



# Lake Family Resource Center EARLY HEAD START ENROLLMENT APPLICATION

890 Lakeport Blvd. Lakeport, Ca 95453  
(707) 279-0563 FAX (707) 262-0344



THE CHILD'S INFORMATION						<input type="checkbox"/> Home Base	<input type="checkbox"/> Center
Child's Legal Name		First	Middle Initial	Last			
Child's Place of Birth (City, State)		Social Security Number		Child's DOB (mm/dd/yyyy)		Sex	
Child's Ethnicity Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	Child's Race		Child's Primary Language		Child's Secondary Language		
	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Nat. American <input type="checkbox"/> Multi/Bi-racial _____ <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____ Other _____ Level of English skills-(circle one) Proficient Moderate Poor None		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		
THE CHILD'S HOUSEHOLD FAMILY INFORMATION							
1 Primary Guardian name		Hispanic? Yes <input type="checkbox"/> No <input type="checkbox"/>		Primary Language if different from child?		Secondary Language if different from child?	
Date of Birth- _____ SS# _____		Race _____					
2 Secondary Guardian name		Hispanic? Yes <input type="checkbox"/> No <input type="checkbox"/>		Marital Status:		Parental Status:	
Date of Birth- _____ SS# _____		Race _____		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		<input type="checkbox"/> One guardian <input type="checkbox"/> Two guardians <input type="checkbox"/> Foster parent <input type="checkbox"/> Other: _____	
Residential Address				Mailing Address (if different from Residential Address)			
City	State CA	Zip Code		City	State	Zip Code	
Primary Phone Number Home/Cell/ Work (circle one)				Secondary Number Home/Cell/ Work (circle one)			
( ) - _____		( ) - _____		( ) - _____			
Other Number Home/Cell/ Work (circle one)		Total in Family	Total # of Children	Current Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____			
( ) - _____				If not homeless, date you moved in _____			
Email Address: _____							
ELIGIBILITY INFORMATION							
Family Receives:		Check one if applicable:			Child's Doctor		
SSI YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> Medi-cal <input type="checkbox"/> partnership health plan			_____		
TANF/CalWORKS YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> other: _____			Insurance card # _____		
Does family receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Family Receive CalFRESH (EBT)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does Child Have Dental Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
					(if yes) Dentist _____		
How did you hear about us? <input type="checkbox"/> Community Event <input type="checkbox"/> Flyer/Poster <input type="checkbox"/> School District <input type="checkbox"/> Community Partner/Other Agency <input type="checkbox"/> Former Parent <input type="checkbox"/> Other Head Start <input type="checkbox"/> State Preschool <input type="checkbox"/> Facebook <input type="checkbox"/> Public Advertisement <input type="checkbox"/> Family Friend <input type="checkbox"/> Mailings <input type="checkbox"/> Other _____							
Guardian Employment Information							
Employer/ Occupation		Education Level		INCOME SOURCE			
Guardian 1		(Circle one) G9 G10 G11 G12 HSG AS BS GED COL (some college) Master's CTG (college degree)		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Seasonally (how many months) _____ <input type="checkbox"/> Training/School <input type="checkbox"/> Other _____			
Guardian 2		(Circle one) G9 G10 G11 G12 HSG AS BS GED COL (some college) Master's CTG (college degree)		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Seasonally (how many months) _____ <input type="checkbox"/> Training/School <input type="checkbox"/> Other _____			

First & Last Name of Children in Home	How Related to Applicant	Date of Birth	Sex	Notes
1				
2				
3				
4				
5				
6				
7				

**TRANSPORTATION INFORMATION**

Can you provide transportation? Yes/No If yes what type do you use:  Car  Bus  Walk  Other

Put a check mark in the box of any and all situations that currently apply to your family:

**Eligibility priority may be determined by the following:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sibling attends/attended EHS.                                     | <input type="checkbox"/> Sibling attends Head Start                           | <input type="checkbox"/> Parent in active Military                              |
| <input type="checkbox"/> Child being served by another child development program.          | <input type="checkbox"/> Guardian has mental illness: explain: _____          | <input type="checkbox"/> History of drug or alcohol abuse.                      |
| <input type="checkbox"/> Child has a disability – <b>If so please provide copy of IFSP</b> | <input type="checkbox"/> Adults been exposed to domestic violence.            | <input type="checkbox"/> History of incarceration or either currently in jail.  |
| <input type="checkbox"/> Child has mental illness- <b>please describe</b> _____            | <input type="checkbox"/> Child is currently homeless or transitional housing. | <input type="checkbox"/> Currently in Drug treatment program.                   |
| <input type="checkbox"/> Child has prenatal exposure to alcohol or drugs.                  | <input type="checkbox"/> Child has been exposed to domestic violence          | <input type="checkbox"/> Currently Pregnant. <b>Y/N</b> Expected due date _____ |
| <input type="checkbox"/> Child has been exposed to neglect or abuse.                       | <input type="checkbox"/> Child has been exposed to neglect or abuse.          | <input type="checkbox"/> Have a formal referral from another agency             |
- Agency Name: \_\_\_\_\_

**Certification:** I certify that this information is true. If any part is false, my participation in this agency’s program may be terminated. 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.

**Applicant Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Documents needed to complete application:**

- Proof of Income** (for all guardians who support child financially) Ex: W-2, Passport to Services, 12 full month check stubs
- Proof of Child’s age** (birth certificate, foster care agreement)
- Medical card**
- Current immunization records**

**TO BE COMPLETED BY STAFF**

**Income Eligibility (select only one):**  
 **Income** (below federal poverty guidelines)  **Over-income**  
**Documents Verified (select as many as apply):**  
 Check Stub  W2  Written Statement from Employer  TANF/CalWORKs  SSI  Unemployment  
 Document of no income  Other \_\_\_\_\_  
**Total Annual Income:** \$ \_\_\_\_\_

**Categorical Eligibility (select one):**  
 **Homeless**  **Foster Care**  
**Documents Verified (select one):**  
 Foster Care Reimbursement  
 Statement from homeless services provider  
 Other \_\_\_\_\_

**In-person Interview**  **Phone Interview:** \_\_\_\_\_

**Staff doing interview:** \_\_\_\_\_

Provide reason for phone interview in lieu of in-person interview