

GLEAMNS Head Start Applicant Information

Child's Name:		Date of Birth:	Social Security Number:
Mailing Address:		Street Address:	
Race (Circle all that apply): Black Hispanic White Native Am Asian Pacific Is Other:			
Language: Primary:		Secondary:	
National Origin:		Ethnicity:	
Mother's Name:		Mother's Address (if different from child):	
Phone Numbers: Home: ()		Work: ()	
Cell: ()		Message: ()	
Other: ()			
Mother's Place of Employment:			
Mother's Highest Level of Education:			
Mother's Email Address:			
Mother's Date of Birth:		Mother's Marital Status:	
Father's Name:		Father's Address (if different from child):	
Phone Numbers: Home: ()		Work: ()	
Cell: ()		Message: ()	
Other: ()			
Father's Place of Employment:			
Father's Highest Level of Education:			
Father's Email Address:			
Father's Date of Birth:		Father's Marital Status:	
Family Type: Natural Foster Non-Parent		Other Living Arrangements	
Parental Status: Single Parent Family		Two Parent Family	
Number in Family:		Number in Household:	
TANF: Yes No	Medicaid #	Insurance #	
Does this child have a disability or special need?		Yes	Suspected No
If yes, give diagnosis, date, and source:			
Are there any specific family needs or crisis:		Yes	No
If yes, please explain:			
<i>For Office Use Only</i>			
School Year:	Income Status: Eligible	Over	Foster Child Public Assistance
USDA Status: Free Reduced	None	USDA Certification Date:	
Eligibility Factors			
Parent Status:	Pts.	Disability Status:	Pts.
Income Status:	Pts.	Age Status:	Pts.
Other:	Pts.	Other:	Pts.
Other:	Pts.	Other:	Pts.
Total Eligibility Rating:			

Certification: *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: _____

Verifying Staff Member: _____ Date: _____