

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

Applica	ant							
First	Middle	Last	Suffix	Nickname I	Birthday	Gender	SSN	Alt ID
Race			Hispanic	English Proficiency	Other L	anguage	Othe	r Language Proficiency
□ Asian	American India	n/Alaska Native	□ Yes	□ Little			🗆 Lit	tle
Black	Hawaiian/Pacif	ic Islander	🗆 No	Moderate				oderate
□ White	Multi-Racial			□ None				one
Other:				Proficient			🗆 Pr	oficient
Primary	Health Coverage	Other Coverage	Insurance #	Medicaid Eligib	oility	Medicaid #		Doctor/Medical Home
				Not Eligible				
				On Medicaid				
				Potentially				
Dent	tal Coverage	Dental Cov	erage #		D	entist/Dental H	ome	

#### Additional Information on Applicant Child has a diagnosed disability and has an IEP/IFSP though Child Development Services (CDS) □ Yes □ No Child has a diagnosed disability and is receiving services through another provider Child has a suspected disability that has not been diagnosed □ Yes □ No □ Yes □ No □ Yes □ No Child has been impacted by substance use in their family In Recovery In Treatment **Primary Adult** Suffix SSN Alt ID First Middle Last Nickname Birthday Gender

Race				Hisp	banic	English Profi	ciency	Other Language		Other Language Proficiency
Asian	□ Ameri	can Indian/Alaska N	lative	ΠY	es	□ Little				□ Little
Black	🗆 Hawai	ian/Pacific Islander			0	□ Moderate				☐ Moderate
□ White	□ Multi-Racial			□ None				□ None		
□ Other:					Proficient				Proficient	
Highest Grade Completed E		Emplo	Employment Status		Child's Relationship		Custody	Check all that apply:		
□ Associate	e's	Grade 10	Full Time	e 🛛 🗆 Full Time		e & Training 🛛 🗆 Biologica		al/Adopted/Step	□ Yes	Lives with Family
Bachelor	S	□ Grade 11	Part Tim	е	Part Tim	e & Training	& Training Grandchild		🗆 No	□ Provides Financial Support
Col Deg/	Train	Grade 12	Seasona					Other Relative		□ Teen Parent
□ Col or Adv Train □ < Grade 9		□Unemplo	yed	Retired of	or Disabled	□ Foster				
GED     HS Graduate			-			Other			If teen parent, subsidized?	
		□ Master's								□ Yes □ No

Email Address:

Secondary or O	ther Adult								
First	Middle L	ast	Suffix	Nicknam	ne Birt	hday Gend	ler SSI	N Alt ID	
Race			Hispanic	1 0		ciency Other Language		Other Language Proficiency	
🗆 Black 🛛 Hawai	lack ☐ Hawaiian/Pacific Islander Vhite ☐ Multi-Racial		□ Yes □ No	□ Little □ Moderate □ None □ Proficient				□ Little □ Moderate □ None □ Proficient	
Highest Grade Comp	leted		Employment Stat	ployment Status		Child's Relationship		Check all that apply:	
□ Associate's       □ Grade 10       □ Full Time         □ Bachelor's       □ Grade 11       □ Part Time         □ Col Deg/Train       □ Grade 12       □ Seasona         □ Col or Adv Train       □ < Grade 9		e 🛛 Part Tin I 🗍 Training	□ Full Time & Training □ Part Time & Training □ Training or School		<ul> <li>Biological/Adopted/Step</li> <li>Grandchild</li> <li>Other Relative</li> <li>Foster</li> <li>Other</li> </ul>		□ Lives with Family □ Provides Financial Support □ Teen Parent If teen parent, subsidized? □ Yes □ No		

#### Email Address:

Additio	nal Child (Non-Applica	ant) *						
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN
Race			Hispanic	English Pr	oficiency	Other Language	Other La	inguage Proficiency
□ Asian □ Black □ White □ Other: _	American Indian/Alaska I     Hawaiian/Pacific Islande     Multi-Racial		□ Yes □ No	□ Little □ Modera □ None □ Proficie			Little	

\* 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 Info	ormation	1									
Family Living	Address										
Started Living a	at Date	Living Address	Address	Line 2	ZIP		City		State	County	
Family Mailing Address											
Same as living	?	Started Using Date	Mailing Address		Ad	dress Line	2	ZIP	City		State
□Yes □ No	0										
Phone Number	r(s)		Type (check one)			Note (e	extension or	best time to call)	Opt i	n for Text Me	ssages
			Cell D Home	□ Work	□ Other				ΠYe	es □No	
			Cell D Home	□ Work	□ Other				ΠYe	es □No	
			□ Cell □ Home	□ Work	□ Other				ΠYe	es □No	
Parental Status ( <i>check one</i> )	Primary Language at Home	Relationship to Participant(s)	Acquired/learning another language in addition to English		eless nily	Active Duty Military	Military Veteran	Referred by Welfare Age		Receiving SNAP	WIC
□ One □ Two			□ Yes □ No		Yes No	□ Yes □ No	□ Yes □ No	□ Yes □ No		□ Yes □ No	□ Yes □ No

Family Income									
Income Verified by			\ \	Verification Date	TANF Status	SSI			
					□ Yes □ No □ Formerly on TANF/Not no	ow □ Yes			
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									

Em	nergency Contacts	5							
	Name		Relations	hip		Emergen	cy Contact	Releas	е То
-						□ Yes	□ No	□ Yes	□ No
act	Address			ZIP		City			State
Contact									
<b>—</b>	Phone Number 1		Phone Numb	per 2		Phone Num	ber 3		
		□ Cell □ Home □ Work			□ Cell □ Home □ Work			□ Cell □ Hom	e 🛛 Work
	Name		Relations	hip		Emerger	ncy Contact	Relea	ase To
t 2						□ Yes	□ No	□ Yes	□ No
ac	Address			ZIP		City			State
Contact									
<u> </u>	Phone Number 1		Phone Numb	ber 2		Phone Num	ber 3		
		□ Cell □ Home □ Work			□ Cell □ Home □ Work			Cell 🗆 Hom	e 🛛 Work
	Name		Relations	hip		Emergency	Contact	Relea	ase To
t G						□ Yes	□ No	□ Yes	□ No
tac	Address			ZIP		City			State
Contact									
	Phone Number 1		Phone Numb	ber 2		Phone Num	ber 3		
		□ Cell □ Home □ Work			□ Cell □ Home □ Work			□ Cell □ Hom	e 🛛 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 \_\_\_\_\_

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Date\_\_\_\_\_

# **Applicant Eligibility & Enrollment Information**

Eligibility							
Program Term	Agency		Initial Sta	atus		S	status Date
			□ New	□ Accepted	□ Waitlisted	b	
Releases Signed	Date Signed	I	Child will	transition to			
□ Yes □ No							
Location Preference Priority	Site			Classroom			Funding
1st							
2nd							
3rd							
Enrollment Notes							
Application Date	Application Status				Applicati	on Number	Participation Year
	Complete & Verifie     Incomplete		lete, info n specify in	ot returned notes			
Eligibility Date	Number in Fan	nily El	igibility Inc	ome			
CACFP Date	CACFP Incom	e Pe	er (for exan	nple, year, month,	, other)	CACF	P Status
					🗆 Pai	ee (full reimbursem id (minimum reimb duced price (reduc	
Child eligible to participate in program	Type of eligibility interview	Income S	tatus		Documentation	used to determine	eligibility
□ Yes □ No	□ In-person □ Telephone	<ul> <li>Over Income</li> <li>Public Assista</li> <li>Eligible (Belor</li> <li>Foster child</li> <li>Homeless</li> </ul>		□ Income Tax F □ W-2 □ TANF Docum □ Pay stub or pa	entation	Unemployme Written stater Foster care re SSI Documer Other	ments from employers eimbursement
Documentation of No Income			1				

## **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

Eligibility Question	Possible Answers	Points

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# Head Start Eligibility Verification Form

1. Child's name:	
2. Child's date of birth:	
3. Is this child eligible to participate in the pro	ogram? Yes No
4. Type of eligibility interview conducted:	In-person 🗌 Audio or Video Call
5. Indicate the applicable eligibility criterion for	or this child:
Experiencing Homelessness	Other (up to 10% may fall into this category, up to 49% for AI/AN programs)
Public assistance (TANF, SSI, SNAP)	Income between 100-130% poverty
Income at or below 100% poverty guidelines	guidelines (up to 35% may fall into this category)
6. What documentation was used to determine eligibility determination record?	ne eligibility and is included as part of the
Income Tax Form 1040	Unemployment documentation
₩-2	Written statement (employer, service provider)
TANF documentation	Foster care reimbursement
SSI documentation	Family signed declaration
SNAP documentation	Other, please describe:
Pay stub or earnings statements	
7. Staff signature:	Date:
8. Staff name:	Title:
Notes:	