



EARLY HEAD START-CHILD CARE PARTNERSHIP (EHS-CCP) APPLICATION

CHILD APPLICANT INFORMATION					
Child First and Last Name:				Family Member of Head Start Staff? <input type="checkbox"/> No <input type="checkbox"/> Yes: Name:	
DOB:		Was the child premature? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, how many weeks?		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Child Language:		Primary Language at Home:		Acquiring/Learning another language in addition to English: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Race (check all that apply): Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial/Bi-racial (List): _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unspecified					
Living Address, City, State, Zip:					
Shared housing/Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Phone:		*Primary Email:	
Primary Health Coverage: <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other/Private (list):					
Does your child have a disability or special need? <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Suspected <input type="checkbox"/> Diagnosed					
Does your child have any medical concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes (list):					
Doctor Name/Address/Ph:					
Dentist Name/Address/Ph:					
Referred by Child Welfare Agency: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you receive TANF or SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No		Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		SNAP (CalFresh)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian is a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parental Status: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two					
LIST ALL PERSONS LIVING IN THE HOUSEHOLD, SUPPORTED BY THE INCOME OF THE PARENTS/GUARDIANS OF THE CHILD ENROLLED AND RELATED TO THE PARENTS BY BLOOD, MARRIAGE OR ADOPTION:					
1) PRIMARY ADULT FIRST/LAST NAME		DOB	RACE	HISPANIC	GENDER
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F
RELATIONSHIP TO CHILD <small>(Father, mother, grandparent, foster parent, etc.)</small>		EMPLOYMENT STATUS <small>(Full/Part-time; Unemployed, Seasonal; Training etc.)</small>		HIGHEST GRADE COMPLETED <small>(HS Diploma; GED; AA/BA; training certificate; etc.)</small>	
2) SECONDARY ADULT FIRST/LAST NAME		DOB	RACE	HISPANIC	GENDER
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F
RELATIONSHIP TO CHILD <small>(Father, mother, grandparent, foster parent, etc.)</small>		EMPLOYMENT STATUS <small>(Full/Part-time; Unemployed, Seasonal; Training etc.)</small>		HIGHEST GRADE COMPLETED <small>(HS Diploma; GED; AA/BA; training certificate; etc.)</small>	
3) OTHER ADULT FIRST/LAST NAME		DOB	RACE	HISPANIC	GENDER
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F
RELATIONSHIP TO CHILD <small>(Father, mother, grandparent, foster parent, etc.)</small>		EMPLOYMENT STATUS <small>(Full/Part-time; Unemployed, Seasonal; Training etc.)</small>		HIGHEST GRADE COMPLETED <small>(HS Diploma; GED; AA/BA; training certificate; etc.)</small>	
OTHER CHILDREN IN HOME					
FIRST AND LAST NAME	DOB	RACE	GENDER	RELATIONSHIP TO PRIMARY ADULT	
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		

I consent for exchange of eligibility information if needed (i.e. 3rd party income verification). *Opt in for EHS email notices

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

DATE