TION FORMATION: tal Statistics. It must be the up to date for their age.) e Co. Universal Prek Team)
tal Statistics. It must be the up to date for their age.) e Co. Universal Prek Team) rth date:
rth date:
rth date:
(Month/Day/Year)
(Wolldi Day/ Tear)
Zip Code:
_ Zip code.
(Phone)
or only one parent has cust
STEP PARENT
irst) (Last)
(for data entry purpose
s:
yer:
Phone:
d in g: School:
5

Highest completed education level:

Highest completed education level:

Highest completed education level:

Other children living in the home:				
Name:	Birth Date:	Name:		Birth Date:
1		4		
2		5		
3				
If children are school age which school(s)				
Other adults living in the home: <u>Name:</u>	Birth Date:		Relationship	to child:
1				
2				
Total number in family				
Which primary language is spoken at hon	ne?			
Living in a hotel or motel Living in other circumstanc III. OTHER INFORMATION	es (explain)			
Is your child enrolled in another day care,	/head start/preschoo	l program? Yes	No	
If yes, where?				
Is there a primary caregiver in your home If no, Name/Location/Phone # of Babysit				
Has any other agency worked with your colling in the same of the s		Three/Pre-School S	Special Needs, et	c)? (Y/N)
Do you suspect that your child may have	a disability? Yes	No		
If yes, please describe:				
Does your child have any diagnosed disal If yes, you must provide documentation.	oilities? Yes	No		
Does your child have any medical conditi If yes, you must provide medical docume	_	Yes No _		
Does your child have health insurance? Y	es No			
If yes, is it Chips/Medical Card/Private, e (If private indicate company)	tc.:	Recipi	ient number:	

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IV. FINANCIAL INFORMATION

Does your family receive any of the following serv	vices or financial	assistance?	?
Supplemental Nutrition Assistance Program	(SNAP)	WIC	Social Security
Supplemental Security Income (SSI)	TANF		Foster Care Subsidy
Child Support/Alimony Energy	Program Assista	nce	Veteran's Benefits
Unemployment Compensation	Public Housing A	Assistance	
TO BE COMPLE	TED BY HEAD	START S	TAFF
Form of income(s) that were verified by staff: (Pla	ice a checkmark b	eside docu	iments below that were reviewed.)
W-2 form; 1040 tax return; Pay s	tub; Written	ı statement	from employer;
Unemployment; Worker's compensation	on; Child su	pport;	_ Social security;
Veteran's benefits; Statement of no inc	ome		
If pay stubs were used to verify income, please inc	licate if pay is we	ekly or biv	weekly by circling one.
If the child meets the McKinney-Vento definition TANF, no income calculation is to be completed.			•
<u>Calculation</u> : Show the calculation below used to obtain gross annual familiated weeks, if monthly multiply by 12)	ily income. (If paid v	weekly multi _l	ply pay by 52 weeks, if biweekly multiply by
Total Gross Annual Family Income \$ Is family income eligible? Yes No			
Proof of income reviewed and verified by:			Date:
	Head Start Staff		
Completing this application does not ensure you	ur child's placen	nent into F	lead Start or Pre-K.
All information on this application will be kept partners of the Hampshire County Universal Protection of the best of my ability and knowledge, the information responsibility to report any changes to this information.	confidential and re-K program.	l will only is form is c	be shared with collaborating
Parent or Guardian Signature / Date	Pre-K Staff Sig	gnature / Po	osition / Date
Area Supervisor Signature / Date	Family Service	Coordinat	tor Signature / Date
Education/Disabilities Coordinator / Date (If disab	vility is indicated)	1	

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