



# DAEOC Head Start/Early Head Start 2022-2023



## Applicant & Family Member Information

<b>Center:</b>	<input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start Center <input type="checkbox"/> Early Head Start Home Based
Application Date:	

Child - Applicant				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language *if applicable*
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	
Primary Health Coverage		Other Coverage	Insurance #	Doctor/Medical Home
Dental Coverage	Dental Coverage #		Dentist/Dental Home	

Primary Adult				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	Language	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Highest Grade Completed		Employment Status	Relationship to Child	
<input type="checkbox"/> Advanced /Bachelor's Degree <input type="checkbox"/> Associate Degree/Vocational School/Some College <input type="checkbox"/> High School Graduate/ GED <input type="checkbox"/> Less than High School Graduate		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Job Training <input type="checkbox"/> School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Mother (biological/adopted/step) <input type="checkbox"/> Father (biological/adopted/step) <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other (describe) _____	
Phone Number 1		Phone Number 2		Phone Number 3
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address				

No Secondary Caregiver

Secondary Adult				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	Language	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Highest Grade Completed		Employment Status	Relationship to Child	
<input type="checkbox"/> Advanced /Bachelor's Degree <input type="checkbox"/> Associate Degree/Vocational School/Some College <input type="checkbox"/> High School Graduate/ GED <input type="checkbox"/> Less than High School Graduate		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Job Training <input type="checkbox"/> School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Mother (biological/adopted/step) <input type="checkbox"/> Father (biological/adopted/step) <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other (describe) _____	
Phone Number 1		Phone Number 2		Phone Number 3
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address				

No Additional Children

<b>Additional Child (Non-Applicant) *</b>				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Additional Child (Non-Applicant) *</b>				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Additional Child (Non-Applicant) *</b>				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Additional Child (Non-Applicant) *</b>				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Additional Child (Non-Applicant) *</b>				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Additional Child (Non-Applicant) *</b>				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Additional Child (Non-Applicant) *</b>				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Additional Child (Non-Applicant) *</b>				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Additional Child (Non-Applicant) *</b>				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

*\* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.*

**Family Information, Income & Contacts**  
**2022-2023**

*This Section for Agency Use Only:*

Applicant Name: \_\_\_\_\_ Birthday \_\_\_\_\_

Family Information					
Family Living Address					
Living Address		ZIP	City	State	County
Family Mailing Address					
Same as living?	Mailing Address		ZIP	City	State
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Primary Language at Home	Acquired/learning another language in addition to English	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Status (check one)	<input type="checkbox"/> One Parent Family <input type="checkbox"/> Two Parent Family	Homeless Family	<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Status	SSI	
			*If yes, family must complete a homeless verification form. *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Relationship to Participant	<input type="checkbox"/> Parents (biological, adoptive, stepparents)	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Relative (other than grandparent)	<input type="checkbox"/> Foster Parent not including relative
	<input type="checkbox"/> Other (describe) _____	

Family Income				
Income Verified by:			Verification Date:	
Family Member	Amount	Per (for example: week, month, year)	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)
	\$			
	\$			
	\$			
Income Notes				

*\*If family has no income, a family income statement form must be completed.\**

Certification: *I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.*

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

Date \_\_\_\_\_

**DAEOC Head Start/Early Head Start 2022-2023**  
**\*\*\* MAKE A COPY OF THIS PAGE TO KEEP ON THE BUS\*\*\***

**Child Transportation**

Child's Name:	Date:	<input type="checkbox"/> Bus	<input type="checkbox"/> Parent
Center Name:	Center Director:		
<u>Head Start Only</u> Does this Child Require Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pick Up Location:		
	Drop Off Location:		

**Emergency Contacts**

<b>Contact 1</b> <small>Primary and/or Secondary Caregiver(s)</small>	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	ZIP	State
	Phone Number 1	Phone Number 2	Phone Number 3	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
<b>Contact 2</b>	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	ZIP	State
	Phone Number 1	Phone Number 2	Phone Number 3	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
<b>Contact 3</b>	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	ZIP	State
	Phone Number 1	Phone Number 2	Phone Number 3	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

Restricted From Picking-up:	Reason:	<input type="checkbox"/> Court Order <input type="checkbox"/> Court Order Attached <b>**Legal Documents Required**</b>
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**Health History and/or Critical Health Notes (Allergies, Special Needs, Habits, Language)**

Should my child become seriously ill or injured while under the care of the DAEOC Head Start/Early Head Start Program and I cannot be reached, HS/EHS has my permission to transport and/or seek necessary treatment for my child at the local physician's office and/or Emergency Room.

Guardian Signature:  _____	<b><u>Place Child's Picture Here</u></b>
Date:  _____	

**Applicant Eligibility & Enrollment Information  
2022-2023**

*This Section for Agency Use Only:*  
Applicant Name: \_\_\_\_\_ Birthday \_\_\_\_\_

<input type="checkbox"/> EHS Expansion 2022-2023	<input type="checkbox"/> HS 2022-2023	<input type="checkbox"/> NM EHS 2022-2023
Location Preference Priority		
1st		
2nd		
3rd		

**Eligibility Criteria**

Eligibility Question	Answers
Child's Age	<input type="checkbox"/> Pregnant/Unborn/Birth-12 Months <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4 Years & Older
Special Needs <b>*Must have documentation*</b>	<input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Physician Statement <input type="checkbox"/> Suspected Per Parent <input type="checkbox"/> N/A
Parental Status	<input type="checkbox"/> Single Parent Household
Parental Status <b>*Check Only One*</b>	<input type="checkbox"/> Foster Parent <input type="checkbox"/> Grand Parent or Guardian (other than parent)
Currently Homeless <b>*Must complete homeless verification form*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child is a Sibling of a Currently Enrolled HS/EHS Child	<input type="checkbox"/> Yes <input type="checkbox"/> No
English Language Learner/ Language Barrier	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent is 19 years or Younger at time of application*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Has No High School Diploma/GED	<input type="checkbox"/> Yes <input type="checkbox"/> No
One/Both Parents Currently Incarcerated, Currently on Probation/Parole or have had a Death in the Immediate Family Within the Last Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
One/Both Parents Current Active Military Duty, National Guard or Reserves	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Employee of DAEOC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment/School/Training <b>*Check Only ONE*</b>	<input type="checkbox"/> One/Both Parents Attending School/Training or Currently Employed <b>Full Time</b> <input type="checkbox"/> One/Both Parents Attending School/Training or Currently Employed <b>Part Time</b>
Currently Enrolled	<input type="checkbox"/> Child Currently Enrolled in EHS



**DAEOC Head Start/Early Head Start  
2022-2023**



**Eligibility Verification Form**

1. Child's name: \_\_\_\_\_

2. Child's date of birth: \_\_\_\_\_

3. Indicate the applicable eligibility criterion for this child:

- Homeless
- Foster care
- Public assistance (TANF & SSI)

4. What documentation was used to determine eligibility and is included as part of the eligibility determination record?

- |   |   |
|---|---|
| <input type="checkbox"/> Income Tax Form 1040         | <input type="checkbox"/> Child Support                    |
| <input type="checkbox"/> W-2                          | <input type="checkbox"/> Unemployment documentation       |
| <input type="checkbox"/> TANF documentation           | <input type="checkbox"/> Written statement from employers |
| <input type="checkbox"/> SSI documentation            | <input type="checkbox"/> Foster care reimbursement        |
| <input type="checkbox"/> Pay stub or pay envelopes    | <input type="checkbox"/> Other, please describe:          |
| <input type="checkbox"/> Family Income Statement Form | _____   |

7. What documentation was used to verify the child's age?

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Certified Birth Certificate             | <input type="checkbox"/> Medical Card | <input type="checkbox"/> Physical    |
| <input type="checkbox"/> Hospital Birth Certificate              | <input type="checkbox"/> Shot Record  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Proof of Pregnancy<br>(Home Based Only) |                                       |                                      |

*I certify that I have examined the following age and income documentation of the above named applicant and any and all decisions were in accordance with the Head Start Federal Guidelines.*

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff name: \_\_\_\_\_

Title: \_\_\_\_\_