollment into any program. I certify that the information given on this application is true and accurate and all income has been reported. I understand that this information is being given for the receipt of federal and/or state funds; that officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable federal and/or state laws.

The information on this form may be used only in the determination of eligibility for the Early Head Start and Head Start programs. I understand that I will be releasing information that will show that I am applying for my child to be considered for either program. Program administration may verify information on this form. I give up my rights to confidentiality for these purposes only.

I understand that if my child is selected to participate in the program, parent involvement will be critical to the success of my child. I/we will commit to participate as required by the program criteria.

I agree to allow any and all documents pertaining to my child's enrollment of the program to be released to the school system of the child's kindergarten enrollment. I understand that this consent for release of information is voluntary. _____ *(parent initials)*

I certify that I am the parent/guardian of child _____ for whom this application is being made. (Child's Name)

_____ _____

Parent (Primary Caregiver) Signature (required) **Date**

_____ _____

Parent (Secondary Caregiver) Signature (if available) **Date**