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?**

- Please call (715) 779-5030 ext 0 to schedule an enrollment appointment
- At the time of your appointment, you are required to bring:
  - Parent(s)/Guardian(s) Income along with the completed application
- Also bring child’s most current Physical, Dental & Immunization Records or sign a release for the program to obtain them.
- Completing the application process does not guarantee enrollment
- Applicants are accepted based upon income (Federal Poverty Level) and prioritized using approved selection criteria
- Upon acceptance to the program, applicants will receive an “Acceptance” letter and important information about scheduling a screening for your child.

**Please Note:**

1. Space is limited, so please complete your application & enrollment appointment immediately for early consideration.
2. An incomplete application (no documentation) will not be accepted & will delay the enrollment process.
3. 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** [□]

## 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>

**Gender**
- [□] Male  
- [□] Female

**Date of Birth**

- [□] Yes  
- [□] No

**Premature Birth?**

- [□] Yes  
- [□] No

**Actual Due Date:**

- [□] Male  
- [□] Female

**Race:**
- [□] Asian  
- [□] White  
- [□] Multi Racial/Biracial  
- [□] Native American/Alaskan Native  
- [□] Other  
- [□] Black/African American  
- [□] Hawaiian/Pacific Islander  

**Hispanic?**

- [□] Yes  
- [□] No

**Is the child enrolled in a federally recognized tribe?**

- [□] Yes  
- [□] No

**Is the child a tribal descendent OR eligible for enrollment?**

- [□] Yes  
- [□] 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

| First Name | Middle | Last Name | Gender | Date of Birth | Employment Status:
|------------|--------|-----------|--------|---------------|-------------------|
|            |        |           |        |              | [□] Full Time  
|            |        |           |        |              | [□] Part Time  
|            |        |           |        |              | [□] Full Time & Trng.  
|            |        |           |        |              | [□] Part Time & Trng.  
|            |        |           |        |              | [□] Seasonally Employed  
|            |        |           |        |              | [□] Unemployed  
|            |        |           |        |              | [□] Retired or Disabled  
|            |        |           |        |              | [□] Training or School

**Relationship to Child:**

- [□] Parent  
- [□] Step-Parent  
- [□] Guardian  
- [□] Grand Parent  
- [□] Foster Parent  
- [□] Other:

**Lives with Family**

- [□] Provides Financial Support  
- [□] Custody

**Race (check all that apply):**

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

**Hispanic:**

- [□] Yes  
- [□] No

**Language Spoken:**

- [□] English  
- [□] Spanish  
- [□] Other:

**Highest Grade/Education Completed:**

- [□] GED/HSED  
- [□] Associate’s Degree  
- [□] HS Graduate  
- [□] Bachelor’s Degree  
- [□] < Grade 9  
- [□] Grade 10  
- [□] Grade 11  
- [□] Master’s Degree  
- [□] Grade 12  
- [□] 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

**Member of U.S. Military Active Duty?**

- [□] Yes  
- [□] No

**Veteran of the U.S. Military?**

- [□] Yes  
- [□] No

**Living Address:**

- [□] Apartment #:  
- [□] City:  
- [□] State:  
- [□] Zip:

*(Please Print Clearly)*

**Mailing Address (if different):**

- [□] Apartment #:  
- [□] City:  
- [□] State:  
- [□] Zip:

*(Please print clearly)*

**Email Address:**

- [□] Cell  
- [□] Home  
- [□] Work

**Primary Adult Phone Number** *(please print clearly)*

- [□] /  
- [□] /  
- [□] /  
- [□] /
**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>
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<td><strong>/</strong>__<strong>/</strong>_</td>
<td>Male □ Female □</td>
</tr>
</tbody>
</table>

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

- Lives with Family □ Provides Financial Support □ Custody □

**Living Address:** ____________________________________________ City:___________ State:_____ Zip:_______

**Secondary Adult Phone:** (Please Print Clearly)  Cell: ______/______/______ Home: ______/______/______

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

**Hispanic?** Yes □ No □

**Primary Language:** English □ Spanish □ Other ______

**Highest Grade/Education Completed:**
- GED/HSED □
- High School Graduate □
- < Grade 9 □
- Grade 10 □
- Grade 11 □
- Grade 12 □
- Associate’s Degree □
- Bachelor’s Degree □
- Master’s Degree □

**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>
<tbody>
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</table>

**Total # of Children:** ______  **Total # Adults:** ______  **Total # of Family Members:** ______

**CHILD EMERGENCY CONTACTS:**

Name: __________________________ Relationship to child: ______ Phone: ____________

Name: __________________________ Relationship to child: ______ Phone: ____________

Name: __________________________ Relationship to child: ______ Phone: ____________

Name: __________________________ Relationship to child: ______ Phone: ____________

Name: __________________________ Relationship to child: ______ Phone: ____________

If enrolled in center-based program, would you like to be contacted and provided information about child care services (2:00-4:30pm Mon-Thurs at ECC)?

- 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 with Zaagichigaazowin Home Visiting Program?

- Yes □  No □
### FAMILY CIRCUMSTANCES: (Additional Selection Criteria)

Place check all those that apply

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child history of neglect/abuse</td>
<td></td>
<td></td>
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<tr>
<td>Death of child’s parent/sibling</td>
<td></td>
<td></td>
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<tr>
<td>Parent in prison/incarceration</td>
<td></td>
<td></td>
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<tr>
<td>Substance Abuse in child’s primary home</td>
<td></td>
<td></td>
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<tr>
<td>Domestic Violence in child’s primary home</td>
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<td></td>
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<tr>
<td>Premature birth (before 35 weeks)</td>
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<tr>
<td>Prenatal Substance Use with this child:</td>
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<tr>
<td>Drug OR Alcohol</td>
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<tr>
<td>Tobacco</td>
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<tr>
<td>Diagnosed Mental Illness (Primary/Secondary Caretaker)</td>
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<tr>
<td>Anxiety Bipoar ADHD PTSD Depression Other:</td>
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<td></td>
</tr>
<tr>
<td>DISABILITY STATUS (Child)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Child Behavior/Management Concerns</td>
<td></td>
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<tr>
<td>First Time Parent (Both)</td>
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</tr>
<tr>
<td>Any Other Special Family Need/Circumstance you would like us to consider? (please describe):</td>
<td></td>
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</tr>
</tbody>
</table>

### 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

### Other Income & Cash Assistance

<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>
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**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: __________________________

------------------------This Section for Program Use Only------------------------

**Type of Eligibility:**
- □ Income below 100% Poverty Line
- □ 100-130% Above Poverty Line
- □ Public Assistance
- □ Homeless
- □ Status as a Foster Child
- □ Disability
- □ Child Care
- □ Transportation
- □ Enroll Date: __________
- □ Wait list Date: __________
- □ Teacher(s)/Home Visitor: __________
- □ Enroll Date: __________
- □ ChildPlus □
- □ Visit Tracker □
- Total Eligibility Income: __________
- Family of: __________

*Application updated 2-11-16*