Red Cliff Early Childhood Center
CHILD APPLICATION

Head Start/Early Head Start is required to use the Department of Health and Human Services HHS Poverty Guidelines to determine income eligibility.

HOW DO I APPLY?

✓ Complete an application along with copies of Parent(s)/Guardian(s) Income.
✓ After application is received, an application interview will be scheduled and application will be reviewed and an ASQ-3, ASQ-SE2 and other screens will be completed.
✓ Completing the application process does not guarantee enrollment
✓ Applicants are accepted based upon income (Federal Poverty Level) and prioritized using approved selection criteria
✓ Upon enrollment to the program, applicants will receive an "Acceptance" letter and important information about scheduling an enrollment appointment for your child.

Please Note:
1. Enrollment is limited, so please complete your application & enrollment appointment immediately for early consideration.
2. An incomplete application, including no documentation, will delay the enrollment process. Selection for fall enrollment openings will be released July 15th of each year.
# Head Start/Early Head Start Child Application

**Application for:** Head Start [ ] Early Head Start [ ] Child Care [ ]

## APPLICANT (CHILD) INFORMATION

<table>
<thead>
<tr>
<th>Child First Name (Please Print)</th>
<th>Middle Initial</th>
<th>Last Name (Please Print)</th>
</tr>
</thead>
</table>

Actual Due Date: __________________

Premature Birth? [ ] Yes [ ] No

# of weeks premature: ____________

Date of Birth: __________/________/______

Mo Day Year

Gender [ ] Male [ ] Female

Hispanic? [ ] Yes [ ] No

Race: [ ] Asian [ ] White [ ] Native American/Alaskan Native [ ] Other

[ ] Black/African American [ ] Hawaiian/Pacific Islander [ ] Multi Racial/Biracial

Is the child enrolled in a federally recognized tribe? [ ] Yes [ ] No

If yes, Tribal Affiliation: _______________________

Is the child a tribal descendent OR eligible for enrollment? [ ] Yes [ ] No

Tribe: _______________________

Child Primary Health Coverage/Insurance: [ ] Badgercare/Medicaid [ ] Private Health Insurance [ ] IHS

Child Doctor/Medical Home: _______________________

Child Dentist/Dental Home: _______________________

## PRIMARY ADULT (Parent/Legal Guardian) INFORMATION

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle</th>
<th>Last Name</th>
<th>Gender</th>
<th>Date of Birth: ________<strong>/____<strong><strong>/</strong></strong></strong></th>
</tr>
</thead>
</table>

[ ] Male [ ] Female

Relationship to Child: [ ] Parent [ ] Step-Parent [ ] Guardian [ ] Grand Parent [ ] Foster Parent [ ] Other: _________

Lives with Family [ ] Provides Financial Support [ ] Custody [ ]

Hispanic: [ ] Yes [ ] No

Race (check all that apply):

[ ] Native American/Alaskan Native [ ] White [ ] Asian [ ] Multi-Racial/Biracial [ ] Black/African American [ ] Other: __________

Language Spoken: [ ] English [ ] Spanish [ ] Other: _________

Highest Grade/Education Completed:

[ ] GED/HSED [ ] Associate’s Degree

[ ] HS Graduate [ ] Bachelor’s Degree

[ ] < Grade 9 [ ] Master’s Degree

[ ] Grade 10 [ ] Grade 11

Are you enrolled in: [ ] Job Training [ ] or [ ] School [ ]

Do you anticipate completing your education and/or job training program during the school year? [ ] Yes [ ] No

Member of U.S. Military Active Duty? [ ] Yes [ ] No [ ] Veteran of the U.S. Military? [ ] Yes [ ] No

Employment Status:

[ ] Full Time [ ] Part Time

[ ] Full Time & Trng. [ ] Part Time & Trng.

[ ] Seasonally Employed [ ] Unemployed

[ ] Retired or Disabled

Living Address: _______________________

(Please Print Clearly)

City: ________ State: ________ Zip: ________

Mailing Address: _______________________

(Please Print Clearly)

(Please Print Clearly)

City: ________ State: ________ Zip: ________

(if different)

Email Address: _______________________

Primary Adult Phone Number: (please print clearly) [ ] Opt for text msg

[ ] Cell [ ] Home [ ] Work

[ ] [ ] [ ] [ ]
**SECONDARY ADULT (Parent/Legal Guardian) INFORMATION**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>/</strong>/______</td>
<td>Male</td>
</tr>
</tbody>
</table>

- **Relationship to Child:**
  - Parent
  - Step-Parent
  - Guardian
  - Grand Parent
  - Foster Parent
  - Other: _______

- **Lives with Family**
- **Provides Financial Support**
- **Custody**

<table>
<thead>
<tr>
<th>Living Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary Adult Phone: (Please Print Clearly)</td>
<td>Cell:</td>
<td>Home:</td>
<td></td>
</tr>
</tbody>
</table>

- **Hispanic?**
  - Yes
  - No

- **Race (check all that apply):**
  - Native American/Alaskan Native
  - White
  - Asian
  - Multi-Racial/Biracial
  - Black/African American
  - Other: __________

- **Primary Language:**
  - English
  - Spanish
  - Other: _______

- **Highest Grade/Education Completed:**
  - GED/HSED
  - High School Graduate
  - < Grade 9
  - Grade 10
  - Grade 11

  - Associate’s Degree
  - Bachelor’s Degree
  - Master’s Degree

- **Are you enrolled in:**
  - Job Training
  - School

- **Do you anticipate completing your education and/or job training program during the HS program year?**
  - Yes
  - No

- **Employment Status:**
  - Full Time
  - Part Time
  - Part Time & Trng.
  - Full-Time & Trng.
  - Seasonally Employed
  - Unemployed
  - Retired or Disabled

- **Member of U.S. Military Active Duty?**
  - Yes
  - No

- **Veteran of the U.S. Military?**
  - Yes
  - No

**OTHER FAMILY MEMBERS SUPPORTED BY PRIMARY/SECONDARY ADULT (LIVING IN THE HOME)**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>D.O.B.</th>
<th>Relationship to Child</th>
</tr>
</thead>
</table>

- **Total # of Children:** _____
- **Total # Adults:** _____
- **Total # of Family Members:**

**CHILD EMERGENCY CONTACTS:** (3 contacts required)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to child:</th>
<th>Phone:</th>
<th>Contact</th>
<th>Release to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Relationship to child:</td>
<td>Phone:</td>
<td>Contact</td>
<td>Release to</td>
</tr>
<tr>
<td>Name:</td>
<td>Relationship to child:</td>
<td>Phone:</td>
<td>Contact</td>
<td>Release to</td>
</tr>
</tbody>
</table>

**If enrolled in center-based program, would you like to be contacted about child care services?**
- Yes
- No

**Do you authorize your Head Start child to be transported by ECC school bus?**
- Yes
- No

**Do you authorize ECC to share your name and contact number with Zaagichigaazowin Home Visiting Program?**
- Yes
- No
<table>
<thead>
<tr>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child history of neglect/abuse</td>
<td>HS/EHS child is a Foster Child</td>
</tr>
<tr>
<td>Death of child’s parent/sibling</td>
<td>Supplemental Security Income (SSI)</td>
</tr>
<tr>
<td>Parent in prison/incarceration</td>
<td>TANF/W-2</td>
</tr>
<tr>
<td>Substance Abuse in child’s primary home</td>
<td>Is your family Homeless?</td>
</tr>
<tr>
<td>Parent does not have HSED/GED</td>
<td>(Definition: Lack of a fixed, regular, and adequate nighttime residence; includes living with family or friends)</td>
</tr>
<tr>
<td>Domestic Violence in child’s primary home</td>
<td></td>
</tr>
<tr>
<td>Premature birth (before 35 weeks)</td>
<td></td>
</tr>
<tr>
<td>Prenatal Substance Use with this child:</td>
<td></td>
</tr>
<tr>
<td>☐ Drugs OR Alcohol ☐ Tobacco</td>
<td></td>
</tr>
<tr>
<td>Diagnosed Mental Illness (Primary/Secondary Caretaker)</td>
<td>DISABILITY STATUS (Child)</td>
</tr>
<tr>
<td>☐ Anxiety ☐ Bi-polar ☐ ADHD ☐ PTSD ☐ Depression ☐ Other:</td>
<td>Yes No</td>
</tr>
<tr>
<td>Child Behavior/Management Concerns</td>
<td>Certified I.E.P. (Individualized Education Plan)</td>
</tr>
<tr>
<td>First Time Parent (Both)</td>
<td>Certified I.F.S.P. (Individualized Family Service Plan)</td>
</tr>
<tr>
<td>Any Other Special Family Need/Circumstance you would like us to consider? (please describe):</td>
<td>Suspected Disability or Delay: Please explain:</td>
</tr>
<tr>
<td>Serious Health issues: Please explain:</td>
<td></td>
</tr>
</tbody>
</table>

**Parental Status:** (Check all that apply)
- ☐ One Parent in the home
- ☐ Both Parents in the home
- ☐ Foster Parent ☐ Kinship Care Provider ☐ Teen Parent ☐ Grandparent ☐ Disabled Parent ☐ Dual Custody

**Family Receives:**
- ☐ Food Share/SNAP/Food Stamps
- ☐ WIC
- ☐ Wisconsin Shares (Child Care)

**PARENT/GUARDIAN INCOME STATUS** *(Before Taxes)*

The following information is required to process your child’s application:
- **Income Tax Form; W-2’s; Pay Stubs; Public Assistance: TANF-W-2;** and SSI-Disability Payment Verifications. Income to be submitted & verified must include the last 12 months of the preceding calendar year
- The following is requested: most current Physical and Dental Exam and Immunization Record

<table>
<thead>
<tr>
<th><strong>Mother/Legal Guardian/Relative Caregiver</strong></th>
<th><strong>Father/Legal Guardian/Relative Caregiver</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer ____________________ Employed Since</td>
<td>Employer ____________________ Employed Since</td>
</tr>
<tr>
<td>Full Time ☐ Part-Time ☐ Seasonal ☐</td>
<td>Full Time ☐ Part-Time ☐ Seasonal ☐</td>
</tr>
<tr>
<td><strong>Gross Income $</strong></td>
<td><strong>Gross Income $</strong></td>
</tr>
<tr>
<td>W-2 or Tax Return ☐</td>
<td>W-2 or Tax Return ☐</td>
</tr>
<tr>
<td>Total:</td>
<td>Total:</td>
</tr>
</tbody>
</table>

**OTHER INCOME & CASH ASSISTANCE** *(Documents & Verification Required) (Including Child’s Income)*

<table>
<thead>
<tr>
<th>Social Security Benefits (monthly)</th>
<th>SSI (monthly)</th>
<th>TANF/W-2 (monthly)</th>
<th>Child Support (monthly)</th>
<th>Foster/Kinship Care (monthly)</th>
<th>Unemployment (weekly)</th>
<th>Other Income (List)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

I certify that my family’s assets are less than $100,000. ☐ Yes ☐ No

Please Read Before Signing
I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE HELD IN STRICT CONFIDENCE WITHIN THE PROGRAM. I ALSO UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN TO DETERMINE ELIGIBILITY FOR A FEDERAL PROGRAM AND WILL BE VERIFIED FOR ACCURACY. PROVIDING FALSE INFORMATION FOR ELIGIBILITY PURPOSES MAY RESULT IN NON-ACCEPTANCE.

**Parent Signature: __________________________ Date: __________________________

Type of Eligibility: ☐ Income below 100% Poverty Line ☐ 100-130% Above Poverty Line
☐ Public Assistance ☐ Homeless ☐ Status as a Foster Child ☐ Disability
Wait list Date: ___________ Wait list Classroom(s): ___________
☐ Entered on ChildPlus Total Eligibility Income: ___________ Family of: ___________