



# APPALACHIAN COUNCIL HEAD START APPLICATION

Complete for individuals who are applying to a program.



Primary Adult Name \_\_\_\_\_

Birthday \_\_\_\_\_

## General

|  |                      |  |  |
|--|----------------------|--|--|
| Family Member (circle one): Adult    Child |                      | If Adult (circle one): Primary Adult    Secondary Adult    Third/Other Adult |  |
| Last                                       | First                | Middle   | Preferred    Suffix                                  |
| Birthday                                   |                      | SSN  | Gender: Male    Female                               |
| Complete if Family Member is a Child       |                      | Complete if Family Member is an Adult  |  |
| Adult Name                                 | Child's Relationship | Custody?   | Lives w/ Family?    Yes    No                        |
|  |                      | Yes    No  | Provides Financial Support?    Yes    No             |
|  |                      | Yes    No  | Highest Grade Completed    Present Employment Status |
| Releases Signed?    Yes    No              | Date Signed          | Teen Parent?    Yes    No  | Subsidized?    Yes    No                             |

## Address/Phone

Complete ONLY information that is different than Family

|                       |              |              |            |   |       |     |  |
|-----------------------|--------------|--------------|------------|---|-------|-----|--|
| Living Address        |              |              |            | Mailing Address   |       |     |  |
| Living Address Line 2 |              |              |            | Mailing Address Line 2  |       |     |  |
| City                  | State        | Zip          | County     | City  | State | Zip |  |
| Phone Type            | ✓ If Primary | Phone Number | Phone Note | Note: Fill in Email and Elementary School for ALL individuals where applicable. |       |     |  |
|                       |              | (    )       |            | Email   |       |     |  |
|                       |              | (    )       |            | Elementary School   |       |     |  |

## Health Coverage

|  |                  |
|--|------------------|
| Medicaid Eligibility Status: On Medicaid    Not Eligible | Medicaid Number  |
| Potentially Eligible                                     |                  |
| Primary Health Coverage                                  |                  |
| Other Health Coverage                                    | Insurance Number |

## Demographics

|  |          |              |             |             |
|--|----------|--------------|-------------|-------------|
| Race (check ALL that apply):<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black<br><input type="checkbox"/> White<br><input type="checkbox"/> Native American<br><input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> Other: _____ | Language | ✓ If Primary | Proficiency | Nationality |
|  | English  |              |             |             |
|  |          |              |             | Ethnicity   |
|  |          |              |             |             |

## Codes

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| Child's Relationship<br>C-Natural/Adopted/Step<br>F-Foster<br>G-Grandchild<br>N-Niece/Nephew<br>O-Other | Highest Grade Completed<br>COL-College/Advanced Training<br>CTG-College Degree/Training Cert<br>HSG-High School Grad<br>GED-General Education Diploma<br>A-Associate's Degree<br>M-Master's Degree | Present Employment Status<br>F-Full Time (35+hrs/wk)<br>P-Part Time<br>R-Retired or Disabled<br>T-Training or School | B-Full Time and Training<br>L-Part Time and Training<br>S-Seasonally Employed<br>U-Unemployed | Phone Type<br>H-Home<br>C-Cell<br>M-Message<br>P-Pager/Beeper<br>W-Work | Language Proficiency<br>0-None<br>1-Poor<br>2-Moderate<br>3-Proficient |
|---|--|--|---|---|--|

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 \_\_\_\_\_

Verifying Staff Member \_\_\_\_\_

Date \_\_\_\_\_



Primary Adult Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthday \_\_\_\_\_

| Address   |              |                          |                          |                |                           |                             |                          |                           |        |  |
|---|--------------|--------------------------|--------------------------|----------------|---------------------------|-----------------------------|--------------------------|---------------------------|--------|--|
| Living Address  |              |                          |                          |                |                           |                             |                          |                           |        |  |
| Living Address Line 2   |              |                          |                          |                |                           |                             |                          |                           |        |  |
| City  |              |                          |                          |                | State                     |                             | Zip                      |                           | County |  |
| Mailing Address (if different)  |              |                          |                          |                |                           |                             |                          |                           |        |  |
| Mailing Address Line 2  |              |                          |                          |                |                           |                             |                          |                           |        |  |
| City  |              |                          |                          |                | State                     |                             | Zip                      |                           |        |  |
| Phone Numbers   |              |                          |                          |                |                           |                             |                          |                           |        |  |
| Type  | ✓ if Primary | Phone Number             |                          |                |                           |                             | Note                     |                           |        |  |
|   |              | (    )                   |                          |                |                           |                             |                          |                           |        |  |
|   |              | (    )                   |                          |                |                           |                             |                          |                           |        |  |
|   |              | (    )                   |                          |                |                           |                             |                          |                           |        |  |
|   |              | (    )                   |                          |                |                           |                             |                          |                           |        |  |
|   |              | (    )                   |                          |                |                           |                             |                          |                           |        |  |
| Phone Type Codes: H-Home    W-Work    C-Cell    M-Message    P-Pager/Beeper |              |                          |                          |                |                           |                             |                          |                           |        |  |
| General   |              |                          |                          |                |                           |                             |                          |                           |        |  |
| Primary Site  |              |                          |                          |                | Parental Status:          |                             | Primary Language At Home |                           |        |  |
|   |              |                          |                          |                | One    Two                |                             |                          |                           |        |  |
| Number in Family _____  |              |                          | Number of Children _____ |                |                           | By age: 0-3 _____ 4-5 _____ |                          | Number in Household _____ |        |  |
| Income Support  |              |                          |                          |                |                           |                             |                          |                           |        |  |
| CACFP Status: Free    Reduced    None                                       |              |                          |                          | CACFP Date     |                           | CACFP Income                |                          |                           |        |  |
| TANF Status: Yes    No  |              | SSI: Yes    No           |                          | WIC: Yes    No |                           | WIC Code                    |                          |                           |        |  |
| Family Income   |              |                          |                          |                |                           |                             |                          |                           |        |  |
| Family Member   | Date         | Source                   | Amount                   | Per            | Annual Amount             | Type                        | Desc                     | Veri-<br>fication         |        |  |
|   |              |                          |                          |                |                           |                             |                          |                           |        |  |
|   |              |                          |                          |                |                           |                             |                          |                           |        |  |
|   |              |                          |                          |                |                           |                             |                          |                           |        |  |
| <b>Type Codes</b>   |              | <b>Description Codes</b> |                          |                | <b>Verification Codes</b> |                             |                          |                           |        |  |
| ERN-Earned  |              | PEN-Pension              |                          | SSI-SSI        | CS-Check Stub             |                             | W2-W-2                   |                           |        |  |
| SUB-Subsidized  |              | SS-Social Security       |                          |                | EL-Employer Letter        |                             | TAN-TANF                 |                           |        |  |
| Income Notes  |              |                          |                          |                |                           |                             |                          |                           |        |  |

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Verifying Staff Member \_\_\_\_\_ Date \_\_\_\_\_