



## WCCA HEAD START/EARLY HEAD START Application

Location Applying For \_\_\_\_\_ School Year \_\_\_\_\_ - \_\_\_\_\_

Primary Adults Name: \_\_\_\_\_ Primary Adults Birth date: \_\_\_\_\_

Address									
Current Address:									
City:			State: IOWA			Zip:		County:	
Phone Numbers									
Phone Number		Home, Work, Cell, etc.			Primary		Notes		
					Email address				
General Information									
Parental Status:    1    2				Teen Parent(s):    Yes    No			Are you a Military Family:    Yes    No		
Number in Household:				Number in Family:			Number of Children: Age: 0-3 _____ 4-5 _____		
Income Support									
Anyone in the immediate family who are currently receiving now or anytime during the past year.									
TANF/FIP Status:    Yes    No    Formerly				SSI (Supplemental Security Income):    Yes    No			WIC:    Yes    No		
Family Income									
Family Member	Date	Income Source	Amount	Per	Annual Income	Type	Desc.	Verification	
Income notes:									
Codes									
<u>Income Type</u> ERN - Earned SUB - Subsidized			<u>Description</u> SSI - Disability    PEN - Pension SS - Social Security			<u>Verification</u> TR - Tax Return    W2 - Form W-2    EL - Employer Letter CS - Check Stub    TAN - TANF/FIP			
Child's Legal Name:									
Last: _____			First: _____			Birth date: _____			
Childs Information									
Gender:    Male    Female									
Race/Ethnicity: (check all that apply)    Black    Hispanic    Native American    White    Other _____									
Primary Language: _____ Proficiency: _____ 2 <sup>nd</sup> Language: _____ Proficiency: _____									

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

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

**Childs Health Information**

**\*I authorize WCCA Head Start/Early Head Start to exchange information with the following individuals/agencies:**

**\*Child's Health Coverage:** Medicaid Hawk-i Private None ID/Policy # \_\_\_\_\_

**\*Child's Physician:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**\*Child's Dentist:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**\*Special Needs:** \_\_\_\_\_ **Does your child have a current IEP/IFSP?** Yes No  
*(Individualized Education Plan or Individualized Family Service Plan)*

**Parent/Guardian Information**

**Primary Adults Name:**

**Primary Adult: A01** Natural/Adopted/Step Foster Parent Grandparent Other **Custody:** Yes No

**Gender:** Male Female **Provides Financial Support?** Yes No

**Education Level:** \_\_\_\_\_ **# Hours Employed:** \_\_\_\_\_ **# School Credit Hours:** \_\_\_\_\_ **Employment Status:** \_\_\_\_\_

**Race/Ethnicity:** (check all that apply) Black Hispanic Native American White Other \_\_\_\_\_

**Primary Language:** \_\_\_\_\_ **Proficiency:** \_\_\_\_\_ **2nd Language:** \_\_\_\_\_ **Proficiency:** \_\_\_\_\_

**Secondary Adults Name:**

**Birth date**

**Secondary Adult: A02** Natural/Adopted/Step Foster Parent Grandparent Other **Custody:** Yes No

**Gender:** Male Female **Provides Financial Support?** Yes No

**Education Level:** \_\_\_\_\_ **# Hours Employed:** \_\_\_\_\_ **# School Credit Hours:** \_\_\_\_\_ **Employment Status:** \_\_\_\_\_

**Race/Ethnicity:** (check all that apply) Black Hispanic Native American White Other \_\_\_\_\_

**Primary Language:** \_\_\_\_\_ **Proficiency:** \_\_\_\_\_ **2nd Language:** \_\_\_\_\_ **Proficiency:** \_\_\_\_\_

**Education Level**

**G9**-Grade 9 or less **GED**-General Equivalency Diploma  
**G10**-Grade 10 **HSG**-High School Graduate  
**G11**-Grade 11 **COL**-College/Advanced Training  
**G12**-Grade 12-Did Not Graduate **CTG**-College Degree/Training Cert

**Language Proficiency**

**0** - None  
**1** - Poor  
**2** - Moderate  
**3** - Proficient

**Employment Status**

**F**-Full-Time (28+ hrs) **B**-Full-Time & Training  
**P**-Part-Time **L**-Part-Time & PT Student  
**T**-Full-Time Student **R**-Retired or Disabled  
**U**-Unemployed **S**-Seasonally Employed

**Other Children in the Home** *(Additional Children may be listed on a blank sheet of paper.)*

Full Name	Birth date	Gender		Related To	
		Male	Female	A01	A02

**Are any of the children listed above currently enrolled in Head Start or Early Head Start** Yes No

**Certification:** I certify that this information is true. If any part is false, my 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 \_\_\_\_\_

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