



DAEOC Head Start/Early Head Start

2024-2025 Applicant & Family Member Information



Center:		<input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start Center <input type="checkbox"/> Early Head Start Home Based		
Application Date:				
Child - Applicant				
First	Middle	Last	Birthday	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language *if applicable*
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient	
Primary Health Coverage		Other Coverage	Insurance #	Doctor/Medical Home
Dental Coverage		Dental Coverage #	Dentist/Dental Home	

Primary Adult				
First	Middle	Last	Birthday	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	Language	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> English	<input type="checkbox"/> Spanish
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			
<input type="checkbox"/> Other: _____				
Highest Grade Completed		Employment Status	Relationship to Child	
<input type="checkbox"/> Advanced /Bachelor's Degree		<input type="checkbox"/> Employed	<input type="checkbox"/> Mother (biological/adopted/step)	
<input type="checkbox"/> Associate Degree/Vocational School/Some College		<input type="checkbox"/> Unemployed	<input type="checkbox"/> Father (biological/adopted/step)	
<input type="checkbox"/> High School Graduate/ GED		<input type="checkbox"/> Job Training	<input type="checkbox"/> Grandparent	
<input type="checkbox"/> Less than High School Graduate		<input type="checkbox"/> School	<input type="checkbox"/> Foster	
		<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Other (describe) _____	
Phone Number 1		Phone Number 2		Phone Number 3
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address				

No Secondary Caregiver

Secondary Adult				
First	Middle	Last	Birthday	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	Language	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> English	<input type="checkbox"/> Spanish
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			
<input type="checkbox"/> Other: _____				
Highest Grade Completed		Employment Status	Relationship to Child	
<input type="checkbox"/> Advanced /Bachelor's Degree		<input type="checkbox"/> Employed	<input type="checkbox"/> Mother (biological/adopted/step)	
<input type="checkbox"/> Associate Degree/Vocational School/Some College		<input type="checkbox"/> Unemployed	<input type="checkbox"/> Father (biological/adopted/step)	
<input type="checkbox"/> High School Graduate/ GED		<input type="checkbox"/> Job Training	<input type="checkbox"/> Grandchild	
<input type="checkbox"/> Less than High School Graduate		<input type="checkbox"/> School	<input type="checkbox"/> Foster	
		<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Other (describe) _____	
Phone Number 1		Phone Number 2		Phone Number 3
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address				

No Additional Children

Additional Child (Non-Applicant) *				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Additional Child (Non-Applicant) *				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Additional Child (Non-Applicant) *				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Additional Child (Non-Applicant) *				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Additional Child (Non-Applicant) *				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Additional Child (Non-Applicant) *				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Additional Child (Non-Applicant) *				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Additional Child (Non-Applicant) *				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Additional Child (Non-Applicant) *				
First	Middle	Last	Birthday	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

** If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.*

Family Information, Income & Contacts
2024-2025

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

Family Information

Family Living Address

Living Address	ZIP	City	State	County

Family Mailing Address

Same as living? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address	ZIP	City	State

Primary Language at Home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Acquired/learning another language in addition to English <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Duty Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by Child Welfare Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving SNAP <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC <input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Status (check one) <input type="checkbox"/> One Parent Family <input type="checkbox"/> Two Parent Family	Homeless Family <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*If yes, family must complete a homeless verification form. *</small>	TANF Status <input type="checkbox"/> Yes <input type="checkbox"/> No	SSI <input type="checkbox"/> Yes <input type="checkbox"/> No			

Relationship to Participant	<input type="checkbox"/> Parents (biological, adoptive, stepparents)	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Relative (other than grandparent)	<input type="checkbox"/> Foster Parent not including relative
	<input type="checkbox"/> Other (describe) _____	

Family Income

Income Verified by:	Verification Date:

Family Member	Amount	Per (for example: week, month, year)	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)
	\$			
	\$			
	\$			

Income Notes

**If family has no income, a family income statement form must be completed. **

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 _____

Child Transportation - **MAKE A COPY TO KEEP ON BUS**

Child's Name:	Date:	<input type="checkbox"/> Bus	<input type="checkbox"/> Parent
Center Name:	Center Director:		
<p align="center"><i>Head Start Only</i></p> Does this Child Require Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pick Up Location:		
	Drop Off Location:		

Emergency Contacts

Contact 1 <small>Primary and/or Secondary Caregiver(s)</small>	Name	Relationship	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Release To <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	ZIP	State
	Phone Number 1 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number 2 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number 3 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	Name	Relationship	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Release To <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 2	Address	City	ZIP	State
	Phone Number 1 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number 2 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number 3 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	Name	Relationship	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Release To <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	ZIP	State
Contact 3	Phone Number 1 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number 2 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number 3 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	Name	Relationship	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Release To <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	ZIP	State
	Phone Number 1 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number 2 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number 3 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

Restricted From Picking-up:	Reason:	<input type="checkbox"/> Court Order <input type="checkbox"/> Court Order Attached **Legal Documents Required**
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Health History and/or Critical Health Notes (Allergies, Special Needs, Habits, Language)

- Does your child have an allergy? Food, Medication, household objects, Other _____
- Does your child have a special need? ADHD/ADD, Autism, Oppositional Defiance Order, Other _____
- Special Accommodations? Speech? Other _____

Should my child become seriously ill or injured while under the care of the DAEOC Head Start/Early Head Start Program and I cannot be reached, HS/EHS has my permission to transport and/or seek necessary treatment for my child at the local physician's office and/or Emergency Room.

Guardian Signature: _____	<u>Place Child's Picture Here</u>
Date: _____	

Applicant Eligibility & Enrollment Information 2024-2025

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

<input type="checkbox"/> EHS Expansion 2023-2024	<input type="checkbox"/> HS 2023-2024	<input type="checkbox"/> NM EHS 2023-2024
Location Preference Priority		
1st		
2nd		
3rd		

Eligibility Criteria

Eligibility Question	Answers
Child's Age	<input type="checkbox"/> Pregnant/Unborn/Birth-12 Months <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4 Years & Older
Special Needs *Must have documentation*	<input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Physician Statement <input type="checkbox"/> Any Disability – per page 4
Parental Status	<input type="checkbox"/> Single Parent Household
Parental Status *Check Only One*	<input type="checkbox"/> Foster Parent <input type="checkbox"/> Grand Parent or Guardian (other than parent)
Currently Homeless *Must complete homeless verification form*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child is a Sibling of a Currently Enrolled HS/EHS Child	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak any other language other than English	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent is 19 years or Younger at time of application*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the parent have a High School Diploma/GED	<input type="checkbox"/> Yes <input type="checkbox"/> No
One/Both Parents Currently Incarcerated, Currently on Probation/Parole or have had a Death in the Immediate Family Within the Last Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
One/Both Parents Current Active Military Duty, National Guard or Reserves	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Employee of DAEOC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment/School/Training *Check Only ONE*	<input type="checkbox"/> One/Both Parents Attending School/Training or Currently Employed Full Time <input type="checkbox"/> One/Both Parents Attending School/Training or Currently Employed Part Time
Currently Enrolled	<input type="checkbox"/> Child Currently Enrolled in EHS



**DAEOC Head Start/Early Head Start
2024-2025**



ELIGIBILITY VERIFICATION FORM

1. Child's name: _____

2. Child's date of birth: _____

3. Indicate the applicable eligibility criteria for this child:

- Homeless
- Foster Care
- Public assistance (TANF, SSI, SNAP)

4. What documentation was used to determine eligibility and is included as part of the eligibility determination record?

- | | |
|---|--|
| <input type="checkbox"/> Income Tax Form 1040 | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> W-2 | <input type="checkbox"/> Unemployment documentation |
| <input type="checkbox"/> TANF documentation | <input type="checkbox"/> Written statement from employer |
| <input type="checkbox"/> SSI documentation | <input type="checkbox"/> Foster Care reimbursement |
| <input type="checkbox"/> Pay stub | <input type="checkbox"/> SNAP benefits letter (current) |
| <input type="checkbox"/> Family Income Statement Form | <input type="checkbox"/> Other, please describe _____ |

5. What documentation was used to verify the child's age?

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Certified birth certificate | <input type="checkbox"/> Medical card | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Hospital birth certificate | <input type="checkbox"/> Shot record | <input type="checkbox"/> Other _____ |

TYPE OF INTERVIEW CONDUCTED: IN PERSON AUDIO

I certify that I have examined the following age and income documentation of the above named applicant and any and all decisions were in accordance with the Head Start Federal Guidelines.

Staff Signature: _____ Date: _____

Staff Name: _____ Title: _____