

**COMMUNITY DEVELOPMENT INSTITUTE/HEAD START**  
**2600 Eltham Avenue, Suite 112, Norfolk, Virginia 23513**  
**Program Year 2011 - 2012**

Head Start    Part Day    Full Day    Center Requested: \_\_\_\_\_

**Pre - ELIGIBILITY APPLICATION**

<b>Program Use Only:</b>	Eligibility: <input type="checkbox"/> Foster <input type="checkbox"/> Homeless <input type="checkbox"/> Public Asst. <input type="checkbox"/> SSI	Application # _____		
	Income : <input type="checkbox"/> Below PG <input type="checkbox"/> Between 100-130%PG <input type="checkbox"/> Over Income	Application: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete		
<b>Applicant Information:</b>				
Applicant Last Name: _____	First: _____	Age as of Sept. 30: _____		
DOB: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Bi-Racial				
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino				
Person Completing Application: _____	Relationship w/ Applicant: _____			
Home Address: _____				
City: _____	State: _____	Zip Code: _____		
Home #: (    )	Work #: (    )	Cell #: (    )		
<b>If selected for transportation, please list your child's pick-up and drop-off address: (Transportation Not Guaranteed)</b>				
Child Pick-Up Address: _____				
Child Drop-Off Address: _____				
Emergency Contact: Name: _____	Phone: _____			
Does your child have an IFSP/IEP (or Disability)? <input type="checkbox"/> No <input type="checkbox"/> Yes, Disability _____				
Are there any diagnosed health problem? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: _____				
Does your child have any allergies or suspected allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: _____				
<b>Parent/Guardian living in the same household as the applicant</b>				
Parent/Guardian	M/F	DOB	Relationship to the child	Employed / In school / Job training
	<input type="checkbox"/> / <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> / <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>A family is all persons living in the same household who are supported by the income of the parents(s) or guardian(s) of the child applying to Head Start and related to the parent(s) or guardian(s) by blood, marriage, or adoption</i>				
<b>Family Members living in the household supported by parent/guardian income ( include the applicant)</b>				
Name	M/F	DOB	Relationship to Applicant	
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			<b>Total # in family:</b>
<b>Other Household Members</b>				
Name	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			

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<b>Family Type:</b>	<input type="checkbox"/> Single Mother	<input type="checkbox"/> Single Father	<input type="checkbox"/> Two Parent	<input type="checkbox"/> Foster	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Other Type
<b>Marital Status:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
<b>Court Custody Information:</b>	<input type="checkbox"/> does not apply	<input type="checkbox"/> sole custody	<input type="checkbox"/> physical custody	<input type="checkbox"/> joint custody		

**Do any of the following situations apply to your family? Please check all that apply.**

<b>Child's Health Insurance:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Private	<input type="checkbox"/> Medicaid	<input type="checkbox"/> FAMIS	<input type="checkbox"/> Other
<b>Mother's Health Insurance:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Private	<input type="checkbox"/> Medicaid	<input type="checkbox"/> FAMIS	<input type="checkbox"/> Other
<b>Father's Health Insurance:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Private	<input type="checkbox"/> Medicaid		<input type="checkbox"/> Other

homeless or living in a shelter, hotel or campground

recent death of a relative; who? \_\_\_\_\_

living with relatives or others due to loss of housing/economic hardship

serious health concerns of a family member; who? \_\_\_\_\_

living with relatives or others by choice

disabled parent or family member; who? \_\_\_\_\_

unsafe or unhealthy environment

abusive home

in need of emergency food assistance

child's mother does not have a high school diploma or GED

child's father does not have a high school diploma or GED

in need of emergency medical assistance

parent incarcerated

in need of emergency utility assistance

referred by a professional agency

no indoor plumbing and/or electricity

teenage parent

limited English proficient family

family member on military deployment, who? \_\_\_\_\_

child previously enrolled in Head Start

receiving utility assistance

section 8/subsidized housing

sibling enrolled in Head Start

<b>Family Income from all sources</b>					
Family Member	Income Source	Amount	Per	Annual Amount	Documents

**Certification:** *I certify that all of the information on this application is true. If any part is false, the applicant's participation in this agency's program 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: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_