

Pickaway County Early Head Start & Head Start Application EHS- 465 E. Ohio St P.O. Box 697, Circleville (740) 474-9544 *HS-145 E. Corwin St, Circleville (740)474-7411



and Franch											
Applican	t <i>(child a_l</i>	pplying for se	ervices)								
First	Mid	dle	Last	Birthdate		Gender					
Race				Hispanic	Primary I	Language Spoken					
□ Asian	☐ America	n Indian/Alaska Na	ative	□ Yes	□ English						
□ Black		n/Pacific Islander		□ No	☐ Other						
□ White	□ Multi-Ra	cial			Specify:						
☐ Other:											
	Drimon, L	loolth Coverage			Authorizot	ion Dologoo					
☐ Molina	Filliary F	lealth Coverage	Ph	Authorization Release Photos & videos of my children and family will be taken during the year. I							
☐ Care Sou	irce			give permission to use them in/on: (check all that apply)							
☐ Other:											
☐ Insurance	e #			Newspaper ☐ Facebo	OOK LIP	rogram Presentations					
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Adult 1											
First	Mi	ddle	Last	Birthdate		Gender					
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Highest Gra	de	Employment Sta	tus	Relationship to	Custody	Check all that apply for	this				
Completed	055		E D 01:"	Child		adult:					
☐ Diploma or ☐ Associates		☐ Full Time☐ Part Time	□ Day Shift□ Evening Shift	☐ Biological / Adopted☐ Grandparent	☐ Yes ☐ No	☐ Lives in household					
☐ Baccalaure		☐ Seasonal	☐ Night Shift	☐ Step Parent (married)		☐ Receives Subsidized	I				
☐ Less than I		☐ Job Training	☐ Varied Shift	☐ Foster	'	funding?					
Last grade		☐ Student	☐ Retired or Disabled	☐ Aunt/Uncle		0					
		□ Unemployed		☐ Other		☐ Yes ☐ No					
E-mail Addre	ess:										
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Adult 2 First	Mic	idle	Last	Birthdate		Gender					
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First Highest Grade		ddle Employment		Birthdate Relationship to	Custody	Gender Check all that apply for	this				
First Highest Grac Completed	de	Employment	t Status	Relationship to Child	•	Check all that apply for adult:	this				
First Highest Grade Completed □ Diploma or	de r GED	Employment	t Status ☐ Day Shift	Relationship to Child Biological / Adopted	□ Yes	Check all that apply for adult:	this				
First Highest Grace Completed □ Diploma or □ Associates	de r GED Degree	Employment	t Status ☐ Day Shift ☐ Evening Shift	Relationship to Child Biological / Adopted Grandparent	□ Yes	Check all that apply for adult: □ Lives in household					
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Family Information	1											
Living Address		s Line 2 Zi	p City	State	County							
Mailing Address (if differe	ent) Address	s Line 2 Zi	p City	State	County							
Name	Phone Numbers	Relationship to Child	Opt in for Texting	Type (Ch	eck One)							
			□ Yes □ No	□ Cell □ Home I	□ Work □ Other							
			□ Yes □ No	□ Cell □ Home I	□ Work □ Other							
			□ Yes □ No	□ Cell □ Home I	□ Work □ Other							
Primary Language at Home	Single Parent Household	Homeless Family	Active Duty Military	Veteran of U.S. Military	Referred by Child Welfare Agency							
	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No							
My child will attend elementary school when they transition out of Head Start.												
Child and Family H	History											
Do you have concerns about your child's development? ☐ Yes ☐ No Explain: (walking, playing, etc.)												
Do you have concerns about your child's behavior? □Yes □ No Explain:												
Do you have speech concerns about your child?												
Do you have any other concerns about your child? □Yes □ No Explain: Has your child attended any preschool program before? □ Yes □ No												
			□ No									
Did your child relocate from a different Head Start program? ☐ Yes ☐ No Are any members of your household currently incarcerated? ☐ Yes ☐ No Do you have an open case with Child Protective Services? ☐ Yes ☐ No												
How did you hear about E	Early Head Start and Head	Start ?										
Family Income												
TANF/OWF/Cash	SSI	Food Stamps	WIC		Total # in Household (related by blood, marriage or adoption)							
☐ Yes ☐ No ☐ For	merly ☐ Yes ☐ No	☐ Yes ☐ No	□ Yes □	No								
All persons making applic	cation to Early / Head Start	t Must attach one of the	following documents a	s proof of gross family	income.							
All persons making application to Early / Head Start Must attach one of the following documents as proof of gross family income. Office Use Only Verification of Income: (Please mark all that apply)												
□ 1040 Tax Form □ W2 □ Child Support □ Pay Stub(last 12 months) □ Unemployment □ Other Explain:												
☐ Under 100% I	ncome	Screened By		Date Verified								
□ 100%-130% Income		Verified By_		Date Verified								
□ Over 100% In	come	Yearly Income:										
Certification: I certify that this information is true. If any part is false, 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 and is accessible to me during normal business hours. I have also received a copy of the agency HIPPA document.												

Date_____

Parent/Guardian Signature_____