EARLY CHILDHOOD PROGRAMS APPLICATION

CHILD INFORMATION

Applicant for: ☐ Head Start ☐ Early Head Start ☐ VPI ☐ ACPS

☐ Current Year ☐ Next Year_______________

Desired Site(s): 1) ________________________ 2) ________________________

Child's First Name: ______________M. Initial ___Last Name________________________
(as it appears on the birth certificate)

Application Date: ____________ Gender: ☐ Male *Birth Date: _____/_____/_______
☐ Female

Child's
*Primary Language: ____________________ Other Language:________________________

Child Speaks English at home? ☐ Yes ☐ No

English Skills: ☐Very Well ☐ Well ☐ Not Well ☐ Not at all

Child's
*Ethnicity:

☐ Latino

*Race:

☐ Asian ☐ Bi-Racial/Multi-racial ☐ Black
☐ Caucasian ☐ Native American ☐ Other ____________
☐ Pacific Islander ☐ Unspecified

US Citizen: ☐ Yes ☐ No

ELIGIBILITY INFORMATION

*Parental Status *(check all that apply)*:

☐ Two Parent ☐ Single Parent ☐ Pre-Natal Parent
☐ Teen Parent ☐ Disabled Parent ☐ Foster Parent ☐ Active Male
☐ Homeless ☐ Guardian ☐ Group Home ☐ Dual Custody
☐ Student Parent ☐ Migrant Parent Relation to Primary Caregiver ________________

EARLY CHILDHOOD PROGRAMS APPLICATION

OTHER INFORMATION
(check all that apply)

☐ *Father/father figure will participate in regularly scheduled activities designed for involvement in HS or EHS.

*Secondary Source of Child Care: (check all sources of child care that family currently uses)

☐ None ☐ Family Child Care Home ☐ Child Care Center or Classroom

☐ Home or Another Home with a Relative or Unrelated Adult

☐ Public School Pre-Kindergarten (e.g. please check when child attends ACPS Special Ed classes)

*Did child receive HS or EHS services <u>before</u> classes began in the current school year?

☐ Yes ☐ No

TRANSPORTATION

How will you transport your child to and from school every day?

☐ Car ☐ Public Transportation ☐ Other ____________________

Comments: (Please be sure to note if family will need referrals to transportation resources or help learning how to access resources such as city bus/metro):

____

____

CHILD'S SPECIAL NEEDS

Does your child have special needs (speech, developmental, social emotional, other)? ☐ Yes ☐ No
If yes, explain: ____________________

If yes, does your child already have an IEP/IFSP or need a referral to have your child evaluated?

☐ Child has an ☐ IEP ☐ IFSP ☐ Child needs a referral for evaluation

Do you have a copy of your child's IEP or IFSP? ☐ Yes ☐ No

CHILD'S MEDICAL CONDITION(S)

Please note <u>any</u> known or suspected medical conditions and/or chronic allergies:

____

____

EARLY CHILDHOOD PROGRAMS APPLICATION

CHILD'S MEDICAL INSURANCE INFORMATION

☐ **Child <u>does not</u> currently have medical insurance**
If checked, then please review the boxes on right and check all that apply:

☐ Child needs a referral to a medical insurance provider

☐ Child has a primary medical doctor

☐ Child needs a referral to a medical doctor

☐ **Child has medical insurance**
If checked, please review the following and complete all information available:

☐ Child has a medical card

Policy Number: ___________________________

Specify type:

☐ AIG

☐ Alliance PPO

☐ Amerigroup

☐ Anthem Healthkeepers Plus

☐ Assurant

☐ Blue Cross/Blue Shield

☐ CareFirst BlueChoice

☐ Chartered Health Plan

☐ Cigna

☐ Commonwealth of VA Dept of Medical Assistance Svcs.

☐ FAMIS

☐ Guardian

☐ Kaiser Permanente

☐ MDIPA

☐ Medicaid

☐ Medicare

☐ Military Insurance Provider

☐ Primus

☐ Tricare

☐ Unicare

☐ Uninsured

☐ United HC (MDIPA, Optm Chce, Alliance, MAMSI)

☐ Other ____

Comments: (e.g. if name of primary medical doctor known, please note name and phone number):

____

EARLY CHILDHOOD PROGRAMS APPLICATION

PRIMARY CAREGIVER GENERAL INFORMATION

Primary Caregiver
First Name: ____________________M. Initial _____Last Name________________________________

Gender: ☐ Male ☐ Female *Birth Date: ____/______/_____

Primary Caregiver
TANF # ______________________

Receiving WIC: ☐ Yes ☐ No ☐ Previously

Joblink: ☐ Yes ☐ No ☐ Previously

CPS/DV involvement: ☐ Yes ☐ No Disabled: ☐ Yes ☐ No

Primary Caregiver
*Primary Language: _______________________ Other Language:______________________________

*Ethnicity:

☐ Latino

*Race:

☐ Asian ☐ Bi-Racial/Multi-racial ☐ Black

☐ Caucasian ☐ Native American ☐ Other ________________

☐ Pacific Islander ☐ Unspecified

**EDUCATION LEVEL OF PRIMARY CAREGIVER*

☐ Bachelor or Advanced Degree

☐ College degree or training school certificate

☐ Some College/Vocational/Associate's degree

☐ ESL

☐ GED

☐ Unknown

☐ Grade 9 or less

☐ Grade 10

☐ Grade 11

☐ Grade 12

☐ High School Graduate

☐ Some High School

☐ No High School

EARLY CHILDHOOD PROGRAMS APPLICATION

EMPLOYMENT STATUS OF PRIMARY CAREGIVER

- ☐ Unemployed
- ☐ Employed Full-time
- ☐ Full time and training
- ☐ Employed part-time
- ☐ Part-time and training
- ☐ Self-employed
- ☐ Employed Seasonal
- ☐ Job Training or in school
- ☐ Job training/school (part-time)
- ☐ Retired or disabled
- ☐ Homemaker
- ☐ Seasonal Farm Worker
- ☐ Migrant Farm Worker
- ☐ Farmer
- ☐ Unknown

HOME ADDRESS/EMPLOYMENT INFORMATION OF PRIMARY CAREGIVER

Home Address: ____Apt: ___________

City: ____ State: ______ Zip:___________

Phone (home):____

Phone (cell):____

Phone (work): ____ Ext:___________

Employer/School Name: ____

Other Address: Address type: ☐ Previous ☐ Mailing ☐ Other

____

PLEASE MAKE EVERY EFFORT TO NOTE A CURRENT, WORKING E-MAIL ADDRESS AND CHECK THE BOX BELOW IF THE PARENT WOULD LIKE TO RECEIVE COMMUNICATION FROM THE PROGRAM VIA THIS E-MAIL ADDRESS (e.g. FLYERS,MONTHLY CALENDARS ETC…) :

E-Mail Address:

____

☐ **Parent would like to receive communication from the program via this e-mail address.**

EARLY CHILDHOOD PROGRAMS APPLICATION

PRIMARY CAREGIVER MEDICAL INSURANCE INFORMATION

☐ **Primary Caregiver <u>does not</u> currently have medical insurance**

☐ **Primary Caregiver has medical insurance**
If checked, please review the following and complete all information available:

Specify type:

☐ AIG
☐ Alliance PPO
☐ Amerigroup
☐ Anthem Healthkeepers Plus
☐ Assurant
☐ Blue Cross/Blue Shield
☐ CareFirst BlueChoice
☐ Chartered Health Plan
☐ Cigna
☐ Commonwealth of VA Dept of Medical Assistance Svcs.
☐ FAMIS
☐ Guardian
☐ Kaiser Permanente
☐ MDIPA
☐ Medicaid
☐ Medicare
☐ Military Insurance Provider
☐ Primus
☐ Tricare
☐ Unicare
☐ Uninsured
☐ United HC (MDIPA, Optm Chce, Alliance, MAMSI)

☐ Other ____

ALEXANDRIA HEAD START/EARLY HEAD START
APPLICATION

FAMILY TYPE AND HOUSING INFORMATION

Number in Family: ____________ Number in Household: ____________

*Current Housing: ☐ Homeless ☐ Own ☐ Rent ☐ Other

* Length of time at current address (date): ________________________________

*Previous Housing ☐ Homeless ☐ Own ☐ Rent ☐ Other

Has this family moved in the last 24 months? ☐ Yes ☐ No

Housing Type: ☐ Apartment ☐ House
☐ Duplex ☐ Mobile Home ☐ Other ___________________

Family Type: ☐ Single Parent/Female
☐ Single Parent/Male
☐ Single Adult /no children (pregnant)
☐ Single Teen/no children (pregnant)
☐ Two-parent household
☐ Two Adults/no children (pregnant)
☐ Two teens/no children(pregnant)
☐ Other____

If child has a secondary caregiver, please complete:
Pages 7 and 8: "Secondary Caregiver Information Form"

If no secondary caregiver, please check box: ☐ Not Applicable
(Then, proceed to Page 9: "Other Household Members/Signatures")

ALEXANDRIA HEAD START/EARLY HEAD START
APPLICATION

SECONDARY CAREGIVER INFORMATION

Secondary Caregiver
First Name: ________________M. Initial ____Last Name_______________________

Gender: ☐ Male ☐ Female *Birth Date: ____/______/_____

Secondary Caregiver
TANF # ____________________

Receiving WIC: ☐ Yes ☐ No ☐ Previously

Joblink: ☐ Yes ☐ No ☐ Previously

CPS/DV involvement: ☐ Yes ☐ No Disabled: ☐ Yes ☐ No

Secondary Caregiver
*Primary Language: ___________________ Other Language:____________________

*Ethnicity:

☐ Latino

*Race:

☐ Asian ☐ Bi-Racial/Multi-racial ☐ Black
☐ Caucasian ☐ Native American ☐ Other
☐ Pacific Islander ☐ Unspecified

**EDUCATION LEVEL OF SECONDARY CAREGIVER*

☐ Bachelor or Advanced Degree
☐ College degree or training school certificate
☐ Some College/Vocational/Associate's degree
☐ ESL
☐ GED
☐ Unknown
☐ Grade 9 or less
☐ Grade 10
☐ Grade 11
☐ Grade 12
☐ High School Graduate
☐ Some High School
☐ No High School

ALEXANDRIA HEAD START/EARLY HEAD START
APPLICATION

EMPLOYMENT STATUS OF SECONDARY CAREGIVER

☐ Unemployed
☐ Employed Full-time
☐ Full time and training
☐ Employed part-time
☐ Part-time and training
☐ Self-employed
☐ Employed Seasonal
☐ Job Training or in school
☐ Job training/school (part-time)
☐ Retired or disabled
☐ Homemaker
☐ Seasonal Farm Worker
☐ Migrant Farm Worker
☐ Farmer
☐ Unknown

HOME ADDRESS/EMPLOYMENT INFORMATION OF SECONDARY CAREGIVER

Home Address: ____ Apt: __________

City: ______________________________________ State: _____ Zip: __________

Phone (home): ____

Phone (cell): ____

Phone (work): ______________________________________ Ext: __________

Employer/School Name: ____

Other Address: Address type: ☐ Previous ☐ Mailing ☐ Other

____

E-Mail Address:

____

ALEXANDRIA HEAD START/EARLY HEAD START
APPLICATION

OTHER MEMBERS OF HOUSEHOLD

Name:	DOB	Relationship to Child	Resides in Household:
____________	______	____________	☐ FT ☐ PT
____________	______	____________	☐ FT ☐ PT
____________	______	____________	☐ FT ☐ PT
____________	______	____________	☐ FT ☐ PT
____________	______	____________	☐ FT ☐ PT
____________	______	____________	☐ FT ☐ PT
____________	______	____________	☐ FT ☐ PT
____________	______	____________	☐ FT ☐ PT

(☐ check if additional members of household are listed on the back of this sheet)

COMMENTS

____

____

____

CONFIRMATION SIGNATURES

I DECLARE UNDER PENALTY OF PERJURY AND THE LAWS OF THE STATE OF VIRGINIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

______________________________ ____________
Parent Signature Date

______________________________ ____________
Intake Specialist Signature Date