

Return To:
 Project NOW Head Start
 499 27th Street
 East Moline, Illinois 61244
 Phone: (309) 792-4555
 Fax: (309) 792-5829



HEAD START APPLICATION

OFFICE USE ONLY:
<input type="checkbox"/> ERSEA Manager Interview w/ Parent
Date: _____

APPLYING CHILD'S INFORMATION: MUST ATTACH Proof of Income, Certified Birth Certificate, Medical Card

Child's Name (First & Last)	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (√ ALL that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
What language does child speak at home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Does child have Health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No What type? _____		Child's Primary Doctor & Dentist Doctor: _____ Dentist: _____	
Does this child have a chronic condition, allergy, suspected disability, IEP or IFSP, or any other special condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____				

APPLYING PARENT/LEGAL GUARDIAN #1: Financially supports and lives with applying child

#1 Parent/Guardian Name (First & Last)	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (√ ALL that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Project NOW, Inc. employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Highest Grade Completed <input type="checkbox"/> Master's <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade: _____	Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Unemployed		**What is your relationship to applying child?		Are you a pregnant mother? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your due date? _____

APPLYING PARENT/LEGAL GUARDIAN #2: Financially supports and lives with applying child

#2 Parent/Guardian Name (First & Last)	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (√ ALL that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Project NOW, Inc. employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Highest Grade Completed <input type="checkbox"/> Master's <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade: _____	Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Retired/ Disabled <input type="checkbox"/> Unemployed		**What is your relationship to applying child?		Are you a pregnant mother? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your due date? _____

LIST SIBLINGS: Who live with applying child and are supported by the above Parent/Legal Guardian(s)

First Name	Last Name	Birth Date	Gender	Race (√ ALL that apply)	Hispanic
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY INFORMATION: Address and Contact information to reach you by mail or phone

Living Address		Apt./Lot #	Zip	City	State
Mailing Address (if different)		Address Line 2	Zip	City	State
Phone Numbers (*List name of person next to Phone #)	Type (check one)		Is Texting Available?	E-mail address	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parental Status (check one)	Number In Family	Subsidized Family	Primary Language at Home	Will Parent/Legal Guardian need a translator/interpreter?	
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Notes:
Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP (Food Stamps)	WIC	
<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	

*******VERIFICATION OF FAMILY INCOME: It is required that we verify each families annual income.**

<p>A) Are you currently receiving TANF (Temporary Assistance to Needy Families)? <i>If YES, you must provide the amount you receive and case number.</i></p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Amount: \$ _____ Case Number: _____ </p>	<p>B) Are you currently receiving SSI (Social Security Income)? <i>If YES, you must include a copy of your statement with amount received.</i></p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Amount:\$ _____ </p>
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C) Is applying child in Foster Care/Temporary Placement? *If yes, you must include a copy of Department of Human Services (DHS), Safety Plan, Temporary Custody documentation.*

Yes No **Additional Information about family situation:**

D) Is this child currently living in a Temporary shelter? *If yes, you must include a letter from the agency that is providing temporary services for the child and family. (Example: Salvation Army, Transitional Housing, Christian Family Care Center, Lutheran Social Services)*

Yes No **Additional Information about family situation:**

If you answered NO to A, B, C, D above please continue to question E

*******MUST ATTACH ALL INCOME DOCUMENTS OF EACH PARENT/LEGAL GUARDIAN**

E) How did you support your family throughout the year (pay rent, buy food, clothing, etc.)?

#1 Parent/Legal Guardian (✓ ALL that apply & attach income documents)

Work (Tax return/W-2's) Child Support (Annual amount statement) School Grants/Scholarships (School statement)

Other Income- Please explain: _____

#2 Parent Legal Guardian (✓ ALL that apply & attach income documents)

Work (Tax return/W-2's) Child Support (Annual amount statement) School Grants/Scholarships (School statement)

Other Income- Please explain: _____

I authorize the following to pick up and drop off my child to and from school:

Name _____	Relationship _____	Address _____	Phone _____
Name _____	Relationship _____	Address _____	Phone _____
Name _____	Relationship _____	Address _____	Phone _____

Guardian you must provide legal documentation for you to have the right to apply for this child and complete the enrollment process. A NOTARIZED LETTER/STATEMENT IS NOT VALID AS A LEGAL DOCUMENT.

Parent/ Legal Guardian Signature X _____ **Date** _____

Staff Signature X _____ **Date** _____