

1081 Corporate Drive
 Lebanon, KY 40033
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- Head Start
- Early Head Start
- County
- City

Enrollment Application

APPLICANT'S INFORMATION			
Child's Last Name:	First:	Middle:	Date of Birth:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race / Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Other :		Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Living Address:			

PRIMARY ADULT INFORMATION			
Last Name:	First:	Middle:	Date of Birth:
Gender:	Race/Ethnicity:	Relationship to child:	Custody of Child: <input type="checkbox"/> Yes <input type="checkbox"/> No
Living Address: <input type="checkbox"/> Check if same as applicants address			
Phone: () Text: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Email Address:		Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Highest Level of Education:	Employment Status: (Part-Time, Full-Time, Unemployed, Retired, Disabled)		

SECONDARY ADULT INFORMATION			
Last Name:	First:	Middle:	Date of Birth:
Gender:	Race/Ethnicity:	Relationship to Child:	Custody of Child: <input type="checkbox"/> Yes <input type="checkbox"/> No
Living Address: <input type="checkbox"/> Check if same as applicants address			
Phone: () Text: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Email Address:		Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Highest Level of Education:	Employment Status: (Part-Time, Full-Time, Unemployed, Retired, Disabled)		

LIST ANY OTHER HOUSEHOLD MEMBERS / SIBLINGS			
Name:	Date of Birth:	Relationship to applicant:	Eligible for Head Start next year:

EMERGENCY CONTACTS

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

FAMILY INFORMATION

Two Parent Family Single Parent Family Foster Family Other relative(s): _____

Number of adults in household: _____

Number of children in household: _____

DO YOU RECEIVE ANY OF THE FOLLOWING?

Eligibility Sources

Insurance Coverage

- SNAP/Food Stamps
- TANF/KTAP
- SSI (Supplemental Security Income)
- Social Security
- Foster Reimbursement
- Child Support

- No Health Insurance
- Medicaid/Medicare (Passport)
- KCHIP
- Private Insurance
- Other: _____

Any specific family crisis? Please explain:

Please explain any physical, mental or health related issues that may impact your child's learning (diagnosed or suspected disability):

How did you hear about our program?

- Community Event Flyer School District Community Partner Referral Former or Current Parent Social Media
- Billboards Public Service Announcements (TV/Radio) Family Advocate Contact Other: _____

Certification: *I understand that it is the Head Start program's duty as a federally funded program to verify my eligibility. I certify that this information is true. If any part is false, my participation in this agency may be terminated. I also understand that the information in this application will be held in strict confidence within the agency policies. I do hereby give my permission for a third party resource to be contacted only for the need of verifying support if applicable.*

Parent / Guardian Signature: _____ Date: _____

Agency Use Only

Center Name: 1st Choice: _____ 2nd Choice: _____ School Year: _____
 Type of Interview: _____ In Person _____ Telephone: If telephone, state reason why: _____
 Participation Year: (circle one) 1 2 3 (if 3 new application required)

Income Verification: \$ _____ Date of statement: _____ <input type="checkbox"/> Public Assistance Documentation (SSI, KTAP, TANF, SNAP) <input type="checkbox"/> Foster Documentation <input type="checkbox"/> McKinney Vento Letter <input type="checkbox"/> I040 Tax Statement <input type="checkbox"/> Unemployment <input type="checkbox"/> Check Stub <input type="checkbox"/> W2 Statement <input type="checkbox"/> Child Support Statement <input type="checkbox"/> Social Security Administration <input type="checkbox"/> Documentation of No Income <input type="checkbox"/> Other: Specify _____	Income Verification: \$ _____ Date of statement: _____ <input type="checkbox"/> I040 Tax Statement <input type="checkbox"/> Unemployment <input type="checkbox"/> Check Stub <input type="checkbox"/> W2 Statement <input type="checkbox"/> Child Support Statement <input type="checkbox"/> Social Security Administration <input type="checkbox"/> Documentation of No Income <input type="checkbox"/> Other: Specify _____	Income Verification: \$ _____ Date of statement: _____ <input type="checkbox"/> I040 Tax Statement <input type="checkbox"/> Unemployment <input type="checkbox"/> Check Stub <input type="checkbox"/> W2 Statement <input type="checkbox"/> Child Support Statement <input type="checkbox"/> Social Security Administration <input type="checkbox"/> Documentation of No Income <input type="checkbox"/> Other: Specify _____
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Birth Verification: Birth Certificate Immunization Certificate Passport/K-Chip Card Other: Specify: _____

4 Year Old	3 Year Old	2 Year Old	Suspected Disability	Identified Disability	Kinship/Relative	Foster Care
55	30	20	01	20	10	100
McKinney-Vento	Public Assistance (SNAP, TANF, KTAP, SSI)	EHS to Head Start	Agency Referral (List in Comments)	Domestic Violence	CPS	Other (Explain in Comments)
100	100	30	20	20	20	20
Number in Family	Total Annual Income	Income Eligible (0-100%)	Income Eligible (100-130%)	Total Points	(For Office Use Only)	
		95	45		_____ / _____ _____ %	

Comments: _____

I certify that the information provided in this application is accurate to the best of my ability. As part of my review, I have verified eligibility including documentation of birth date and age. I understand that any authorized Head Start employee who knowingly alters or misrepresents application and eligibility information, including income or a family's financial status will be subject to disciplinary action.

Verifying Staff Member: _____ Date: _____

Yes – Income/Categorically Eligible Potential – Income Eligible (100 – 130%) Not Income Eligible