□ None ☐ Proficient

☐ Multi-Racial

☐ White ☐ Other:

Head Start Early Head Start Child Care School Age Child Care	Aroostook County Action Program	Informa	ation			²ark St. Presq lead Start □ I				1-800-43	2-7881
Race Hispanic English Proficiency Other Language	Annline	no.6				icaa otari 🗀 i	zany ricaa	otart 🗀 ornia car	C 1 001100	Trigo Offilia Gare	
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Other				idii v O							
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Primary Health Coverage			doldi								
Not Eligible On Medicaid Potentially Dentist/Dental Home		lealth Cover	rage Other Co	verage	Insurance #		id Fligibility	Medic	aid #		lome
Dentist/Dental Home	,	□ Not Eligible □ On Medicaid									
Additional Information on Applicant Child has a diagnosed disability and has an IEPIFSP though Child Development Services (CDS) Child has a subgreated disability and has an IEPIFSP though child Development Services (CDS) Child has a subgreated disability that has not been disgnosed child has a subgreated disability that has not been disgnosed child has been impacted by substance use in their family In Recovery In Treatment Yes No Child has been impacted by substance use in their family In Recovery In Treatment Yes No Child has been impacted by substance use in their family In Recovery In Treatment Yes No Child has been impacted by substance use in their family In Recovery In Treatment Yes No Child has been impacted by substance use in their family In Recovery In Treatment Yes No Child has been impacted by substance use in their family In Recovery In Treatment Yes No Child has been impacted by substance use in their family In Recovery In Treatment Yes No Child has been impacted by substance use in their family In Recovery In Treatment Yes No Child has been impacted by substance use in their family In Recovery In Treatment Interest Yes No Child has been impacted by substance use in their family In Recovery In Treatment Interest Intere	Denta	al Coverage		Dental Cover	rage #			Dentist/De	ntal Home		
Child has a diagnosed disability and is receiving services through another provider Child has a subspected disability and is receiving services through another provider Child has a subspected disability and is receiving services through another provider Child has a subspected disability and is receiving services through another provider Child has been impacted by substance use in their family											
Child has a diagnosed disability and is receiving services through another provider Child has a subspected disability and is receiving services through another provider Child has a subspected disability and is receiving services through another provider Child has a subspected disability and is receiving services through another provider Child has been impacted by substance use in their family											
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Child has a suspected disability that has not been diagnosed							vices (CDS)				
Primary Adult						er provider					
Primary Adult First Middle Last Suffix Nickname Birthday Gender SSN Alt ID											
Race	Child has b	been impact	ted by substance u	ise in their fa	mily □ In Recove	ry □ In Treatn	nent		□ Yes □	No .	
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White											
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Highest Grade Completed	□ White	☐ Multi-R	acial							☐ None	
Grade 10											
□ Bachelor's □ Grade 11 □ Part Time Grade 12 □ Seasonal □ Grade 12 □ Seasonal □ Retired or Disabled □ Grade 12 □ No □ Provides Financial Support □ Teen Parent □ GED Adv Train □ Grade 12 □ Grade 9 □ No □ Provides Financial Support □ Teen Parent □ Col or Adv Train □ Grade 12 □ Grade 9 □ No □ Provides Financial Support □ Teen Parent □ GED Adv Train □ Grade 12 □ Grade 12 □ Grade 12 □ Grade 12 □ Seasonal □ American Indian/Alaska Native □ Part Time & Training □ Grade 10 □ No □ □ Seasonal □ Seasonal □ American Indian/Alaska Native □ Seasonal □ American Indian/Alaska Native □ No □ Deg/Train □ Grade 10 □ Full Time & Training □ Grade Native □ Proficient □ Col or Adv Train □ Grade 11 □ Full Time & Training □ Grade Native □ Part Time & Training □ Grandchild □ Native □ No □ Provides Financial Support □ No □ Provi	Highest Gr	rade Comple	eted		Employment Statu	IS			Custody	Check all that app	ply:
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GED	□ Bachelo	or's	☐ Grade 11	□ Part Tim	e	e & Training			□ No	☐ Provides Financial	Support
□ GED □ HS Graduate □ Master's □ Other □ If teen parent, subsidized? □ No Master's □ No □ Other Adult	☐ Col Deg	g/Train	☐ Grade 12	□ Seasona	al Training	or School	☐ Other F	Relative		☐ Teen Parent	
Email Address: Master's	☐ Col or A	dv Train	□ < Grade 9	□Unemplo	yed ☐ Retired of	or Disabled	□ Foster				
Secondary or Other Adult	□ GED		☐ HS Graduate				□ Other			If teen parent, sub	sidized?
Secondary or Other Adult First Middle Last Suffix Nickname Birthday Gender SSN Alt ID Race			☐ Master's							□ Yes	□ No
Race	Email Address:										
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Asian	_										
□ Black □ Hawaiian/Pacific Islander □ No □ Moderate □ None □ None □ None □ None □ Proficient □ Other: □ Multi-Racial □ Proficient □ Proficient □ Proficient □ Proficient Highest Grade Completed Employment Status Child's Relationship Custody Check all that apply: □ Associate's □ Grade 10 □ Full Time □ Full Time & Training □ Biological/Adopted/Step □ Yes □ Lives with Family □ Bachelor's □ Grade 11 □ Part Time & Training □ Grandchild □ No □ Provides Financial Support □ Col Deg/Train □ Grade 12 □ Seasonal □ Training or School □ Other Relative □ Foster □ Other Provides Financial Support □ Teen Parent □ If teen parent, subsidized? □ Yes □ No Email Address: Additional Child (Non-Applicant)* * Foster □ Other □ Other □ Seasonal □ No □ Foster □ Other □ Other □ Seasonal □ Seasonal □ No □ Provides Financial Support □ Foster □ Other □ Other □ Other □ Other □ Ot							iciency	Other Language			iciency
□ White □ Multi-Racial □ None □ Proficient □ Other: □ Highest Grade Completed Employment Status Child's Relationship Custody Check all that apply: □ Associate's □ Grade 10 □ Full Time □ Full Time & Training □ Biological/Adopted/Step □ Yes □ Lives with Family □ Provides Financial Support □ Col Deg/Train □ Grade 12 □ Seasonal □ Training or School □ Other Relative □ Teen Parent □ Teen Parent □ GED □ HS Graduate □ Unemployed □ Retired or Disabled □ Foster □ Other □ If teen parent, subsidized? □ Yes □ No ** **First Middle Last Suffix Nickname Birthday Gender SSN **Race □ Main □ American Indian/Alaska Native □ Yes □ Other Language Other Language Other Language Proficiency □ Little											
□ Other: □ Proficient □ Proficient □ Proficient Highest Grade Completed Employment Status Child's Relationship Custody Check all that apply: □ Associate's □ Grade 10 □ Full Time □ Full Time & Training □ Biological/Adopted/Step □ Yes □ Lives with Family □ Bachelor's □ Grade 11 □ Part Time □ Part Time & Training □ Grandchild □ No □ Provides Financial Support □ Col Deg/Train □ Grade 12 □ Seasonal □ Training or School □ Other Relative □ Teen Parent □ GED □ HS Graduate □ Unemployed □ Retired or Disabled □ Foster □ Other If teen parent, subsidized? □ Yes □ No Email Address: Additional Child (Non-Applicant)* First Middle Last Suffix Nickname Birthday Gender SSN Additional Child (Non-Applicant)* First Middle Last Suffix Nickname Birthday Gender SSN Other Language Other Language Other Language Other Language Little D Little D Little Other D Provides Financial Support D No D No D No D Provides Financial Support D No D					□ No						
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□ Col Deg/Train □ Grade 12 □ < Grade 9 □ HS Graduate □ Master's Additional Child (Non-Applicant) * First Middle Last Suffix Nickname Birthday Gender SSN Race Hispanic English Proficiency Other Language Proficiency □ Asian □ American Indian/Alaska Native □ Yes □ Little □ Little □ Little □ Little □ Little □ Chier □ Other □ □ Cher Relative □ Teen Parent □ Other □ Stream □ Stream □ Teen Parent □ Stream □ Stream □ Teen Parent □ Stream □ Stream □ Stream □ Chier Language Other Language Proficiency □ Little □ Little	☐ Associa	ite's	☐ Grade 10	☐ Full Time	e 🔲 Full Time	e & Training	☐ Biologi	cal/Adopted/Step	☐ Yes	□ Lives with Family	
□ Col or Ādv Train □ < Grade 9 □ HS Graduate □ Master's □ Other □ Other □ If teen parent, subsidized? □ Yes □ No Email Address: Additional Child (Non-Applicant) * First Middle Last Suffix Nickname Birthday Gender SSN Race □ Hispanic English Proficiency Other Language Other Language Proficiency □ Asian □ American Indian/Alaska Native □ Yes □ Little □ Little	□ Bachelo	or's	☐ Grade 11	□ Part Tim	e 🛮 🗆 Part Tim	e & Training	☐ Grando	hild	□ No	☐ Provides Financial	Support
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First Middle Last Suffix Nickname Birthday Gender SSN Race Hispanic English Proficiency Other Language Other Language Proficiency Asian American Indian/Alaska Native Yes Little	Addition	nal Child	(Non-Applica	nt) *							
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□ Asian □ American Indian/Alaska Native □ Yes □ Little □ Little											
□ Asian □ American Indian/Alaska Native □ Yes □ Little □ Little	Page				Lionania	English De-	ficiona	Other Lengue		Other Lenguage Desti	oione:
		□ ^mo=:=	on Indian/Alaska N	lativo			лыенсу	Other Language		0 0	ciency
				auve			е				

 \square None

☐ Proficient

^{*} 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 ZIP Same as living? Started Using Date Mailing Address Address Line 2 City State ☐ Yes ☐ No Phone Number(s) Type (check one) Note (extension or best time to call) Opt in for Text Messages □ Cell □ Home □ Work □ Other ☐ Yes ☐ No □ Cell □ Home □ Work □ Other ☐ Yes ☐ No ☐ Yes ☐ No □ Cell □ Home □ Work □ Other Relationship Acquired/learning Active Military Referred by Child Receiving WIC Parental Primary Homeless Status Language another language in Duty Veteran Welfare Agency SNAP Family to (check one) at Home Participant(s) addition to English Military ☐ Yes □ One □ No □ Two **Family Income** Income Verified by Verification Date **TANF Status** SSI ☐ Yes □ Yes □ No ☐ Formerly on TANF/Not now □ No Family **Amount** Per (for example: Annual Description (for example: Verification (for example: Note Member week, month, year) **Amount** SSI, Job, Child Support) W2, check stub) \$ \$ \$ \$ \$ \$ Income Notes **Emergency Contacts** Name Relationship **Emergency Contact** Release To ☐ Yes □ No ☐ Yes □ No Contact Address ZIP City State Phone Number 1 Phone Number 2 Phone Number 3 ☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work Name Relationship **Emergency Contact** Release To 2 ☐ Yes ☐ Yes □ No □ No Contact ZIP Address City State Phone Number 1 Phone Number 2 Phone Number 3 ☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work Name Relationship **Emergency Contact** Release To ന ☐ Yes □ No ☐ Yes □ No Contact ZIP Address City State Phone Number 1 Phone Number 2 Phone Number 3 ☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work □ Cell □ Home □ 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.

Date_

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Parent/Guardian Signature _

Applicant Eligibility & Enrollment Information

Eligibility							
Program Term	ogram Term Agency			atus	St	atus Date	
			□ New	☐ Accepted	□ Waitlisted	I	
Releases Signed	Date Signed	l	Child will	transition to			
□ Yes □ No							
Location Preference Priority	Site			Classroom			Funding
1st							
2nd							
3rd							
Enrollment Notes							
Application Date	Application Status				Application	on Number	Participation Year
	☐ Complete & Verified ☐ Incomplete	lete, info n specify in	ot returned notes				
Eligibility Date	Number in Far	nily Eli	igibility Inc	ome			
CACFP Date	CACFP Incom	e Pe	er (for exar	nple, year, month,	other)	CACFF	² Status
				e (full reimburseme d (minimum reimb	num reimbursement)		
Child eligible to	Type of eligibility	/ Income St	tatue	г		duced price (reduc used to determine	ed reimbursement)
participate in program	interview	income of	iaius	L	ocumentation t	asea to determine	engionity
□ Yes	☐ In-person ☐ Telephone	☐ Over Income ☐ Public Assista	2000	☐ Income Tax Fo	orm 1040	☐ Unemploymer	nt nents from employers
□ No	ш тејернопе	☐ Eligible (Belov		☐ TANF Docume	entation	☐ Foster care re	' '
		☐ Foster child ☐ Homeless	,	☐ Pay stub or pa	y envelopes	☐ SSI Documen ☐ Other	tation
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	d (50 pts), Sus	pected (2	25 pts), None (0	pts)		25
`							
Eligibility Question	Possibl	e 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 pro-	ograr	m? Yes No
4.	Type of eligibility interview conducted:]In-p	erson
5.	Indicate the applicable eligibility criterion f	for th	is child:
[Experiencing Homelessness Foster care		Other (up to 10% may fall into this category, up to 49% for AI/AN programs)
[Public assistance (TANF, SSI, SNAP) Income at or below 100% poverty guidelines		Income between 100-130% poverty guidelines (up to 35% may fall into this category)
6.	What documentation was used to determine ligibility determination record?	ine el	igibility and is included as part of the
	Income Tax Form 1040		Unemployment documentation
	W-2		Written statement (employer, service provider)
	TANF documentation		Foster care reimbursement
	SSI documentation		Family signed declaration
L	SNAP documentation		Other, please describe:
	Pay stub or earnings statements		
7.	Staff signature:		Date:
8.	Staff name:		Title:

Notes: