



2022-2023 Application



***** To complete your application, you must submit a copy of the following if you are interested in Early Head Start or Head Start**

****Your child's birth certificate***

****Proof of Charlotte County residency***

****Current physical & immunizations***

****Proof of total household income, that includes the following, (12 months' worth of paystubs,***

****2021 1040 tax form, W2's, current TANF/SSI/SSD statement, Child support, or VA benefit)***

*** If applying for a fee-based class you will not need proof of income.**

****This application does not guarantee placement in the program.***

List all adults and children living and being supported by the household income ***Please Print**

Name	Birthdate	M/F	Age	Race	School applying for	Marital Status

Were you referred to the program? Y/N If yes by whom? _____ Why? _____

Does your child have a diagnosed disability? IEP or IFSP. If yes, please specify _____

Family Information							
Family Home Address- Check one:		Own your home ____ /	Rent ____ /	Living with Others ____ /	Section 8 Housing ____		
Email Address (*required)		Living Address	ZIP	City	State	County	
Family Mailing Address							
Same as living?		Mailing Address		ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)		Type (check one)		Note (for example, an extension or best time to call)			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>					
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by DCF/Lutheran Services	Receiving SNAP	WIC	Referred by other (Name)
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Household Income						
Family Member	Gross Amount	How often are you paid	Gross Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: 1040 tax form, W2, check stubs)	Note
	\$		\$			
	\$		\$			
	\$		\$			

Early Childhood Programs: Early Head Start and Head Start/VPK

Child/Pregnant Applicant Information * If pregnant you are the applicant.

Applicant #1							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Tuition Program
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Race			Hispanic	English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
Primary Health Coverage		Other Coverage		Medicaid Eligibility		Doctor/Medical Home	Behavior Concerns
				<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Coverage					Dentist/Dental Home		

Applicant #2							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Tuition Program
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Race			Hispanic	English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
Primary Health Coverage		Other Coverage		Insurance #		Medicaid Eligibility	Behavior Concerns
				<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Coverage					Dentist/Dental Home		

Applicant #3							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Tuition Program
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Race			Hispanic	English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
Primary Health Coverage		Other Coverage		Insurance #		Medicaid Eligibility	Behavior Concerns
				<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Coverage					Dentist/Dental Home		

***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 within the agency and is accessible to me during normal business hours.**

Parent/Guardian Signature _____ **Date:** _____