



Aroostook County Action Program

44 Park St. Presque Isle, Me 04769 207-554-4224 1-800-432-7881

Applicant & Family Member Information

Head Start Early Head Start Child Care School Age Child Care

Applicant form with fields for First, Middle, Last, Suffix, Nickname, Birthday, Gender, SSN, Alt ID, Race, English Proficiency, Other Language, Primary Health Coverage, Other Coverage, Insurance #, Medicaid Eligibility, Medicaid #, Doctor/Medical Home, Dental Coverage, Dental Coverage #, Dentist/Dental Home.

Additional Information on Applicant form with checkboxes for Child has a diagnosed disability and has an IEP/IFSP through Child Development Services (CDS), Child has a diagnosed disability and is receiving services through another provider, Child has a suspected disability that has not been diagnosed, Child has been impacted by substance use in their family.

Primary Adult form with fields for First, Middle, Last, Suffix, Nickname, Birthday, Gender, SSN, Alt ID, Race, English Proficiency, Other Language, Highest Grade Completed, Employment Status, Child's Relationship, Custody, Check all that apply.

Secondary or Other Adult form with fields for First, Middle, Last, Suffix, Nickname, Birthday, Gender, SSN, Alt ID, Race, English Proficiency, Other Language, Highest Grade Completed, Employment Status, Child's Relationship, Custody, Check all that apply.

Additional Child (Non-Applicant) form with fields for First, Middle, Last, Suffix, Nickname, Birthday, Gender, SSN, Race, English Proficiency, Other Language, Other Language Proficiency.

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Family Information, Income & Contacts

Family Information									
Family Living Address									
Started Living at Date	Living Address	Address Line 2	ZIP	City	State	County			
Family Mailing Address									
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State			
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Phone Number(s)		Type (check one)	Note (extension or best time to call)	Opt in for Text Messages					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Parental Status (check one)	Primary Language at Home	Relationship to Participant(s)	Acquired/learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income							
Income Verified by			Verification Date		TANF Status		SSI
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note	
	\$		\$				
	\$		\$				
	\$		\$				
Income Notes							

Emergency Contacts									
Contact 1	Name		Relationship		Emergency Contact		Release To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address			ZIP		City		State	
Phone Number 1			Phone Number 2			Phone Number 3			
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Contact 2	Name		Relationship		Emergency Contact		Release To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address			ZIP		City		State	
Phone Number 1			Phone Number 2			Phone Number 3			
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Contact 3	Name		Relationship		Emergency Contact		Release To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address			ZIP		City		State	
Phone Number 1			Phone Number 2			Phone Number 3			
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

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.

Parent/Guardian Signature _____ Date _____

Applicant Eligibility & Enrollment Information

Eligibility			
Program Term	Agency	Initial Status	Status Date
		<input type="checkbox"/> New <input type="checkbox"/> Accepted <input type="checkbox"/> Waitlisted	
Releases Signed	Date Signed	Child will transition to	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Location Preference Priority	Site	Classroom	Funding
1st			
2nd			
3rd			
Enrollment Notes			
Application Date	Application Status	Application Number	Participation Year
	<input type="checkbox"/> Complete & Verified <input type="checkbox"/> Incomplete, info not returned <input type="checkbox"/> Incomplete <input type="checkbox"/> Other - specify in notes		
Eligibility Date	Number in Family	Eligibility Income	
CACFP Date	CACFP Income	Per (for example, year, month, other)	CACFP Status
			<input type="checkbox"/> Free (full reimbursement) <input type="checkbox"/> Paid (minimum reimbursement) <input type="checkbox"/> Reduced price (reduced reimbursement)
Child eligible to participate in program	Type of eligibility interview	Income Status	Documentation used to determine eligibility
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In-person <input type="checkbox"/> Telephone	<input type="checkbox"/> Over Income <input type="checkbox"/> Public Assistance <input type="checkbox"/> Eligible (Below 100%) <input type="checkbox"/> Foster child <input type="checkbox"/> Homeless	<input type="checkbox"/> Income Tax Form 1040 <input type="checkbox"/> W-2 <input type="checkbox"/> TANF Documentation <input type="checkbox"/> Pay stub or pay envelopes <input type="checkbox"/> Unemployment <input type="checkbox"/> Written statements from employers <input type="checkbox"/> Foster care reimbursement <input type="checkbox"/> SSI Documentation <input type="checkbox"/> Other
Documentation of No Income			

Eligibility Criteria

To set up your program's eligibility criteria on this form: Type or print each of the program's eligibility questions in the spaces provided below. Then, for each question, list each of the possible answers (along with their corresponding point values).

To complete this form: Circle the applicable answer and print the number of eligibility points it represents in the Points column. We've included the following example to help you get started.

Disability?	Diagnosed (50 pts), Suspected (25 pts), None (0 pts)	25
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Eligibility Question	Possible Answers	Points

Head Start Eligibility Verification Form



1. Child's name: _____

2. Child's date of birth: _____

3. Is this child eligible to participate in the program? Yes No

4. Type of eligibility interview conducted: In-person Audio or Video Call

5. Indicate the applicable eligibility criterion for this child:

- | | |
|---|---|
| <input type="checkbox"/> Experiencing Homelessness | <input type="checkbox"/> Other (up to 10% may fall into this category, up to 49% for AI/AN programs) |
| <input type="checkbox"/> Foster care | |
| <input type="checkbox"/> Public assistance (TANF, SSI, SNAP) | <input type="checkbox"/> Income between 100-130% poverty guidelines (up to 35% may fall into this category) |
| <input type="checkbox"/> Income at or below 100% poverty guidelines | |

6. What documentation was used to determine eligibility and is included as part of the eligibility determination record?

- | | |
|--|---|
| <input type="checkbox"/> Income Tax Form 1040 | <input type="checkbox"/> Unemployment documentation |
| <input type="checkbox"/> W-2 | <input type="checkbox"/> Written statement (employer, service provider) |
| <input type="checkbox"/> TANF documentation | <input type="checkbox"/> Foster care reimbursement |
| <input type="checkbox"/> SSI documentation | <input type="checkbox"/> Family signed declaration |
| <input type="checkbox"/> SNAP documentation | <input type="checkbox"/> Other, please describe:

_____ |
| <input type="checkbox"/> Pay stub or earnings statements | |

7. Staff signature: _____ Date: _____

8. Staff name: _____ Title: _____

Notes: