



Head Start / Early Head Start/State Application



For any questions please call: 530-668-3030

Please circle desired session: HS or EHS or CSPP State Only
Full Day: 7:30 – 4:00 , 9:00 - 3:30

Site: _____ Home Base _____

Please attach the following:

- Income 12 months (1040, W-2's, TANF Voucher)
- Plus for State - Previous months check stubs
- Birth Certificate (Include Siblings) IEP/IFSP Copy
- Medical Insurance Card TB Immunizations
- Proof of address Proof of single parent status

CHILD/INFANT/APPLICANT INFORMATION						
Participant Last Name:		Participant First Name:		Family Member of Head Start Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____		
DOB:	Due Date:	Transitioning from EHS? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Child's Language: <input type="checkbox"/> Bilingual		Family Language At Home: _____				
How did you hear about HS/EHS?						
Is Child Potty Trained: <input type="checkbox"/> Yes <input type="checkbox"/> No *Answer will not affect eligibility or any entry to program.						
Parent English Language Proficiency: Proficient Moderate Poor None			Child Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino			
Address:		City:	State: CA	Zip Code:		
Is your current address a temporary living arrangement due to loss of housing or economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Phone Numbers: Home ()		Work ()	Cell ()	email: _____		
Child Race: (Check all that apply)						
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> White		Primary Parent Race _____				
<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other _____ <input type="checkbox"/> Unspecified		Secondary Parent Race _____				
Parental Status: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Legal Guardian			Teen Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dentist Name/Address/Phone Number:			Doctor Name/Address/Phone Number:			
Primary Health Coverage: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> None <input type="checkbox"/> Other or <input type="checkbox"/> Private (Name): _____			Do you receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Health Insurance Number:			Does your child have a disability or special need? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have any medical concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Suspected <input type="checkbox"/> Diagnosed Condition: _____			
			Do you receive TANF or SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			SNAP (CalFresh)? <input type="checkbox"/> Yes <input type="checkbox"/> No Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ADULT/PARENT INFORMATION						
<i>LIVING IN HOUSEHOLD SUPPORTED BY THE INCOME OF THE PARENTS/GUARDIANS OF THE CHILD ENROLLED AND RELATED TO THE PARENTS BY BLOOD, MARRIAGE OR ADOPTION:</i>						
First and Last Name Enter Primary Adult First	Date of Birth	Ethnicity (Hispanic/ Latino or non Hispanic/Latino)	Sex	Education Status: Less than High School; High School Diploma; GED; Some college or AA; BA or advanced	Employment Status: Full-time; Seasonal; Retired or Disabled; Unemployed; Part-time; School/Training; Work & School	Relationship To Child (Mother, Grandparent, Foster/legal guardian)
			M F			
			M F			
			M F			
			M F			
OTHER CHILDREN IN HOME						
First and Last Name	Date of Birth	Ethnicity	Sex	Relationship To Primary Adult		
			M F			
			M F			
			M F			
			M F			
			M F			

I certify under penalty of perjury that the information in this enrollment packet is true and complete to the best of my knowledge. If any part is false or omitted, 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.

Parent / Guardian Signature _____
2023-2024 Due: Must be completed before child is enrolled

Date _____
07/13/23