



Applicant: Child # 1 Name or Prenatal Applicant Name								HS	EHS	HB	CB	Pregnant Mom	Due Date: _____
First	Middle	Last	Suffix	Nickname	Birthday	Gender							
Race		Hispanic		English Proficiency		Other/Acquiring Language		Other Language Proficiency					
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		Name of language/s spoken in home: (list primary first)		<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"/> Moderate					
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		_____		<input type="checkbox"/> None					
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		_____		<input type="checkbox"/> Proficient					
Born Prematurely: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, born at _____ weeks		Diagnosed Handicapping condition: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ If yes, does child have an IEP/IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach diagnoses and IEP/IFSP)											

Applicant: Child # 2 Name								(add additional children on page 2)				HS	EHS	HB	CB
First	Middle	Last	Suffix	Nickname	Birthday	Gender									
Race		Hispanic		English Proficiency		Other/Acquiring Language		Other Language Proficiency							
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		Name of language/s spoken in home: (list primary first)		<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"/> Moderate							
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		_____		<input type="checkbox"/> None							
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		_____		<input type="checkbox"/> Proficient							
Born Prematurely: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, born at _____ weeks		Diagnosed Handicapping condition: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ If yes, does child have an IEP/IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach diagnoses and IEP/IFSP)													

Primary Adult (in the home)								
First	Middle	Last	Suffix	Nickname	Birthday	Gender		
Race		Hispanic		English Proficiency		Other/Acquiring Lang.		Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		Name of language/s spoken in home: (list primary first)		<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"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		_____		<input type="checkbox"/> None
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		_____		<input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:	
<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Training Certificate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Associate's	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Univ. Assistantship/ Fellowship	<input type="checkbox"/> Other Relative				<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Grade 12	<input type="checkbox"/> Master's	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Training or School	<input type="checkbox"/> Foster				
<input type="checkbox"/> HS Grad	<input type="checkbox"/> Specialist Degree		<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Other _____				
<input type="checkbox"/> GED	<input type="checkbox"/> Doctorate							
Email Address:								

Secondary or Other Adult (in the home)								
First	Middle	Last	Suffix	Nickname	Birthday	Gender		
Race		Hispanic		English Proficiency		Other/Acquiring Lang.		Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		Name of language/s spoken in home: (list primary first)		<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"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		_____		<input type="checkbox"/> None
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		_____		<input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:	
<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Training Certificate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Associate's	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Univ. Assistantship/ Fellowship	<input type="checkbox"/> Other Relative				<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Grade 12	<input type="checkbox"/> Master's	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Training or School	<input type="checkbox"/> Foster				
<input type="checkbox"/> HS Grad	<input type="checkbox"/> Specialist Degree		<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Other _____				
<input type="checkbox"/> GED	<input type="checkbox"/> Doctorate							
Email Address								

Applicant: Child # 3 Name							HS <input type="checkbox"/> EHS <input type="checkbox"/> HB <input type="checkbox"/> CB <input type="checkbox"/>	
First	Middle	Last	Suffix	Nickname	Birthday	Gender		
Race		Hispanic	English Proficiency		Other/Acquiring Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		Name of language/s spoken in home: (list primary first) _____	<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"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient		
Born Prematurely: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, born at _____ weeks		Diagnosed Handicapping condition: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ If yes, does child have an IEP/IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach diagnoses)						

Applicant: Child # 4 Name							HS <input type="checkbox"/> EHS <input type="checkbox"/> HB <input type="checkbox"/> CB <input type="checkbox"/>	
First	Middle	Last	Suffix	Nickname	Birthday	Gender		
Race		Hispanic	English Proficiency		Other/Acquiring Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		Name of language/s spoken in home: (list primary first) _____	<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"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient		
Born Prematurely: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, born at _____ weeks		Diagnosed Handicapping condition: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ If yes, does child have an IEP/IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach diagnoses)						

Additional Child (Non-Applicant) # 1							
First	Middle	Last	Birthday	Gender	Race	Hispanic	
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Child (Non-Applicant) # 2							
First	Middle	Last	Birthday	Gender	Race	Hispanic	
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Child (Non-Applicant) # 3							
First	Middle	Last	Birthday	Gender	Race	Hispanic	
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Child (Non-Applicant) # 4							
First	Middle	Last	Birthday	Gender	Race	Hispanic	
							<input type="checkbox"/> Yes <input type="checkbox"/> No



Names of Children or Pregnant Mom Applying

Family Information
Family Living Address
Family Mailing Address
Phone Number(s)
Parental Status

Family Income
Income Verified by (staff signature)
Family Member
Amount
Per (for example: week, month, year)
Annual Amount
Description (for example: SSI, Job, Child Support)
Verification (for example: W2, check stub)
Note

Additional Contact (in case unable to reach you)
Contact 1
Contact 2
Name
Relationship
Emergency Contact
Release To
Address
ZIP
City
State
Phone Number 1
Phone Number
Phone Number 3

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.

Parent/Guardian Signature Date

OFFICE USE BELOW:
Attachment: Proof of Birth Income Specify (i.e. 1040 W2s(all in household)
Other attachment: Shot Record Insurance Card Dental Form Other (list all other)
ACHR Staff Person Receiving Application Date:
ACHR FEA/HV Receiving Application & Documentation from office if different from above Date:
Family Engagement/Home Based Supervisor Signature Date:
OR Coordinator Signature Date:

Eligibility Notes: