



The Improvement Association

Providing Community Action Services

Head Start Pre-Application

Child's Name: _____ Date of Birth ____/____/____

Street Address: _____

City

State/Zip

Mailing Address (if different): _____

City/County: _____ Phone #: (____) ____ - _____

Race: _____ Male/Female (circle)

Mother's/Guardian Name: _____ D.O.B: _____

Email: _____ Race: _____

Father's/Guardian Name: _____ D.O.B: _____

Email: _____ Race: _____

SSI: Yes or No TANF: Yes or No Foster Child: Yes or No SNAP: Yes or No

WIC: Yes or No Military Family: Yes or No

Family Size: _____

Special Needs/Disabilities: _____

Family Assessment: Check all that apply

_____ Child health problems (disabled sibling, child with chronic condition)

_____ Family risk factors (mental illness, adult disability, substance abuse)

_____ Referral from other agencies/professionals

_____ Family crisis (terminal illness, death of household member, domestic violence, parent incarcerated)

_____ Abuse/neglect (child)

_____ Single Parent

_____ Teen Parent

Housing:

_____ Forced to share housing due to hardships

_____ Emergency or transitional shelter

_____ Living in a hotel, motel,
or camping ground

_____ Abandoned in a hospital

_____ Awaiting foster care placement

_____ **None of the Above**

Parent/Guardian Highest Education Level:

Mother:	<input type="checkbox"/> No GED/Diploma	Father:	<input type="checkbox"/> No GED/Diploma
	<input type="checkbox"/> Has GED/Diploma		<input type="checkbox"/> Has GED/Diploma
	<input type="checkbox"/> Associate/Certificate/Trade		<input type="checkbox"/> Associate/Certificate/Trade
	<input type="checkbox"/> Has College Degree/Bachelor's or above		<input type="checkbox"/> Has College Degree/Bachelor's or above

Work/School Status:

Parent/Guardian:	<input type="checkbox"/> Unemployed	Parent/Guardian:	<input type="checkbox"/> Unemployed
Work	<input type="checkbox"/> Part-time	Work	<input type="checkbox"/> Part-time
	<input type="checkbox"/> Full-time		<input type="checkbox"/> Full-time
School	<input type="checkbox"/> Part-time	School	<input type="checkbox"/> Part-time
	<input type="checkbox"/> Full-time		<input type="checkbox"/> Full-time

Parent/Guardian Signature

Date

For Office Use Only – Please Initial

DOB: _____	Income: <input type="checkbox"/> Below 100%	Residency: _____
BC # _____	<input type="checkbox"/> 101% - 130%	Doc: _____
State: _____	<input type="checkbox"/> Over -- 130%	
	<input type="checkbox"/> SSI	
	<input type="checkbox"/> TANF	
	<input type="checkbox"/> Homeless /Foster Child	

Staff Signature

Date