# **HEAD START ENROLLMENT APPLICATION**

School Year:	
Age Verified:	

### **PROGRAM SELECTION**

Head Start/Alk Collaboration:   Fond du Lac					_
Staff conducted interview:	Head Start Only:	☐ Fond du Lac	☐ North Fond du Lac	☐ Prairie View	Ripon
Staff Signature:   Date:   How did you hear about ADVOCAP's Head Start Program?	Head Start/4k Collaboration:	☐ Fond du Lac	☐ North Fond du Lac		
PRIMARY PARENT/GUARDIAN  First Name:   Middle Initial:   Last Name:   Birthdate:   Sex:   Relationship with child:   Court Ordered	Staff conducted interview:	☐ In-person	☐ Phone		
PRIMARY PARENT/GUARDIAN  First Name:   Middle Initial:   Last Name:    Birthdate:   Sex:   Relationship with child:    Legal Guardian is:   Biological Parent   Gourt Ordered    Primary Parent/Guardian is in Jail/Prison:   Yes   No  Contact Information  Cell Phone:   Work Phone:    Consent to receive texts:   Yes   No   Email:    Race:   American Indian/Alaska Native   Asian   Black/African American      Native Hawaiian/Pacific Islander   White   Biracial/Multi-Racial   Other    Ethnicity:   Hispanic or Latino origin   Non-Hispanic or Latino origin    Education    O - 8   9 - 12/Non-Grad   High School Grad   GED/HSED      12 Grade + Some College   2-year - voc. or tech. grad   Advanced/4-year degree  Work Status:   Veteran   Active   N/A   Disability Status:   No   Yes    Work Status:   Veteran   Active   N/A   Disability Status:   No   Yes    Work Status:   Unemployed (> 6 mos)   Unemployed (Kot in Labor Force)      Seasonal/Migrant   Job Training or in School   Retired    Disconnected Youth  Not working or not in school (for 14-24 age group)   Yes   No    Health Insurance   Military   Medicare      Modicare   Medicare   Medicare   Military   Medicare      Medicaid   Employment   Other      Auguage   Medicare   Military   Medicare      Medicare   Medicare   Military   Medicare      Medicare   Medicare   Military   Medicare      Medicare   Medicare   Medicare   Military   Medicare      Medicare   Medicare   Military   Medicare      Medicare   Medicare   Military   Medicare      Medicare   Military   Medicare   Military   Medicare      Medicare   Medicare   Military   Medicare      Medicare   Military   M	Staff Signature:			Date:	
First Name:	How did you hear about ADVOCAF	o's Head Start Program?			
Birthdate: Sex: Relationship with child:  Legal Guardian is:   Biological Parent   Foster Parent   Adoptive Parent   Court Ordered   Primary Parent/Guardian is in Jail/Prison:   Yes   No    Contact Information  Cell Phone:   Work Phone:   Consent to receive texts:   Yes   No   Email:    Race/Ethnicity  Race:   American Indian/Alaska Native   Asian   Black/African American     Native Hawaiian/Pacific Islander   White   Biracial/Multi-Racial   Other    Ethnicity:   Hispanic or Latino origin   Non-Hispanic or Latino origin    Education    0 - 8   9 - 12/Non-Grad   High School Grad   GED/HSED      12 Grade + Some College   2-year - voc. or tech. grad   Advanced/4-year degree    Work Status:   Veteran   Active   N/A   Disability Status:   No   Yes    Work Status:   Full-time   Part-time   Self Employed     Unemployed (> 6 mos)   Unemployed (< 6 mos)   Unemployed (Not in Labor Force)     Seasonal/Migrant   Job Training or In School   Retired    Disconnected Youth  Not working or not in school (for 14-24 age group)   Yes   No    Health Insurance   Military   Medicare     Medicare   Medicaid   Employment   Other	PRIMARY PARENT/GUARDIAN	<u>N</u>			
Legal Guardian is:	First Name:	Middle Initia	l: Last Name:		
Primary Parent/Guardian is in Jail/Prison:	Birthdate:	Sex:	Relationship with o	child:	
Contact Information    Cell Phone:	Legal Guardian is: 🔲 Biologica	al Parent	ent	☐ Court Ordered	b
Cell Phone:	Primary Parent/Guardian is in Jail/	'Prison: ☐ Yes	□ No		
Race:   American Indian/Alaska Native   Asian   Black/African American   Other   Ethnicity:   Hispanic or Latino origin   Non-Hispanic or Latino origin   Education   0 - 8   9 - 12/Non-Grad   High School Grad   GED/HSED     12 Grade + Some College   2-year - voc. or tech. grad   Advanced/4-year degree  Work Status   Military Status:   Yeteran   Active   N/A   Disability Status:   No   Yes     Work Status:   Full-time   Part-time   Self Employed   Unemployed (\( \) 6 mos)   Health Insurance   None   Direct-Purchase   Military   Medicare     Medicaid   Employment   Other	Contact Information				
Race:   American Indian/Alaska Native   Asian   Black/African American   Other   Ethnicity:   Hispanic or Latino origin   Non-Hispanic or Latino origin   Education   0 - 8   9 - 12/Non-Grad   High School Grad   GED/HSED     12 Grade + Some College   2-year - voc. or tech. grad   Advanced/4-year degree   Work Status   Military Status:   Veteran   Active   N/A   Disability Status:   No   Yes     Work Status:   Full-time   Part-time   Self Employed     Unemployed (> 6 mos)   Unemployed (\(\sigma 6 \) mos)   Job Training or in School   Retired    Disconnected Youth Not working or not in school (for 14-24 age group)   Yes   No     Health Insurance   Military   Medicare     Medicaid   Employment   Other     Language	Cell Phone:	Wo	ork Phone:		
Race:   American Indian/Alaska Native   Asian   Black/African American   Other	Consent to receive texts: ☐ Yes	□ No Em	nail:		
Native Hawaiian/Pacific Islander	Race/Ethnicity				
Ethnicity:   Hispanic or Latino origin   Non-Hispanic or Latino origin    Education    0 - 8	Race:	ian/Alaska Native	☐ Asian ☐ Bla	ack/African American	
Education  □ 0 - 8	☐ Native Hawaii	an/Pacific Islander	☐ White ☐ Bir	acial/Multi-Racial	☐ Other
0 - 8	Ethnicity:	itino origin	☐ Non-Hispanic or Latino o	rigin	
12 Grade + Some College	Education				
Work Status:	□ 0 - 8	☐ 9 – 12/Non-Grad	☐ High School Grad	☐ GED/H	SED
Military Status:	☐ 12 Grade + Some College ☐	☐ 2-year – voc. or tech. gi	rad □ Advanced/4-year d	egree	
Work Status:	Work Status				
□ Unemployed (> 6 mos) □ Unemployed (≤ 6 mos) □ Unemployed (Not in Labor Force)   □ Seasonal/Migrant □ Job Training or In School □ Retired    Poisconnected Youth  Not working or not in school (for 14-24 age group)  Pealth Insurance  □ None □ Direct-Purchase □ Medicaid □ Employment □ Other  Language  □ Medicaid □ Employment □ Other □ Direct-Purchase □ Other □ O	Military Status:	☐ Active ☐ N/A I	Disability Status:	□ No □ Yes	
Seasonal/Migrant	Work Status: ☐ Full-time	1	□ Part-time	☐ Self Employed	
Disconnected Youth  Not working or not in school (for 14-24 age group)  Health Insurance  None  Direct-Purchase  Medicaid  Employment  Other	☐ Unemploy	red (> 6 mos)	□ Unemployed ( <u>&lt;</u> 6 mos <u>)</u>	☐ Unemployed (N	Not in Labor Force)
Not working or not in school (for 14-24 age group)  Health Insurance  None  Direct-Purchase  Medicaid  Employment  Other	☐ Seasonal/I	Migrant I	☐ Job Training or In School	☐ Retired	
Health Insurance  None Direct-Purchase Military Medicare  Medicaid Employment Other  Language	Disconnected Youth				
□ None       □ Direct-Purchase       □ Military       □ Medicare         □ Medicaid       □ Employment       □ Other    Language	Not working or not in school (for 1	4-24 age group)	□ Yes □	No	
☐ Medicaid ☐ Employment ☐ Other  Language	Health Insurance				
Language	□ None □	☐ Direct-Purchase	☐ Military	☐ Medica	re
	☐ Medicaid [	☐ Employment	☐ Other		
☐ Primary Language: ☐ Secondary Language:	Language				
	☐ Primary Language:		☐ Secondary Languag	ge:	

#### **HOUSEHOLD INFORMATION**

Physical Addres	SS:			City:			
State:		Zip		Count	y of Residence:		
If Homeless:	□ Ce	rtification of Homel	essness	☐ Self-Certific	ed		
Family Type							
☐ Single Paren	t/Female	☐ Single Parent/M	lale	☐ Two-Parent	Household		
☐ Multi-Gener	ational	☐ Extended Famil	У	☐ Non-related	Adults w/Childre	en	
☐ Other:		Number in Househ	old:	Number in Fan	nily:		
Housing Type							
☐ Rent		Own	☐ Hom	neless	☐ Temporary	Quarters <b>E</b>	] Other
HEAD START (	CHILD APPLIC	<u>ANT</u>					
First Name:		Middle Init	ial:	Last Name:			
Birthdate:		Sex:		Relationship to I	HOH:		
Race/Ethnicity							
Race:	☐ American l	ndian/Alaska Native	· 🗆	Asian	☐ Black/Afri	can Americar	1
	☐ Native Hav	vaiian/Pacific Island	er 🗆	White	☐ Biracial/M	Iulti-Racial	☐ Other
Ethnicity:	☐ Hispanic o	r Latino origin		Non-Hispanic o	r Latino origin		
Health Insuran	ce						
☐ None	☐ Direct-Pu	rchase	☐ Military				
☐ Medicaid	☐ Employm	ent	☐ Other ac	ditional covera	ge: 🗆 Health 🗆 V	/ision □ Dent	al
Language							
Primary Langua	ige:			Seconda	ry Language:		
Child speaks En	glish at home:	☐ Yes	□ No				
English speakin	g skills:	□ Very well	□ Well	□ Not v	vell 🔲 Not	t at all	
Services Receiv	/ed						
☐ Speech/Lang	guage Therapy	☐ Birth to Thr	ee	☐ Early Child	hood	☐ Couns	eling
Name of Couns	elor (if applicab	le):					

#### **SECONDARY PARENT/GUARDIAN**

First Name:		Middle Initial:	Last Name:			
Birthdate:		Sex:	Relationship with	n child:		
Secondary Parer	nt/Guardian is:	☐ Biological Parent	☐ Foster Parent	□ Ad	optive Parent	☐ Court Ordered
	nt/Guardian is in Jail/Pr		☐ Yes	□ No		
Scoonaary rare.						
Contact Informa	ation					
Cell Phone:			ork Phone:			
Consent to rece	ive texts:	No Em	nail:			
HOUSEHOLD IN	<u>FORMATION</u>					
Physical Address	s:		City:			
State:	Zip:		County	of Residenc	ce:	
If Homeless:	☐ Certification	on of Homelessness	☐ Self-Certified			
Family Type:						
☐ Single Parent	/Female ☐ Sing	le Parent/Male	☐ Two-Parent Ho	ousehold		
☐ Multi-Genera	tional 🗆 Exte	ended Family	□ Non-related A	dults w/Ch	ildren	
☐ Other:	Numbe	er in Household:	Number in Famil	y:		
Housing Type:						
☐ Rent	□ Own		Homeless			
☐ Temporary Q	uarters					
Race/Ethnicity						
Race:	☐ American Indian/A	laska Native	☐ Asian	☐ Black/	African America	n
	☐ Native Hawaiian/P	acific Islander	☐ White	☐ Biracia	al/Multi-Racial	☐ Other
Ethnicity:	☐ Hispanic or Latino	origin	☐ Non-Hispanic or L	atino origii	า	
Education						
□0-8	□ 9 -	- 12/Non-Grad	☐ High School	Grad	☐ GED/	HSED
☐ 12 Grade + So	ome College 🔲 2-y	vear – voc. or tech. g	rad □ Advanced/4	-year degre	ee	
Work Status						
Military Status:	□N/A	□Veteran	Disability Status:		□ No	☐ Yes
	LIACTIVE	_ veteran				
Work Status:	☐ Full-time	d (> C mas)	□ Part-time	masl	☐ Self Employe	
	☐ Unemployed		☐ Unemployed (< 6 r		☐ Retired	d (Not in Labor Force)
	☐ Seasonal/M	igidiit	☐ Job Training or In S	0011001	□ retired	
Disconnected Y	outh					
Not working or	not in school (for 14-24	age group)	☐ Yes	□No		Jnspecified

Health Insurance				
□ None	☐ Direct-Purchase		☐ Military	☐ Medicare
☐ Medicaid	☐ Employment		☐ Other:	
Language				
☐ Primary Language:			☐ Secondary Lar	guage:
ALTERNATE CONTACT				
First Name:		Last Nan	ne:	
Relationship to child:		Phone n	umber:	Language spoken:

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

First Name:		Middle I	nitial:	Last Nan	ne:			
Birthdate:	Sex:	Relation	ship to HOI	<del>1</del> :	Dis	sability Status	:: □ Yes	□ No
Race/Ethnicity								
Race:		ndian/Alaska Nativ aiian/Pacific Islan		☐ Asian ☐ White	□ Black/Afri □ Biracial/W	can American Iulti-Racial	n 🔲 Oth	ier
Ethnicity:	☐ Hispanic or	Latino origin		☐ Non-Hispani	c or Latino origin			
Education								
□ 0 - 8		☐ 9 – 12/Non G	rad					
Disconnected Yo	outh							
Not working or n	ot in school (fo	r 14-24 age group	)	☐ Yes	□No			
Health Insurance	e							
□ None		☐ Direct-Purcha	ise	☐ Militar	у			
☐ Medicaid		☐ Employment		☐ Other <i>i</i>	Additional Coverage	: 🗆 Health	∪Vision	□Dental
Language								
☐ Primary Langu	ıage:			☐ Second	lary Language:			
OTHER HOUSE	HOLD MEME	BERS (* <mark>ADULTS</mark>	* 18 OR (	OVER)				
First Name:		Middle I	nitial:	Last Name:				
Birthdate:		Sex:		Relationship	to HOH:			
Phone number:								
Race/Ethnicity								
Race:	☐ American Ir	ndian/Alaska Nativ	/e	☐ Asian	☐ Black/Afri	can American	ı	
	☐ Native Haw	aiian/Pacific Islan	der	☐ White	☐ Biracial/M	Iulti-Racial	☐ Oth	er
Ethnicity:	☐ Hispanic or	Latino origin		☐ Non-Hispani	c or Latino origin			
Education								
□ 0 - 8		□ 9 – 12/Non-G	irad	☐ High So	chool Grad	☐ GED/H	ISED	
☐ 12 Grade + So	me College	☐ 2 or 4 year Co	ollege Grad	☐ Grad o	f another post-seco	ndary (Vocatio	onal/Tech	1)
Work Status								
Military Status:	□N/A	□Active	□Veteran	Disability Sta	tus: □ No	☐ Yes		
Work Status:		☐ Full-time		[	☐ Part-time		☐ Self En	nployed
		☐ Unemployed			☐ Unemployed ( <u>&lt;</u> 6	•	□ Unemp	
		☐ Seasonal/Mi	grant		☐ Job Training or In	School	☐ Retired	Ł
Disconnected Yo	outh							
Not working or n	ot in school (fo	r 14-24 age group	)	☐ Yes	□ No			
Health Insurance	е							
□ None		☐ Direct-Purcha	ise	☐ Militar	у	☐ Medic	are	
☐ Medicaid		☐ Employment		☐ Other				
Language								
☐ Primary Langu	lage:			☐ Second	lary Language:			

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

			<del></del>				
First Name:	Middle Ir	nitial: La	st Name:				
Birthdate:	Sex:	Re	elationship to	нон:	Disability St	atus: ☐ Yes	□No
Race/Ethnicity	У						
Race:	☐ American Indian/Alaska Nativ	re 🗆 As	ian	☐ Black/Africa	n American		
	☐ Native Hawaiian/Pacific Island	der 🗆 W	hite	☐ Biracial/Mul	ti-Racial	☐ Other	
Ethnicity:	☐ Hispanic or Latino origin	□ No	n-Hispanic or	Latino origin			
Education							
□0-8	☐ 9 – 12/Non	Grad					
Disconnected	Youth						
Not working o	r not in school (for 14-24 age group	)	☐ Yes	□No			
Health Insura	nce						
☐ None	☐ Direct-Purchase	☐ Military	□Ме	edicare			
☐ Medicaid	☐ Employment	☐ Other Addi	tional Coverag	ge: □Health □Vis	sion □Dent	al	
Language							
☐ Primary Lan	nguage:		☐ Secondary	Language:			
OTHER HOUS	SEHOLD MEMBERS (*CHILDRI	N* UNDER 18	3)				
First Name:	Middle Ir		st Name:				
Birthdate:	Sex:	Re	elationship to	НОН:	Disability sta	atus: 🗆 Yes	□No
Race/Ethnicity	У						
Race:	☐ American Indian/Alaska Nativ	re 🗆 As	ian	☐ Black/Africa	n American		
	☐ Native Hawaiian/Pacific Island	der 🗆 W	hite	☐ Biracial/Mul	ti-Racial	☐ Other	
Ethnicity:	☐ Hispanic or Latino origin	□ No	n-Hispanic or	Latino origin			
Education							
□0-8	☐ 9 – 12/Non	Grad					
Disconnected	Youth						
Not working o	r not in school (for 14-24 age group	)	☐ Yes	□No			
Health Insura	nce						
□ None	☐ Direct-Purcha	se	☐ Military		☐ Medica	re	
☐ Medicaid	☐ Employment		· ·	itional Coverage:	□Health [	□Vision □De	ental
Language							
☐ Primary Lar	odnade.		☐ Secondary	Languago			
- Finitally Lat	iguage.		- Jecondary	Language.			