

Family prefers:

- Home Based
- Center Based
- Either
- Center Preference

This is a:

- New Application
- Transitioner Application



Head Start & Early Head Start Enrollment Application

Renewal Unlimited, Inc. • 2900 Red Fox Run • Portage, WI 53901 • Phone: (608) 742-5329 • Fax: (608) 742-5481



The information collected on this form is necessary for our records and will be kept confidential.

Child Information

First	Middle	Last	Suffix	Nickname	Birthdate	Gender
					___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female

Verification of Child's Birth Date*	Race	Bi-racial/Multi-racial	Ethnicity
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Crib Card <input type="checkbox"/> WIR <input type="checkbox"/> Well Child Check <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Clinic Physical <input type="checkbox"/> Other (please list document viewed)	<input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Black/African-American <input type="checkbox"/> Other (please specify)	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Language	English Proficiency	Other Language:
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Native Central American, South American, Mexican <input type="checkbox"/> Caribbean <input type="checkbox"/> Middle Eastern & South Asian <input type="checkbox"/> East Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Island <input type="checkbox"/> European & Slavic <input type="checkbox"/> African <input type="checkbox"/> Other:	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	_____ Other Language Proficiency: <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Child's Primary Health Insurance	Medicaid Eligibility	Doctor/Clinic	Child's Dental Insurance	Dentist/Clinic
	<input type="checkbox"/> Not Eligible <input type="checkbox"/> Eligible <input type="checkbox"/> Not Sure			

Disability Status of Child	Explanation of Special Needs:
<input type="checkbox"/> None <input type="checkbox"/> Suspected <input type="checkbox"/> Certified IEP** <input type="checkbox"/> Certified IFSP**	_____

** Attach copy of IEP/IFSP to the Interview Form or parent/guardian must sign Release Request for child's school district so Head Start Staff may acquire the IEP/IFSP. Attach signed Release Request to the Interview Form.

Child Care Provider Information:

Provider Name:	Phone Number:	Cell Phone:	Street Address	City/State	Zip Code

Parent/Guardian Information

First	Middle	Last	Suffix	Nickname	Birthdate	Gender
					___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female

Home Address	City/State	Zip Code	County	Home Phone	Cell Phone

Mailing Address if different than above	City/State	Zip Code	County	Resides with Child
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Race	Ethnicity	English Proficiency	Other Language	Pregnancy
<input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Bi-racial/Multi-racial <input type="checkbox"/> Black/African-American <input type="checkbox"/> Other (please specify)	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	_____ Proficiency: <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Yes <input type="checkbox"/> No Due Date: ___/___/___ Currently High Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No

Highest Grade Completed	Employment Status	Child's Relationship	Parental Status
<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Tech College/Training <input type="checkbox"/> Some College/Training <input type="checkbox"/> Master's Degree <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Disabled <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Household Court Papers: <input type="checkbox"/> Custody Papers in Place <input type="checkbox"/> Restraining Order

Email Address: _____

I am a Veteran of the United States Military: Yes No

Official Use Only:

Eligibility Point Total _____

Center/Site: _____ Program Year 20__ - 20__ DOE ___/___/___ # of Years in Program _____

Total Income \$ _____ Income Guidelines \$ _____ CE IE OI SNS SND

Homeless Foster Care SSI Public Assistance/TANF: W-2 CCS SNAP 0-3 EHS 0-3 Center 3-5 HS

Office Staff Signature for Eligibility Verification _____ Date: ___/___/___

Child's Name: _____ Birth Date: ____/____/____

Secondary Parent/Guardian Information							
First	Middle	Last	Suffix	Nickname	Birthdate	Gender	
					____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address	City/State	Zip Code	County	Home Phone	Cell Phone		
Mailing Address if different than above		City/State	Zip Code	County	Resides with Child		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Race		Ethnicity	English Proficiency	Other Language	Pregnancy		
<input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native		<input type="checkbox"/> Bi-racial/Multi-racial <input type="checkbox"/> Black/African-American <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	_____ Proficiency: <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Yes <input type="checkbox"/> No Due Date: ____/____/____ Currently High Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Grade Completed		Employment Status		Child's Relationship	Parental Status		
<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Tech College/Training <input type="checkbox"/> Some College/Training <input type="checkbox"/> Master's Degree		<input type="checkbox"/> < Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Disabled	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Household Court Papers: <input type="checkbox"/> Custody Papers in Place <input type="checkbox"/> Restraining Order

Email Address: _____

I am a Veteran of the United States Military: Yes No

Other Children or Adults Living in the Household*					
First	Middle	Last	Gender (Male or Female)	Date of Birth	Relationship to Child
				____/____/____	
				____/____/____	
				____/____/____	
				____/____/____	
				____/____/____	
				____/____/____	

Additional Eligibility Information (Check all that apply)		
<input type="checkbox"/> None <input type="checkbox"/> Grandparent/Relative as Guardian <input type="checkbox"/> Teen Parent (currently age 17 or less) <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Parent/Guardian Disabled <input type="checkbox"/> Parent/Guardian Incarcerated <input type="checkbox"/> Parent/Guardian Deployed Military <input type="checkbox"/> High Risk Pregnancy/Multiple Unborns (Pregnant Mothers Only)	<input type="checkbox"/> Parent/Guardian without High School Diploma, HSED, GED <input type="checkbox"/> No Transportation <input type="checkbox"/> Death of Immediate Family Member within Past 24 months <input type="checkbox"/> Receiving W-2 (TANF)* <input type="checkbox"/> Receiving Child Care Subsidies (TANF)* <input type="checkbox"/> Receiving SSI* <input type="checkbox"/> Receiving SNAP*	<input type="checkbox"/> Parent/Guardian with Substance/Alcohol Abuse Concerns <input type="checkbox"/> Pregnant Mother with Substance/Alcohol Addiction Issues <input type="checkbox"/> Enrolled Child Moved within Our Service Area <input type="checkbox"/> Child/Parent/Guardian with Mental Health Concerns <input type="checkbox"/> Child Currently Enrolled in the Family Foundations Program/Nurse Family Partnership Program

Child Protective Services	
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Court Ordered Participation in Head Start* <input type="checkbox"/> Foster Parent*	<input type="checkbox"/> Referred by Welfare Agency List Referring County _____

Housing Status		
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless*		

If homeless, please describe your current housing status:	
<input type="checkbox"/> Sharing housing with others <input type="checkbox"/> Living in emergency/transitional housing <input type="checkbox"/> Waiting foster care placement <input type="checkbox"/> Abandoned in hospitals	<input type="checkbox"/> Living in motels, hotels, trailer parks, or camp grounds due to the lack of alternative accommodations <input type="checkbox"/> Primary night-time residence is a public or private place not designed for/ordinarily used as a regular sleeping accommodation for human beings <input type="checkbox"/> Living in Cars, parks, public spaces, abandoned buildings, substandard housing bus or train stations, or similar settings <input type="checkbox"/> Migratory Children who are living in circumstances described above

*Indicates Head Start Staff will make all reasonable efforts to verify status.

Child's Name: _____ Birth Date: ____/____/____

Income Verification

Total Family Members in Household

Total number of immediate family members in household: Number of Adults _____ Number of Children _____
 (Family counts include the child listed on this application and all persons in the child's primary household who are supported by the income of the parent/guardian of the child AND related to the parent/guardian by blood, marriage, adoption OR the child's authorized caregiver/legal responsible party.)

The Administration for Children and Families requires that we have written income verification for families of Head Start children.

Type of Documentation Seen By Staff (Check stub, W2, etc.)	Income Source*	Gross Income (Net Income is ok for Self-Employed including Farming) List in appropriate column below				Number of weeks or months income was received in past 12 months (must be recorded)	
		Weekly	Bi-Weekly	Monthly	Yearly	# of Weeks	# of Months
	Employment						
	Employment						
	Company/Government Pensions						
	Self-Employment						
	Bank Interest						
	Unemployment Compensation						
	Worker's Compensation						
	Social Security						
	Supplemental Security Income (SSI)						
	Child Support/Alimony						
	Source of Other Income:						
	Source of Other Income:						

Complete the following if "No Income": Time period of no income: From ____/____/____ to ____/____/____

Explain family circumstances and efforts made to verify income: _____

Consent for 3rd Party Verification of Information

I give my permission for Renewal Unlimited, Inc. – Head Start to verify the information listed above with any necessary sources and/or other agencies.
 Not applicable No Yes If "Yes", please provide name(s), titles(s), affiliation(s), and phone numbers(s) of the people we may contact.

Summary of statement made by 3rd Party: _____

Additional Contacts

Name	Phone Number	Cell Number
Name	Phone Number	Cell Number

Application Completed

In-person Phone Interview Explain the reason why the application was completed through phone interview:

Signatures

I hereby state that the information that I provided is truthful and correct. I also understand that completing this application does not guarantee my child will be enrolled in the program.

Parent/Guardian Signature: _____ Date: _____

I hereby state that I have made reasonable efforts to verify that the information stated above is correct and truthful.

Head Start Employee Signature: _____ Date: _____

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