# UPPER ARKANSAS AREA COUNCIL OF GOVERNMENTS
# FREMONT COUNTY HEAD START

## Applicant & Family Member Information

### Applicant

| First | Middle | Last | Nickname | Birthday | Gender |
|---|---|---|---|---|---|
| | | | | | |

| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
|---|---|---|---|---|---|
| ☐ Asian  ☐ American Indian/Alaska Native | | ☐ Yes | ☐ Little | | ☐ Little |
| ☐ Black  ☐ Hawaiian/Pacific Islander | | ☐ No | ☐ Moderate | | ☐ Moderate |
| ☐ White  ☐ Multi-Racial | | | ☐ None | | ☐ None |
| ☐ Other: _____ | | | ☐ Proficient | | ☐ Proficient |

| Primary Health Coverage | Other Coverage | Insurance # | Medicaid Eligibility | Medicaid # | Doctor/Medical Home |
|---|---|---|---|---|---|
| | | | ☐ Not Eligible  ☐ On Medicaid  ☐ Potentially | | |

| Dental Coverage | Dental Coverage # | Dentist/Dental Home |
|---|---|---|
| | | |

### Primary Adult

| First | Middle | Last | Suffix | Birthday | Gender |
|---|---|---|---|---|---|
| | | | | | |

| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
|---|---|---|---|---|---|
| ☐ Asian  ☐ American Indian/Alaska Native | | ☐ Yes | ☐ Little | | ☐ Little |
| ☐ Black  ☐ Hawaiian/Pacific Islander | | ☐ No | ☐ Moderate | | ☐ Moderate |
| ☐ White  ☐ Multi-Racial | | | ☐ None | | ☐ None |
| ☐ Other: _____ | | | ☐ Proficient | | ☐ Proficient |

| Highest Grade Completed | | | | Employment Status | | Child's Relationship | Custody | Check all that apply: |
|---|---|---|---|---|---|---|---|---|
| ☐ Associate's | ☐ Grade 10 | ☐ Full Time | ☐ Full Time & Training | | ☐ Biological/Adopted/Step | | ☐ Yes | ☐ Lives with Family |
| ☐ Bachelor's | ☐ Grade 11 | ☐ Part Time | | | ☐ Grandchild | | ☐ No | ☐ Provides Financial Support |
| ☐ Col Deg/Train | ☐ Grade 12 | ☐ Seasonal | ☐ Part Time & Training | | ☐ Other Relative | | | ☐ Teen Parent |
| ☐ Col or Adv Train | ☐ < Grade 9 | ☐ Unemployed | ☐ Training or School | | ☐ Foster | | | |
| ☐ GED | ☐ HS Graduate | | ☐ Retired or Disabled | | ☐ Other | | | If teen parent, subsidized? |
| | ☐ Master's | | | | | | | ☐ Yes  ☐ No |

**Email Address:**

### Secondary or Other Adult

| First | Middle | Last | Suffix | Birthday | Gender |
|---|---|---|---|---|---|
| | | | | | |

| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
|---|---|---|---|---|---|
| ☐ Asian  ☐ American Indian/Alaska Native | | ☐ Yes | ☐ Little | | ☐ Little |
| ☐ Black  ☐ Hawaiian/Pacific Islander | | ☐ No | ☐ Moderate | | ☐ Moderate |
| ☐ White  ☐ Multi-Racial | | | ☐ None | | ☐ None |
| ☐ Other: _____ | | | ☐ Proficient | | ☐ Proficient |

| Highest Grade Completed | | | | Employment Status | | Child's Relationship | Custody | Check all that apply: |
|---|---|---|---|---|---|---|---|---|
| ☐ Associate's | ☐ Grade 10 | ☐ Full Time | ☐ Full Time & Training | | ☐ Biological/Adopted/Step | | ☐ Yes | ☐ Lives with Family |
| ☐ Bachelor's | ☐ Grade 11 | ☐ Part Time | ☐ Part Time & Training | | ☐ Grandchild | | ☐ No | ☐ Provides Financial Support |
| ☐ Col Deg/Train | ☐ Grade 12 | ☐ Seasonal | ☐ Training or School | | ☐ Other Relative | | | ☐ Teen Parent |
| ☐ Col or Adv Train | ☐ < Grade 9 | ☐ Unemployed | ☐ Retired or Disabled | | ☐ Foster | | | |
| ☐ GED | ☐ HS Graduate | | | | ☐ Other | | | If teen parent, subsidized? |
| | ☐ Master's | | | | | | | ☐ Yes  ☐ No |

**Email Address:**

### Additional Child (Non-Applicant) *

| First | Middle | Last | Birthday | Gender |
|---|---|---|---|---|
| | | | | |

| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
|---|---|---|---|---|---|
| ☐ Asian  ☐ American Indian/Alaska Native | | ☐ Yes | ☐ Little | | ☐ Little |
| ☐ Black  ☐ Hawaiian/Pacific Islander | | ☐ No | ☐ Moderate | | ☐ Moderate |
| ☐ White  ☐ Multi-Racial | | | ☐ None | | ☐ None |
| ☐ Other: _____ | | | ☐ Proficient | | ☐ Proficient |

## Additional Child (Non-Applicant) *

| First | Middle | Last | | Birthday | Gender |
|-------|--------|------|---|----------|--------|
| | | | | | |

| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
|------|---|----------|---------------------|----------------|----------------------------|
| ☐ Asian ☐ Black ☐ White ☐ Other: ___ | ☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Multi-Racial | ☐ Yes ☐ No | ☐ Little ☐ Moderate ☐ None ☐ Proficient | | ☐ Little ☐ Moderate ☐ None ☐ Proficient |

## Additional Child (Non-Applicant) *

| First | Middle | Last | Suffix | Birthday | Gender | SSN |
|-------|--------|------|--------|----------|--------|-----|
| | | | | | | |

| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
|------|---|----------|---------------------|----------------|----------------------------|
| ☐ Asian ☐ Black ☐ White ☐ Other: ___ | ☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Multi-Racial | ☐ Yes ☐ No | ☐ Little ☐ Moderate ☐ None ☐ Proficient | | ☐ Little ☐ Moderate ☐ None ☐ Proficient |

## Additional Child (Non-Applicant) *

| First | Middle | Last | | Birthday | Gender |
|-------|--------|------|---|----------|--------|
| | | | | | |

| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
|------|---|----------|---------------------|----------------|----------------------------|
| ☐ Asian ☐ Black ☐ White ☐ Other: ___ | ☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Multi-Racial | ☐ Yes ☐ No | ☐ Little ☐ Moderate ☐ None ☐ Proficient | | ☐ Little ☐ Moderate ☐ None ☐ Proficient |

## Additional Child (Non-Applicant) *

| First | Middle | Last | | Birthday | Gender |
|-------|--------|------|---|----------|--------|
| | | | | | |

| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
|------|---|----------|---------------------|----------------|----------------------------|
| ☐ Asian ☐ Black ☐ White ☐ Other: ___ | ☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Multi-Racial | ☐ Yes ☐ No | ☐ Little ☐ Moderate ☐ None ☐ Proficient | | ☐ Little ☐ Moderate ☐ None ☐ Proficient |

# Family Information

## Family Living Address

| Started Living at Date | Living Address | Address Line 2 | ZIP | City | State | County |
|------------------------|----------------|----------------|-----|------|-------|--------|
| | | | | | | |

## Family Mailing Address

| Same as living? | Started Using Date | Mailing Address | Address Line 2 | ZIP | City | State |
|-----------------|--------------------|-----------------|----------------|-----|------|-------|
| ☐ Yes  ☐ No | | | | | | |

| Phone Number(s) | Type (check one) | Note (extension or best time to call) | Opt in for Text Messages |
|-----------------|------------------|---------------------------------------|--------------------------|
| | ☐ Cell  ☐ Home  ☐ Work  ☐ Other ___ | | ☐ Yes  ☐ No |
| | ☐ Cell  ☐ Home  ☐ Work  ☐ Other ___ | | ☐ Yes  ☐ No |
| | ☐ Cell  ☐ Home  ☐ Work  ☐ Other ___ | | ☐ Yes  ☐ No |

| Parental Status (check one) | Primary Language at Home | Relationship to Participant(s) | Acquired/learning another language in addition to English | Homeless Family/ living with family or friends | Active Duty Military | Military Veteran | Referred by Child Welfare Agency | Receiving SNAP | WIC |
|------------------------------|--------------------------|--------------------------------|-----------------------------------------------------------|------------------------------------------------|----------------------|------------------|----------------------------------|----------------|-----|
| ☐ One ☐ Two | | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

## Family Information

| Income Verified by staff only | Verification Date | TANF Status | | SSI |
|---|---|---|---|---|
|  |  | ☐ Yes  ☐ No | | ☐ Yes |
|  |  | ☐ Formerly on TANF/Not now | | ☐ No |

| Place of employment | Address | Phone number | |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |

## Emergency Contacts

### Contact 1

| Name | Relationship | Emergency Contact | Release To |
|---|---|---|---|
|  |  | ☐ Yes  ☐ No | ☐ Yes  ☐ No |

| Address | ZIP | City | State |
|---|---|---|---|
|  |  |  |  |

| Phone Number 1 | Phone Number 2 | Phone Number 3 |
|---|---|---|
| ☐ Cell ☐ Home ☐ Work | ☐ Cell ☐ Home ☐ Work | ☐ Cell ☐ Home ☐ Work |

### Contact 2

| Name | Relationship | Emergency Contact | Release To |
|---|---|---|---|
|  |  | ☐ Yes  ☐ No | ☐ Yes  ☐ No |

| Address | ZIP | City | State |
|---|---|---|---|
|  |  |  |  |

| Phone Number 1 | Phone Number 2 | Phone Number 3 |
|---|---|---|
| ☐ Cell ☐ Home ☐ Work | ☐ Cell ☐ Home ☐ Work | ☐ Cell ☐ Home ☐ Work |

### Contact 3

| Name | Relationship | Emergency Contact | Release To |
|---|---|---|---|
|  |  | ☐ Yes  ☐ No | ☐ Yes  ☐ No |

| Address | ZIP | City | State |
|---|---|---|---|
|  |  |  |  |

| Phone Number 1 | Phone Number 2 | Phone Number 3 |
|---|---|---|
| ☐ Cell ☐ Home ☐ Work | ☐ Cell ☐ Home ☐ Work | ☐ Cell ☐ Home ☐ Work |

## Transportation Information:

| Pick up Address | ZIP | City | St. |
|---|---|---|---|
|  |  |  |  |

| Drop Off Address | Zip | City | St. |
|---|---|---|---|
|  |  |  |  |

| Does your child have any Special Health Needs (Asthma/Rescue inhaler, seizure, Epilepsy, hearing, etc.)? Please list below | Taking medication If yes list below | | Food or environmental allergies /list below | |
|---|---|---|---|---|
| | ☐ Yes | ☐ No | ☐ Yes | ☐ No |
| | | | | |

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**Does your child or your family have a specific need or crisis?** (Check all that apply)

☐ Sibling was in Head Start      ☐ Recent divorce/separation      ☐ family member receiving Disability
☐ family member in jail/prison   ☐ terminal illness or recent death in immediate family ☐ Special Needs sibling(s) ☐
No transportation      ☐ Other-explain: _____

How many times has your family moved in the last 12 months? ☐ 1-2 times    ☐ 2 or moe
Do you have transportation     ☐ Yes    ☐ No

Were you or anyone in your immediate family affected by Covid-19?
      ☐ Loss of income or portion of income      ☐ Loss of home: renting or buying   ☐ been hospitalized

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**How did you find out about Head Start?**

_____

**Has your child been in preschool/childcare or home visitation before?**

_____

**If applicant qualifies, would you be interested in extended hours of 8-hour day?   ☐ Yes      ☐ No.**

**I give my permission to Fremont County Head Start to share the above listed information and/or obtain additional information with the following agencies to best meet the needs of my child and my family**:

**UAACOG programs-** (WIC, Housing, etc.)
**Early Childhood Network**-ECHO & the Family Center- (developmental, vision, & hearing screenings)
**School Districts RE-1, RE-2, Pikes Peak BOCES**- (For children with disabilities to receive services)
**Colorado Preschool Program**- (Your child's name & siblings for possible enrollment in CPP)
**Early Head Start Program**- (your child's name and younger sibling's names for possible enrollment)
**DHS/Fremont County Public Health**- (SNAP, Health Insurance, TANF, immunizations, screenings, etc.)
**Sol Vista Mental Health**- (services for children & families)
**This permission is considered valid from the date signed until child is eligible for kindergarten-unless a written revocation is received.**

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_____


Parent/Guardian Signature_____ Date_____