

Through the Looking Glass - Early Head Start **Application**

Child Enrollment

Child's Name:

Gender:

Date of Birth:

Child's Race and Ethnicity

American Indian or Alaskan Native

Multi-racial or Bi-racial

Asian

Native Hawaiian or Other Pacific Islander

Black or African American

Other

White

Hispanic Yes No

Child's English Proficiency: None

Little Moderate

Proficient

Child's Secondary Language:

Proficiency: None

Little Moderate

Proficient

FIRST AND SECOND ADULT INFORMATION

First Adult: _____

Second Adult: _____

Address: _____

Address: _____

City: _____

City: _____

Phone: _____

Phone: _____

Phone: _____

Phone: _____

Name of Staff Completing Intake

Staff signature

Today's Date: _____

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Income Verification

Check the applicable category of eligibility for this child:

- | | | | |
|-----------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> SSI | <input type="checkbox"/> Foster Care | <input type="checkbox"/> TANF | <input type="checkbox"/> Income below federal poverty guidelines |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Cal-Works | |

What documentation was used to determine eligibility?

- | | | |
|---|---|--|
| <input type="checkbox"/> Income Tax Form 1040 | <input type="checkbox"/> Unemployment Stubs | <input type="checkbox"/> Written Statement from Employer |
| <input type="checkbox"/> W2 | <input type="checkbox"/> Pay Stubs | <input type="checkbox"/> Foster Care Documentation |
| <input type="checkbox"/> TANF Documentation | <input type="checkbox"/> SSI Documentation | <input type="checkbox"/> Other: |

Was documentation copied/scanned?

- Yes** **No**

Family Size Verification

		Number of Persons in Family	100% Poverty Guideline
Number of adults living in household: <small>(note: pregnant women count as 2)</small>		1	\$12,760.00
Number of children living in household:		2	\$17,240.00
Total family Size:		3	\$21,720.00
		4	\$26,200.00
		5	\$30,680.00
		6	\$35,160.00
		7	\$39,640.00
		8	\$44,120.00
		For families with more than 8 persons, add \$4,480 for each additional person	

Yearly Income from Primary Caregiver:

Yearly Income from Secondary Caregiver:

Yearly Income from Other Caregiver:

Under penalty of perjury, I declare that the information provided in this income verification is an accurate reflection of my family's size and income. I understand that providing false information may result in termination of Early Head Start services.

Adult/Caregiver Printed Name

Date

Adult/Caregiver Signature

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First Adult Information (or Pregnant Parent)

First Adult's Name:

DOB:

Gender:

First Adult's Race and Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Multi-racial or Bi-racial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> White | Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No |

English Proficiency: None Little Moderate Proficient

Other language?

Highest grade completed? Grade 9 or less Grade 10 Grade 11
 High School Graduate/GED Associate's Bachelor's Master's

Employment status? Full-Time Full-Time and School Part-Time Part-Time and School
 Retired/Disability Seasonally Employed School/Training Unemployed

Child's relationship? Foster Natural/Adopted/Step Grandchild Niece/Nephew

Lives with child? Yes No If no, address for First Adult:

Single Parent? Yes No

Disability/Medical Issues? Yes No

If yes, please describe:

Consumer of the Regional Center of the East Bay? Yes No

Other children with a disability, developmental delay, deafness or other health/medical condition? Yes No

If yes, please describe:

Provides care or assistance to another family member with a disability? Yes No

If yes, please describe:

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Second Adult Information

Second Adult's Name:

DOB:

Gender:

Second Adult's Race and Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Multi-racial or Bi-racial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> White | Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No |

English Proficiency: None Little Moderate Proficient

Other language?

Highest grade completed? Grade 9 or less Grade 10 Grade 11
 High School Graduate/GED Associate's Bachelor's Master's

Employment status? Full-Time Full-Time and School Part-Time Part-Time and School
 Retired/Disability Seasonally Employed School/Training Unemployed

Child's relationship? Foster Natural/Adopted/Step Grandchild Niece/Nephew

Lives with child? Yes No If no, address for Second Adult:

Disability/Medical Issues? Yes No

If yes, please describe:

Consumer of the Regional Center of the East Bay? Yes No

Other children with a disability, developmental delay, deafness or other health/medical condition? Yes No

If yes, please describe:

Provides care or assistance to another family member with a disability? Yes No

If yes, please describe:

Pregnancy Information

How far along in your pregnancy were you when you found out you were pregnant?

What is your due date?