

UNION COUNTY COMMUNITY ACTION, INC.
HEAD START PROGRAM APPLICATION

1. Child's Legal Name

Last _____ First _____ Birthday ____/____/____

Child's SS#: _____ Race: Indian Asian Black Native Hawaiian White Bi-racial Other (circle one)

Sex: Male or Female Primary Language: _____

2. Family living in household

Parent(s)/Guardian(s) of child	Birthday	Social Security Number	Sex	Highest Grade	Employer
First and Last Name	____/____/____	____/____/____	____	____	____

First and Last Name	____/____/____	____/____/____	____	____	____
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Other Children Living in Household:	Birthday	Sex
_____	____/____/____	____
_____	____/____/____	____
_____	____/____/____	____
_____	____/____/____	____
_____	____/____/____	____

3. Marital Status (circle one): Married Divorced Widowed Single

4. Mailing & Home address _____
PO Box & Street City State Zip

5. Directions to home: _____

6. Phone (Home) () _____ Other Phone () _____

7. Child's Medicaid # or Health Insurance Policy #: _____

8. Child will get to program by (circle one) B=Bus W=Walking P=Parent O=Other

9. Does child have a disability? Yes No Suspected (Please attach available documentation from the doctor)
For example: Speech delayed, Developmental concerns, or other.

10. Referred to program? Yes No Referring Agency/Person: _____

11. Please check all that apply so that we can accurately determine the level of need for your family:

- Receiving TANF/SSI (supplemental security income) – provide record of payment
- Family crisis – describe crisis: _____
- Pregnant – due date: _____ Doctor: _____
- Child currently in protective custody Substance abuse/Domestic Violence Issues
- Disabled Parent/Guardian – Name _____ Disability: _____
- Teen Parent Parent in educational training (GED/College)
- Child on waiting list previous year Child returning to program
- Homeless (as described in the McKinley/Vento Act)
- Child's sibling enrolled – name of sibling and school year attended: _____

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. I also understand that the information in this application will be held in strict confidence.

Signature: _____ Date: _____