

West Central Community Action Head Start/Early Head Start Application

Applicant (Child Applying for Services)						
First	Middle	Last	Birthday	Gender		
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White		Other: _____	<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Proficient	
Primary Health Coverage		Other Health Coverage	Insurance #	Medicaid	Medicaid #	Doctor
				<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially Eligible		

Adult 1						
First	Middle	Last	Birthday	Gender		
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White		Other: _____	<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Proficient	
Highest Grade Completed	Employment Status		Child's Relationship	Custody	Check all that apply for this adult:	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address: _____						

Adult 2						
First	Middle	Last	Birthday	Gender		
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White		Other: _____	<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Proficient	
Highest Grade Completed	Employment Status		Child's Relationship	Custody	Check all that apply for this adult:	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address: _____						

Additional Child - Is this child also applying for services? <input type="checkbox"/> Yes <input type="checkbox"/> No						
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<input type="checkbox"/> White		Other: _____	<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
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