

Date Received: _____



Lake Washington

School District



Head Start/Ready Start Application 2011-2012

Child's Name (Last, First)		Date of Birth:
Home Phone #:	Message #:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Apt. Name/#: City: Zip:
We are homeless. (This means your family is staying in a car, park, campground or hotel, emergency shelter, or transitional housing or your family is living with another family temporarily):		<input type="checkbox"/> No <input type="checkbox"/> Yes
What language(s) does the child speak?		
Child's Ethnicity: Check ONE Box		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
Child's Race(s): Check ALL That Apply:		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian/Pacific Islander
Do you think this child has a disability?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this child on an IEP <input type="checkbox"/> IFSP <input type="checkbox"/> or have a diagnosed disability <input type="checkbox"/> ? (check all that apply)		
Provider or School District:		
Does this child have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Health Plan:		
Type: <input type="checkbox"/> DSHS/Medical Coupon <input type="checkbox"/> Basic Health <input type="checkbox"/> Private <input type="checkbox"/> Other:		
Does this child have dental insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Insurance:		
Child lives with: <input type="checkbox"/> One Parent/Guardian <input type="checkbox"/> Two parents/Guardians		
Name(s):		
Child is: <input type="checkbox"/> Birth (Biological) or Adopted Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:		
Number of people in family:		Ages of other children in the home:
Annual income: (last 12 months or last calendar year):		
Please send proof of your family income for the last calendar year or the last 12 months with this application. Send copies of all that apply: pay stubs, last year's W-2 forms or final tax return, TANF benefits award letter from DSHS, unemployment summary, or record of child support payments.		
Is anyone in your family receiving SSI? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, who receives it? _____		
Are you receiving a TANF grant? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, what is your DSHS case number? _____		
How did you hear about Head Start/ECEAP?		
Do you have concerns for your child? <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply		
<input type="checkbox"/> Dental Health <input type="checkbox"/> Learning Difficulties <input type="checkbox"/> Speech or Hearing <input type="checkbox"/> Behavior <input type="checkbox"/> Physical Health <input type="checkbox"/> Nutrition/Eating <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Vision <input type="checkbox"/> Former Foster Child		
Do you have concerns for yourself or other family members? <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply		
<input type="checkbox"/> Housing <input type="checkbox"/> Job/Employment <input type="checkbox"/> Disability/Unable to work <input type="checkbox"/> Family Violence <input type="checkbox"/> Learning Difficulties <input type="checkbox"/> Drug/Alcohol Issues <input type="checkbox"/> Immigration <input type="checkbox"/> Mental Health/Illness <input type="checkbox"/> Military Deployment <input type="checkbox"/> Legal Issues <input type="checkbox"/> Health Issues <input type="checkbox"/> Parent Incarcerated <input type="checkbox"/> Teen Parent		
Are you interested in (check all that apply):		
<input type="checkbox"/> Part Day preschool <input type="checkbox"/> Full Day (includes preschool/childcare) <input type="checkbox"/> Home Based		
Does your family currently receive a childcare subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes Subsidy #:		

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Mother/Father/Other (please circle) Name:	Mother/Father/Other (please circle) Name:
Address if different than child:	Address if different than child:
Cell/Home Phone:	Cell/Home Phone:
Work/Message Phone:	Work/Message Phone:
E-Mail Address:	E-Mail Address:
Your Date of Birth:	Your Date of Birth:
Language(s) you speak:	Language(s) you speak:
Do you require an interpreter to access services? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you require an interpreter to access services? <input type="checkbox"/> No <input type="checkbox"/> Yes
Education Level (check highest completed): <input type="checkbox"/> Grade 8 or less <input type="checkbox"/> GED <input type="checkbox"/> Grade 9 <input type="checkbox"/> Some College <input type="checkbox"/> Grade 10 <input type="checkbox"/> Technical Training <input type="checkbox"/> Grade 11 <input type="checkbox"/> AA <input type="checkbox"/> Grade 12/HS Grad <input type="checkbox"/> BA or Higher	Education Level (check highest completed): <input type="checkbox"/> Grade 8 or less <input type="checkbox"/> GED <input type="checkbox"/> Grade 9 <input type="checkbox"/> Some College <input type="checkbox"/> Grade 10 <input type="checkbox"/> Technical Training <input type="checkbox"/> Grade 11 <input type="checkbox"/> AA <input type="checkbox"/> Grade 12/HS Grad <input type="checkbox"/> BA or Higher
Are you currently working? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Working Full Time (35 hours or more each week) <input type="checkbox"/> Working Part Time (Less than 35 hrs each week) Name of Employer: _____ <input type="checkbox"/> Seasonally employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	Are you currently working? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Working Full Time (35 hours or more each week) <input type="checkbox"/> Working Part Time (Less than 35 hrs each week) Name of Employer: _____ <input type="checkbox"/> Seasonally employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled
Are you currently in school? <input type="checkbox"/> No <input type="checkbox"/> Yes, where? _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Are you currently in school? <input type="checkbox"/> No <input type="checkbox"/> Yes, where? _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
If currently in Child Care, Name of provider:	Address: Phone:
Special Agency Referral from:	

Note: Transportation is provided from most areas for **PART DAY PROGRAMS** only.
Please complete if you are interested in transportation services.

Transp Info	My child would be picked up at: Address Phone:
	My child would be dropped off at: Address Phone:

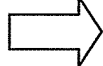
It is the policy of PSESD Head Start/ECEAP not to discriminate on the basis of race, creed, religion, marital status, sexual orientation, national origin, sex, age, or mental/sensory/physical disability.

I understand that the information I have given on this application is confidential and will not be shared without my permission. If applicable, I give Head Start/ECEAP staff permission to contact DSHS to verify my benefits.

Date: _____

Parent/Guardian Signature: _____

**PLEASE RETURN COMPLETED
APPLICATION TO**



Head Start/Ready Start Preschool Program
PO Box 97039
Redmond, WA 98073-9739

We will contact you soon to let you know if your child is eligible for our program.
For general information about Head Start/ECEAP, please call 1-866-KIDZ-1st