



CAPC Head Start/Early Head Start Program Application

1-844-356-8137



Head Start (Center based) Early Head Start (Home based)
 Head Start (Childcare partner) Early Head Start (Center Based)
 Head Start (Title 1 site) Current year Next year

A. APPLICANT (CHILD APPLYING FOR SERVICES)

First Name	Middle Name	Last Name	Date of Birth	Gender	
				Male Female	
Race		Primary Language		Ethnicity	
American Indian or Alaskan native Asian Black or African American Bi-Racial/Multi Racial Native Hawaiian/Pacific Islander White Other: _____		Arabic Chinese English Korean Spanish Vietnamese Other _____		Hispanic Non-Hispanic	
Living Address		Address Line 2	Zip Code	City	State
Mailing Address (if Different)		Address Line 2	Zip Code	City	State
Contact Number		Type	Alternate Number	Type	

B. Primary Parent or Guardian

First Name	Middle Name	Last Name	Date of Birth	Gender
				Male Female
Race		Primary Language		Ethnicity
American Indian or Alaskan native Asian Black or African American Bi-Racial/Multi Racial Native Hawaiian/Pacific Islander White Other: _____		Arabic Chinese English Korean Spanish Vietnamese Other _____		Hispanic Non-Hispanic
Employment Status	Student Status	Custody Arrangement if applicable		Paternal rights established?
Full-time (35 or more hrs. a week) Part-time (less than 35 hrs. a week) Self employed Unemployed Retired or Disabled	Full-time	Permanent	Temporary	Yes No
	Part-time	Income Received (documentation required for past 12 months)		
	Not a student	Wages	Alimony	Unemployment
	School Name	SSI/SSDI	Scholarships	Grants TANF
		Child Support	Veteran's	Pension Other
Highest Grade completed		Parent's relationship to child		Lives in house with child
Grade 9 or less	College degree/training cert	Natural/adopted/step child		Yes No
Grade 10	College or advance training	Foster child		Did parent go to Head Start
Grade 11	Associate Degree	Grand child		Yes No
GED	Bachelor's Degree	Niece or Nephew		Other kids in Head Start
High School Graduate	Master's Degree	Legal Guardian		Yes No
Please select all the below items that are TRUE about your household				
Child abuse or neglect	Homeless	Active duty military	Receive SNAP (food stamps)	Receive WIC
Applying child has an IEP/IFSP	Applying child has a suspected disability	Veteran	In Crisis	

C. Secondary Parent or Guardian

First Name	Middle Name	Last Name	Date of Birth	Gender
				Male Female
Race		Primary Language		Ethnicity
American Indian or Alaskan native Asian Black or African American Bi-Racial/Multi Racial Native Hawaiian/Pacific Islander White Other: _____		Arabic Chinese English Korean Spanish Vietnamese Other _____		Hispanic Non-Hispanic

Employment Status		Student Status	Income Received (documentation required for past 12 months)			
Full-time (35 or more hrs. a week)		Full-time	Wages	Alimony	Unemployment	
Part-time (less than 35 hrs. a week)		Part-time	SSI/SSDI	Scholarships	Grants	TANF
Self employed	Unemployed	Not a student	Child Support	Veteran's	Pension	Other
Retired or Disabled	Unknown	Unknown	Unknown			

Highest Grade completed		Parent's relationship to child	Lives in house with child	
Grade 9 or less	College degree/training cert	Natural/adopted/step child	Yes	No
Grade 10	College or advance training	Foster child	Did parent go to Head Start	
Grade 11	Associate Degree	Grand child	Yes	No
GED	Bachelor's Degree	Niece or Nephew	Other kids in Head Start	
High School Graduate	Master's Degree	Legal Guardian	Yes	No

C. Other members in household you support (Do not include anyone listed above)

First Name	Last Name	Date of Birth	Relationship to child

Referred by _____

D. Other ways we can reach you (people we can call and your e-mail address)

First Name	Last Name	Phone Number
E-mail 1		E-mail 2

I certify that the information given in this application is correct and true. I understand that should the program determine that the information given is false or incorrect; my child could be dropped from the program.

Parent Signature: _____ Date

Items below are For Office Use Only

The following documents are attached:

- 1) Child's Birth Certificate
- 2) Proof of family income with signed eligibility verification
- 3) Proof of Residency
- 4) Guardianship Papers (If Applicable)
- 5) IEP/IFSP (If Applicable)

Yes	No	N/A

Application is Complete and ready to submit to Admissions

Interview was done:

In person

Over Phone

Intake Staff Signature _____ Date

Application has been verified by ERSEA

ERSEA Staff Signature _____ Date