

ACHR Application - Head Start/Early Head Start 2022-23

Applica First	nt:	Child # 1	Name (atal <i>l</i>	Applica Suffix	nt Name	_	EHS - HB	□ CB □ Gender	Pre	egnai	nt Momo Due Date:
Race Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Multi-Racial Other:			Hispanic ☐ Yes ☐ No		English Proficiency Little Moderate None Proficient		cy Other/Acquiring Language Name of language/s spoke in home: (list primary first)			ken	en 🗆 Little		
Born Premate If yes, born			Diagnose If yes, do	d Handicap es child hav	ping co e an IE	ondition: E P/IFSP? E] Yes □ No I] Yes □ No (Describe	e: attach diagno	ses and I	EP/IF	SP)	
Applica	nt:	Child # 2	2 Name	(ad	ld add	litional cl	hildren on pa	age 2)			HS □	FHS	- HB - CB -
First		Middle	Las			Suffix	Nicknam	<u> </u>	Birthday	Gender			
Race ☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other:					Hispanic □ Yes □ No		English Proficiency Little Moderate None Proficient		Name of language/s in home: (list primary		s spo	oken 🗆 Little	
Born Premate If yes, born							I Yes □ No □ Yes □ No			oses and	IEP/II	FSP)	
	/ Ad	ult (in th				0(0	AP also asses		District	0 - 1			
First		Middle	Las	St		Suffix	Nickname	; I	Birthday	Gende	er		
Race ☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial			Hispanic ☐ Yes ☐ No		English Profic	Name of language		anguage/s home: (lis	/s 🗆		ner Language Proficiency Little Moderate None		
		ther:			□ Pr		□ Proficien	ent					Proficient
Highest Gra	ade C	ompleted			Emplo	yment Stat	tus	Child's	s Relationshi	p	Cus	stody	Check all that apply:
□< Grade 9 □Grade 10 □Grade 11 □Grade 12 □HS Grad □GED)	□Training C □Associate¹ □Bachelor¹s □Master¹s □Specialist □Doctorate	s Degree	□Full Tim □Part Tim □Seasona □Unemple	ne al	□Part Tim □Univ. As Fellowsh □Training	e & Training ne & Training sistantship/ nip or School or Disabled	□Gra		ed/Step			☐ Lives with Family ☐ Provides Financial Support ☐ Teen Parent
Email Ad	dre	ss:											
	ary	or Other			ome)				D: 4				
First		Middle	Las	st		Suffix	Nickname)	Birthday	Gende	er		
Poss					Llien	ania	English Desf	nion o:	Othor/A	uirina La-	~	Oth	or Longuago Droficiones
Race Asian	ΠА	merican India	n/Alaska Na	ative	Hispa Ye		English Profic	Jiency	Other/Acq Name of la			Oth	er Language Proficiency Little
□ Asian □ American indian/Alaska Native □ Black □ Hawaiian/Pacific Islander □ White □ Multi-Racial □ Other:			□ No		□ Moderate □ None □ Proficien	spoken in home: (list primary first)			☐ Moderate ☐ None ☐ Proficient				
Highest Gra	ade C	ompleted				yment Stat			s Relationshi	•		stody	Check all that apply:
□< Grade 9 □Grade 10 □Grade 10 □Grade 11 □Grade 12 □Grade 12 □HS Grad □GED □Doctorate □Full Time □Part Time □Seasonal □Unemploye					me		□Biological/Adopted/Step □Grandchild □Other Relative □ Foster □ Other		ed/Step	□ Yes □ No		☐ Lives with Family ☐ Provides Financial Suppor ☐ Teen Parent	
Email Ad	dre	SS											

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	ant: Child # 3		0 ("	N.C. a.L.	District.	HS - EHS -	110 0 (
irst	Middle	Last	Suffix	Nickname	Birthday	Gender			
ace	_		Hispanic	English Proficiency		cquiring Langu		Other Language Proficiency	
Asian Black White	k ☐ Hawaiian/Pacific Islander		□ Yes □ No	☐ Little ☐ Moderate ☐ None ☐ Proficient	Name of language/sin home: (list prima)				
	aturely: □ Yes □ No rn at weeks			☐ Yes ☐ No Descr ☐ Yes ☐ No (if yes		noses)			
	ant: Child # 4		<u> </u>			HS - EHS -	НВ 🗆 (СВ 🗆	
rst	Middle	Last	Suffix	Nickname	Birthday	Gender			
ace			Hispanic	English Proficiency	Other/A	Other/Acquiring Language		Other Language Proficiency	
Asian Black White	☐ American India ☐ Hawaiian/Pacifi ☐ Multi-Racial ☐ Other:		□ Yes □ No	☐ Little ☐ Moderate ☐ None ☐ Proficient	Name of language/s spoken in home: (list primary first)		ooken irst) ——	☐ Little ☐ Moderate ☐ None ☐ Proficient	
	aturely: ☐ Yes ☐ No rn at weeks			☐ Yes ☐ No Descr ☐ Yes ☐ No (if yes		noses)			
dditio irst	onal Child (Non-		Last	Birthday	/	Gender	Race	Hispanic	
								□ No	
	nal Child (Non-		1	1 5			_		
	Midd		Last	Birthday	/	Gender	Race	Hispanic ☐ Yes ☐ No	
irst		le	Last	Birthday	/	Gender	Race	☐ Yes	
rst .dditio	Midd	Applicant) # 3	Last	Birthday Birthday		Gender	Race	☐ Yes ☐ No Hispanic	
rst dditio	Midd	Applicant) # 3						□ Yes □ No	
irst Additio irst	onal Child (Non-	Applicant) # 3						☐ Yes ☐ No Hispanic ☐ Yes	
Additio	Midd	Applicant) # 3 le Applicant) # 4			/			☐ Yes ☐ No Hispanic ☐ Yes	



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	This	Secti	on j	for Agency	Use	Only
П	Dard	on	П	Edolman		Kina

15G710322 3 pgs, 1/2 back-front, pg 3

Names of Children or Pregnant Mom Applying

	ily Informatio												
	ily Living Ad g Address	aress				ZIP	City			State	County		
LIVII	ng Addicas					211	Oity			Otato	County		
Fam	ily Mailing A	ddress											
	e as	Date Started Using Address	Mailing Address			Address Line 2	ZIP		City			State	
ПΥ	es 🗆 No												
Pho	ne Number(s)		Type (check one))		Note (extension	or best tin	ne to call))	Opt In fo	r Text Mes	ssages	
			□ Cell □ Home	□ Wo	rk 🗆 Other					□ Yes □	□ No		
			□ Cell □ Home	□ Wo	rk 🗆 Other					□ Yes □	□ No		
			☐ Cell ☐ Home	□ Wo	rk 🗆 Other					□ Yes □	⊒ No		
	ental Status check one)	Primary Language at Home	Home Check One	Э	Active Duty Military	Referred by Child Welfare Agency		eiving '	WIC		# in hous	ehold	
□Or □Tv			□ Own □ □ Homeless □	Rent Other	□ Yes	□Yes □No			□ Yes □ No			# of children _ # age 3 -5	
Fam	ily Income	'					_	<u> </u>					
		oy (staff signatur	re)		Ve	erification Date		TANF	Status			SSI	
							□ Yes	☐ No erly on T <i>A</i>	ANF/Not	now	□ Yes		
	Family Member	Amount	Per (for examp week, month, y		Annual Amount	Description (for SSI, Job, Child		Vei		(for exampl eck stub)	e:	Note	
		\$			\$								
		\$			\$								
		\$			\$								
Inco	me Notes	Ψ			φ								
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Auu	Name	ct (iii case uliab	ie to reach you)		Relationsh	ip		Emerg	ency Co	ntact	Relea	se To	
-								□ Yes	□ No		□ Yes	□ No	
2	Address					ZIP	City					State	
Contact													
3	Phone Numb	er 1		Phon	ne Number		Phon	e Numbe	r 3				
		☐ Cel	I □ Home □ Work			□Cell □Home□Work	k] Cell □ Ho	ome 🛮 Work	
	Name			R	elationship		E	mergenc	y Contac	t	Releas	se To	
N								☐ Yes	□ No		☐ Yes	□ No	
5	Address					ZIP	City					State	
Contact													
3	Phone Numb	er 1		Phon	ne Number		Phon	e Numbe	r 3				
		☐ Cel	I □ Home □ Work			□Cell □Home □Wor	rk				☐ Cell ☐ H	ome 🛮 Work	
	-+: /+:£.	+h -+ +h :- :-f+i-	on is true. If any part i	:		i- thi/			: t d	41			
			this application will b										
arer	nt/Guardian	Signature						Date					
	ment. Proof of		□ Cmasify (: - 1040	W2-/	11 in hou11 1								
			☐ Specify (i.e. 1040										
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		- 11									Date:		
					Date: 								
	oordinator Sign lity Notes:	аште								Date	e:		