EARLY HEAD START-CHILD CARE PARTNERSHIP (EHS-CCP) APPLICATION

Please attach the following: • Income -12 months (1040, W-2s, TANF voucher, etc.) • Proof of Birth • Immunizations

CHILD APPLICANT INFORMATION			
Child First and Last Name:			Family Member of Head Start Staff? ◯No ◯Yes: Name:
DOB:	Gender: M ☐ F ☐	Child Language:	Primary Language at Home:
Child Race (check all that apply): Hispanic: ☐Yes ☐No ☐American Indian/Alaska Native ☐Asian ☐Black/African American ☐White ☐Native Hawaiian/Pacific Islander ☐Multi-racial/Bi-racial (List):_____ ☐Other:_____ ☐Unspecified			
Living Address, City, State, Zip:			
Work Phone:	Cell Phone:		Shared housing/Homeless: ☐Yes ☐No
Primary Health Coverage: ☐None ☐Medi-Cal ☐Other/Private (list):			
Does your child have a disability or special need? ☐No ☐Yes: ☐Suspected ☐Diagnosed			
Does your child have any medical concerns? ☐No ☐Yes (list):			
Doctor Name/Address/Ph:			
Dentist Name/Address/Ph:			
Referred by Child Welfare Agency: ☐Yes ☐No	Do you receive TANF of SSI? ☐Yes ☐No		Active Duty Military? ☐Yes ☐No
Do you receive WIC? ☐Yes ☐No	SNAP (CalFresh)? ☐Yes ☐No		Parent/Guardian is a U.S Veteran? ☐Yes ☐No
			Parental Status: ☐Single Parent ☐Two

LIST ALL PERSONS LIVING IN THE HOUSEHOLD, SUPPORTED BY THE INCOME OF THE PARENTS/GUARDIANS OF THE CHILD ENROLLED AND RELATED TO THE PARENTS BY BLOOD, MARRIAGE OR ADOPTION:

1) PRIMARY ADULT FIRST/LAST NAME	DOB	RACE	HISPANIC	GENDER
			☐Yes ☐No	☐M ☐F
RELATIONSHIP TO CHILD (Father, mother, grandparent, foster parent, etc.)	**EMPLOYMENT STATUS** (Full/Part-time; Unemployed, Seasonal; Training etc.)		**HIGHEST GRADE COMPLETED** (HS Diploma; GED; AA/BA; training certificate; etc.)	

2) SECONDARY ADULT FIRST/LAST NAME	DOB	RACE	HISPANIC	GENDER
			☐Yes ☐No	☐M ☐F
RELATIONSHIP TO CHILD (Father, mother, grandparent, foster parent, etc.)	**EMPLOYMENT STATUS** (Full/Part-time; Unemployed, Seasonal; Training etc.)		**HIGHEST GRADE COMPLETED** (HS Diploma; GED; AA/BA; training certificate; etc.)	

3) OTHER ADULT FIRST/LAST NAME	DOB	RACE	HISPANIC	GENDER
			☐Yes ☐No	☐M ☐F
RELATIONSHIP TO CHILD (Father, mother, grandparent, foster parent, etc.)	**EMPLOYMENT STATUS** (Full/Part-time; Unemployed, Seasonal; Training etc.)		**HIGHEST GRADE COMPLETED** (HS Diploma; GED; AA/BA; training certificate; etc.)	

OTHER CHILDREN IN HOME

FIRST AND LAST NAME	DOB	RACE	GENDER	RELATIONSHIP TO PRIMARY ADULT
			☐M ☐F	
			☐M ☐F	
			☐M ☐F	
			☐M ☐F	
			☐M ☐F	

I certify under penalty of perjury that the information in this enrollment packet is true and complete to the best of my knowledge. If any part is false or omitted, 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 theagency.

PARENT/GUARDIAN SIGNATURE _____ DATE _____