## **HEAD START ENROLLMENT APPLICATION**

School Year:	
Age Verified:	

### **PROGRAM SELECTION**

Head Start Only:	☐ Fond d	u Lac	☐ North Fond du	ı Lac	☐ Prairie View	☐ Ripon
Head Start/4k Collabor	ation: 🔲 Fond de	u Lac	☐ North Fond du	ı Lac		
Staff conducted intervi	ew: 🔲 In-pers	on	☐ Phone			
Staff Signature:					Date:	
How did you hear abou	it ADVOCAP's Head Sta	rt Program?				
PRIMARY PARENT/G	GUARDIAN					
First Name:		Middle Initial	: Last Nar	me:		
Birthdate:		Sex:	Relation	ship with ch	ild:	
Legal Guardian is:	☐ Biological Parent	☐ Foster Pare	ent 🗆 Adop	tive Parent	☐ Court Ordere	d
Primary Parent/Guardia	an is in Jail/Prison:	☐ Yes	□ No			
Contact Information						
Cell Phone:		Wo	rk Phone:			
Consent to receive text	s: ☐ Yes ☐ No	Em	ail:			
Race/Ethnicity						
Race:	nerican Indian/Alaska N	Native	☐ Asian	☐ Blac	k/African American	
□ Na	tive Hawaiian/Pacific I	slander	☐ White	☐ Bira	cial/Multi-Racial	☐ Other
Ethnicity:	spanic or Latino origin		☐ Non-Hispanic	or Latino ori	gin	
Education						
□ 0 - 8	□ 9 – 12/No	on-Grad	☐ High Sch	ool Grad	☐ GED/H	ISED
☐ 12 Grade + Some Co	llege □ 2-year – v	oc. or tech. gr	ad 🛮 Advance	d/4-year de	gree	
Work Status						
Military Status:	Veteran ☐ Active	□ N/A □	Disability Status:		□ No □ Yes	
Work Status: □	Full-time		☐ Part-time		☐ Self Employed	
	Unemployed (> 6 mos	s) [	☐ Unemployed ( <u>&lt; </u> 6	6 mos <u>)</u>	☐ Unemployed (	Not in Labor Force)
	Seasonal/Migrant		☐ Job Training or Ir	n School	☐ Retired	
Disconnected Youth						
Not working or not in s	chool (for 14-24 age gr	oup)	☐ Yes	□N	0	
Health Insurance						
□ None	☐ Direct-Pu	rchase	☐ Military		☐ Medic	are
☐ Medicaid	☐ Employm	ent	☐ Other			
Language						
☐ Primary Language:			☐ Seconda	rv Language	:	

### **HOUSEHOLD INFORMATION**

Physical Addres	SS:			City:		
State:		Zip		County o	f Residence:	
If Homeless:	□ Ce	rtification of Homel	essness	☐ Self-Certified		
Family Type						
☐ Single Paren	t/Female	☐ Single Parent/N	1ale	☐ Two-Parent Ho	usehold	
☐ Multi-Gener	ational	☐ Extended Famil	у	■ Non-related Ad	ults w/Children	
☐ Other:		Number in Housel	nold:	Number in Family:	:	
<b>Housing Type</b>						
☐ Rent		Own	☐ Home	eless l	☐ Temporary Quarters ☐	☐ Other
HEAD START (	CHILD APPLIC	CANT				
First Name:		Middle Init	tial: La	ast Name:		
Birthdate:		Sex:	R	elationship to HOI	<del>1</del> :	
Race/Ethnicity						
Race:	☐ American	Indian/Alaska Nativ	e 🗆 A	Asian	☐ Black/African American	า
	☐ Native Hav	waiian/Pacific Island	ler □\	White	☐ Biracial/Multi-Racial	☐ Other
Ethnicity:	☐ Hispanic o	r Latino origin		Non-Hispanic or La	itino origin	
Health Insuran	ce					
□ None	☐ Direct-Pu	ırchase	☐ Military			
☐ Medicaid	☐ Employm	nent	☐ Other add	ditional coverage:	☐ Health ☐ Vision ☐ Den	tal
Language						
Primary Language: Secondary Language:						
Child speaks En	glish at home:	☐ Yes	□ No			
English speakin	g skills:	☐ Very well	□ Well	☐ Not well	☐ Not at all	
Services Receiv	<b>v</b> ed					
☐ Speech/Lang	guage Therapy	☐ Birth to Thi	ree	☐ Early Childho	od 🗖 Couns	seling
Name of Couns	elor (if applicab	ole):				

### **SECONDARY PARENT/GUARDIAN**

		_					
First Name:		Middle Initial:	Last Name:				
Birthdate:		Sex:	Relationship w	ith child:			
Secondary Parer	nt/Guardian is:	☐ Biological Parer	t	nt 🗆 Ad	optive Parent	☐ Court Ordered	
Secondary Parer	nt/Guardian is in Jail/F	rison:	☐ Yes	□ No	1		
Contact Informa	ation						
Cell Phone:		W	/ork Phone:				
Consent to recei	ve texts: ☐ Yes ☐		mail:				
HOUSEHOLD IN	FORMATION						
Physical Address	:		City:				
State:	Zip:		Coun	ty of Residenc	ce:		
If Homeless:	☐ Certificati	on of Homelessness	☐ Self-Certifi	ed			
Family Type:							
☐ Single Parent,	/Female □ Sin	gle Parent/Male	☐ Two-Parent	Household			
☐ Multi-Genera	tional 🔲 Ext	ended Family	☐ Non-related	l Adults w/Ch	ildren		
☐ Other:	Numb	er in Household:	Number in Far	nily:			
Housing Type:							
☐ Rent	□ Own		Homeless				
☐ Temporary Q							
Race/Ethnicity							
Race:	☐ American Indian/	Alaska Native	☐ Asian	☐ Black/	African America	n	
			☐ White		al/Multi-Racial	☐ Other	
Ethnicity:	☐ Hispanic or Latino		☐ Non-Hispanic c				
Education							
□ 0 - 8	□ 9	– 12/Non-Grad	☐ High Scho	ool Grad	☐ GED/	HSED	
☐ 12 Grade + So		year – voc. or tech. s		d/4-year degre			
Work Status	<u> </u>	,		. , .			
TTOIR Status	□n/A						
Military Status:	□Active	□Veteran	Disability Status:		□ No	☐ Yes	
Work Status:	☐ Full-time		☐ Part-time		☐ Self Employe	Self Employed	
	☐ Unemploye	ed (> 6 mos)	☐ Unemployed (< 6 mos) ☐ Unemployed (Not in Labor Fo			d (Not in Labor Force)	
	☐ Seasonal/N	1igrant	☐ Job Training or In School ☐ Retired				
Disconnected Yo	outh						
Not working or r	not in school (for 14-2	4 age group)	☐ Yes	□ No	□ ۱	Jnspecified	

Health Insurance			
□ None	☐ Direct-Purchase	☐ Military	☐ Medicare
☐ Medicaid	☐ Employment	☐ Other:	
Language			
☐ Primary Language:		☐ Secondary Langua	nge:
ALTERNATE CONTACT			
First Name:		Last Name:	
Relationship to child:		Phone number:	Language spoken:

# OTHER HOUSEHOLD MEMBERS (\*CHILDREN\* under 18)

First Name:		Middle	! Initial:	Last Name	:			
Birthdate:	Sex:	Relatio	nship to HOI	H:	ſ	Disability Status	:: □ Yes	□ No
Race/Ethnicity								
Race:	☐ American I	ndian/Alaska Na	tive	☐ Asian	☐ Black/A	frican American	1	
	☐ Native Haw	vaiian/Pacific Isla	ınder	☐ White	☐ Biracial/	/Multi-Racial	☐ Oth	er
Ethnicity:	☐ Hispanic or	Latino origin		☐ Non-Hispanic o	or Latino origin			
Education								
□0-8		□ 9 – 12/Non	Grad	☐ High Sch	ool Grad	☐ GED/H	ISED	
Disconnected Yo	outh							
Not working or r	not in school (fo	or 14-24 age grou	ıb)	☐ Yes	□ No			
Health Insuranc	e							
□ None		☐ Direct-Purc	hase	☐ Military				
☐ Medicaid		☐ Employmer	nt	☐ Other Ad	lditional Covera	ge: 🛮 Health	□Vision	□Dental
Language								
☐ Primary Langu	uage:			☐ Secondar	ry Language:			
OTHER HOUSE	LIOLD MENA	DEDC /*ADJUIT	** 10 OD /	OVED)				
	HOLD WEIVI							
First Name:		Middle	! Initial:	Last Name:				
Birthdate:		Sex:		Relationship to	о НОН:			
Phone number:								
Race/Ethnicity								
Race:	☐ American I	ndian/Alaska Na	tive	☐ Asian	☐ Black/A	frican Americar	1	
	☐ Native Haw	vaiian/Pacific Isla	inder	☐ White	☐ Biracial/	/Multi-Racial	☐ Oth	er
Ethnicity:	☐ Hispanic or	Latino origin		☐ Non-Hispanic o	or Latino origin			
Education								
□0-8		☐ 9 – 12/Non	-Grad	☐ High Sch	ool Grad	☐ GED/H	ISED	
☐ 12 Grade + So	me College	☐ 2 or 4 year	College Grad	☐ Grad of a	nother post-sec	condary (Vocati	onal/Tech	)
Work Status								
Military Status:	□N/A	□Active	□Veteran	Disability Statu	s: 🗆 N	lo □ Yes		
Work Status:		☐ Full-time			Part-time		☐ Self En	nployed
		☐ Unemploy	ed (> 6 mos)		Unemployed ( <u>&lt;</u>	_6 mos)	□ Unemp	oloyed
		☐ Seasonal/I	Migrant		Job Training or I	In School	☐ Retired	<u> </u>
Disconnected Yo	outh							
Not working or r	not in school (fo	or 14-24 age grou	ıb)	☐ Yes	□No			

Health Insurar	nce				
□ None	☐ Direct-Purchase	☐ Military		☐ Medic	are
☐ Medicaid	☐ Employment	☐ Other			
Language					
☐ Primary Lan	nguage:	☐ Secondary	/ Language:		
OTHER HOUS	SEHOLD MEMBERS (* <mark>CHILDREN</mark> * UN	JDFR 18)			
First Name:	Middle Initial:	Last Name:			
Birthdate:	Sex:	Relationship to	НОН:	Disability S	Status: 🗆 Yes 🗀 No
Race/Ethnicity	1				
Race:	☐ American Indian/Alaska Native	☐ Asian	☐ Black/Africa	ın American	
	☐ Native Hawaiian/Pacific Islander	☐ White	☐ Biracial/Mu	lti-Racial	☐ Other
Ethnicity:	☐ Hispanic or Latino origin	☐ Non-Hispanic o	r Latino origin		
Disconnected	Youth				
Not working o	r not in school (for 14-24 age group)	☐ Yes	□No		
Health Insurar	nce				
☐ None	☐ Direct-Purchase ☐ Mi	litary $\square$ M	edicare		
☐ Medicaid	☐ Employment ☐ Ot	her Additional Covera	ge: □Health □Vi	sion $\square$ Den	ital
Language					
☐ Primary Lan	guage:	☐ Secondary	/ Language:		
OTHER HOUS	SEHOLD MEMBERS (* <mark>CHILDREN</mark> * UN	NDFR 18)			
First Name:	Middle Initial:	Last Name:			
Birthdate:	Sex:	Relationship to	HOH:	Disability s	tatus: 🗆 Yes 🗀 No
bii tiidate.	Jex.		11011.	Disability s	tatus. 🗖 les 🗖 No
Race/Ethnicity	1				
Race:	☐ American Indian/Alaska Native	☐ Asian	☐ Black/Africa		
	☐ Native Hawaiian/Pacific Islander	☐ White	☐ Biracial/Mu	lti-Racial	☐ Other
Ethnicity:	☐ Hispanic or Latino origin	☐ Non-Hispanic o	r Latino origin		
Disconnected	Youth				
Not working o	r not in school (for 14-24 age group)	☐ Yes	□ No		
Health Insurar	nce				
□ None	☐ Direct-Purchase	☐ Military		☐ Medic	are
☐ Medicaid	☐ Employment	☐ Other Add	ditional Coverage:	□Health	□Vision □Dental
Language					
☐ Primary Lan	guage:	☐ Secondary	/ Language:		