



Early Head Start / Head Start / GSRP Application



Program Year _____ Program Preference _____ AM/PM/FD/HB

Child's First Name

Middle Name

Last Name

Date of Birth: ____/____/____ Gender: M / F Age & name verified by: Birth Certificate _____ Other (specify): _____

Race: (Check all that apply) ☐ American Indian/Alaska native ☐ Asian/Asian American ☐ Black/African American
☐ Caucasian/White ☐ Hawaiian/Pacific Islander ☐ Other: _____

Hispanic or Latino: ☐ Yes ☐ No Medical provider: _____ Dental provider: _____

Insurance: ☐ Medicaid / CHIP ☐ State-only funded ☐ Private health insurance ☐ None ☐ Other _____

Primary Head of Household

Secondary Head of Household

Name: _____

Name: _____

Date of Birth: ____/____/____ ☐ Mother ☐ Father

Date of Birth: ____/____/____ ☐ Mother ☐ Father

☐ Grandparent ☐ Foster ☐ Other _____

☐ Grandparent ☐ Foster ☐ Other _____

Education Level (Check highest achieved)

- ☐ Less than high school graduate
☐ High school graduate/G.E.D.
☐ Some college/vocational school/Associate degree
☐ Bachelor or advanced degree

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☐ High school graduate/G.E.D.
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☐ Bachelor or advanced degree

Employed: ☐ Full-time ☐ Part-time ☐ No
In School/Job Training ☐ Yes ☐ No

Employed: ☐ Full-time ☐ Part-time ☐ No
In School/Job Training ☐ Yes ☐ No

Is mother currently pregnant? ☐ Yes ☐ No ☐ Unknown If yes, due date: _____

List first and last name and birth date of others in the household supported by income of the parent/guardian(s):

- | | | | |
|----------|----------------|----------|----------------|
| 1. _____ | ____/____/____ | 5. _____ | ____/____/____ |
| 2. _____ | ____/____/____ | 6. _____ | ____/____/____ |
| 3. _____ | ____/____/____ | 7. _____ | ____/____/____ |
| 4. _____ | ____/____/____ | 8. _____ | ____/____/____ |

Living Address: _____
(Number & Street) (City) (Zip Code)

Mailing Address (if different from above): _____
(Number & Street or PO Box) (City) (Zip Code)

County: _____ School District: _____ ISD: _____

Phone: Primary () _____ Secondary () _____ E-mail: _____

Alternate Contact: _____
(Name) (Phone)

Primary Language: _____ Active US Military: ☐ Yes ☐ No US Military Veteran: ☐ Yes ☐ No

Referred by a Child Welfare Agency: ☐ Yes ☐ No SNAP: ☐ Yes ☐ No WIC: ☐ Yes ☐ No

Child's Name: _____

Transition Status

- ☐ Transitioning from EHS (NEMCSA or other grantee) ☐ Transitioning from other than NEMCSA HS/program

Eligibility and Prioritization Criteria (Check all that Apply)

- ☐ Child is eligible for special education services. (2 – documentation viewed: _____)
- ☐ Child's developmental progress is less than expected for his/her chronological age.
(2 – documentation viewed: _____)
- ☐ Child has chronic health issues causing development or learning problems.
(2 – documentation viewed: _____)
- ☐ Severe or challenging behavior (child has been expelled from preschool or child care center). (3)
- ☐ Primary home language other than English (English is not spoken in the child's home or English is not the child's first language). (4)
- ☐ Parent(s) with low educational attainment (parent has not graduated from high school or is illiterate). (5)
- ☐ Abuse/neglect of child, sibling or parent (domestic, sexual, or physical abuse of child or parent; child neglect issues; substance abuse). (6)
- ☐ Parental loss due to death, divorce, incarceration, military service or absence. (7)
- ☐ Sibling issues. (7)
- ☐ Teen parent (not yet age 20 when first child born). (7- documentation viewed: _____)
- ☐ Family is homeless or without stable housing. (7)
- ☐ Residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to community services). (7)
- ☐ Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays. (7)
- ☐ Unemployed parent (currently looking for work). (N/A)
- ☐ High-quality publicly funded full-day pre-kindergarten (GSRP) is available in area. (N/A)

To increase the likelihood of my child benefiting from a preschool experience, I, parent/guardian, authorize my family/child application/eligibility information be shared with local collaborating preschool education agencies. This authorization shall remain in effect for two (2) years from the signature date. I have the right to revoke, in writing and at any time, said consent.

☐ Yes ☐ No

The undersigned acknowledges they have been notified of Northeast Michigan Community Service Agency, Inc.'s *Notice of Privacy Practices* and has had an opportunity to discuss concerns/questions about the privacy of the information provided. Any changes to the notice will be available at www.nemesa.org. I certify the information provided in support of this application is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

***** AGENCY USE ONLY *****

☐ TANF ☐ SSI
☐ Foster Care ☐ Homeless Number in Household: _____ Family Income: \$ _____

Information verified and taken by: _____ Date: _____

These materials were developed under a grant awarded by the Office of Head Start and Michigan Department of Education.