



# Head Start of Washington County, Inc.

## ELIGIBILITY AND SELECTION FORM



### CHILD INFORMATION

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Address \_\_\_\_\_  
STREET STATE ZIP

Mailing address if different than above \_\_\_\_\_  
STREET STATE ZIP

Home Phone Number \_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
STATE ZIP

If no home number, nearest contact number \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Number of people living in household supported by parent's income? Children \_\_\_\_\_ Adults \_\_\_\_\_

Child's Primary Language \_\_\_\_\_ Child's Race \_\_\_\_\_

Child lives with:  Mother  Father  Both Parents  
 Foster Parent(s)  Guardian

Does Child have Medical Insurance?  Yes  No

Does child have any special needs?  Yes  No

If yes please list \_\_\_\_\_

Has child been Diagnosed by a Professional?  Yes  No (Documentation Required)

Does your child have an I.E.P./ I.F.S.P?  Yes  No

### FAMILY INFORMATION

Female Parent /Guardian IF LIVING IN THE HOME \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent's Primary Language \_\_\_\_\_ Parent's Race \_\_\_\_\_

Is Female Parent/Guardian under age 20?  Yes  No

Do you have a Diploma or GED?  Yes  No

Are you currently Pregnant?  Yes  No

Is English your second language?  Yes  No

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Work Phone Number \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed

Male Parent /Guardian IF LIVING IN THE HOME \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent's Primary Language \_\_\_\_\_ Parent's Race \_\_\_\_\_

Is Male Parent/Guardian under age 20?  Yes  No

Do you have a Diploma or GED?  Yes  No

Is English your second language?  Yes  No

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Work Phone Number \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed

### PLEASE CHOOSE ALL THAT APPLY: (PLACEMENT DEPENDS ON AVAILABILITY)

I would be willing to accept the following program options for my child:

Extended Day (6 hour days)

Home Based Program (home visits from teacher and socializations with other children)

Full Day Classes (must have CCS vouchers)

Do you receive Child Care Vouchers?  Yes  No

Can you provide daily transportation for your child if necessary?  Yes  No

Do you have another child(ren) applying for or enrolled in Early Head Start or Head Start ?

If Yes, what is the child(ren)s name(s): \_\_\_\_\_

Is child currently homeless, living in a shelter or halfway house?  Yes  No

Are three or more children under age 5 living in household?  Yes  No

Does family receive Food Stamp Assistance? (Eligibility letter required)  Yes  No

Does family receive SSI Benefits?  Yes  No

Is child receiving services from another agency?

Judy Center  Birth -5  Healthy Families  Family Center

How did you hear about Head Start? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

★ **PLEASE COMPLETE BOTH SIDES OF THIS FORM** ★

Mail or Return to:

Head Start of Washington County, Inc., 837 Spruce Street Hagerstown, MD 21740  
(301) 733-4640 Ext. 110

Please note that this application is valid for one year. You must reapply if not accepted

FOR OFFICE USE ONLY

Family Number \_\_\_\_\_ Ranking Points \_\_\_\_\_

FOR REFERRAL AGENCY ONLY

# FAMILY INCOME

## EMPLOYMENT

### Male Parent/Guardian (IF LIVING IN HOME)

Gross Income (BEFORE TAXES) \$ \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Phone Number (\_\_\_\_) \_\_\_\_\_

Full Time No. of Hours \_\_\_\_\_  
 Part Time No. of Hours \_\_\_\_\_

**Pay Period**     Weekly                     Bi-Weekly  
 Twice a Month     Monthly  
 Annually

Year Round     Yes     No  
 Seasonal       Yes     No

PLEASE INCLUDE A COPY OF YOUR  
W-2 FORM OR 1040

## EMPLOYMENT

### Female Parent/Guardian (IF LIVING IN HOME)

Gross Income (BEFORE TAXES) \$ \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Phone Number (\_\_\_\_) \_\_\_\_\_

Full Time No. of Hours \_\_\_\_\_  
 Part Time No. of Hours \_\_\_\_\_

**Pay Period**     Weekly                     Bi-Weekly  
 Twice a Month     Monthly  
 Annually

Year Round     Yes     No  
 Seasonal       Yes     No

PLEASE INCLUDE A COPY OF YOUR  
W-2 FORM OR 1040

## OTHER HOUSEHOLD INCOME

IF APPLICABLE COMPLETE INFORMATION FOR ALL THAT APPLY  
TO YOUR HOUSEHOLD

### SOURCE

### AMOUNT

TANF (TCA) \$ \_\_\_\_\_  
(INCLUDE CERTIFICATION LETTER)

Social Security/Pension \$ \_\_\_\_\_  
(INCLUDE LETTER OF ELIGIBILITY)

SSI Benefits \$ \_\_\_\_\_  
(INCLUDE LETTER OF ELIGIBILITY)

Child Support \$ \_\_\_\_\_  
 Weekly     Biweekly     Monthly  
(INCLUDE COPY OF CHECK OR BANK STATEMENT)

Unemployment \$ \_\_\_\_\_  
 Weekly     Biweekly  
(INCLUDE COPY OF UNEMPLOYMENT CHECK OR CHECK STUB W / START DATE)

Foster Care Subsidy \$ \_\_\_\_\_  
(INCLUDE COPY OF AWARD LETTER)

Other: Specify \$ \_\_\_\_\_  
(INCLUDE LETTER OF SUPPORTING DOCUMENTATION)

NO INCOME

Please Sign after Reading Below

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this form will be used to receive benefits under the Federal Head Start Program. Providing knowingly false information may be a criminal violation under Federal Law. By signing this form, I certify and attest that to the best of my knowledge, the information provided on this form is true and accurate.

NOTE: ALL INCOME MUST BE VERIFIED. IF YOU RECEIVE FOOD STAMPS, A COPY OF YOUR CERTIFICATION LETTER MUST BE INCLUDED.

In-Person Interview Date & Staff Initials \_\_\_\_\_

Phone Interview Date & Staff Initials \_\_\_\_\_

Reason: \_\_\_\_\_

### Complete if there is a second place of employment

Gross Income (BEFORE TAXES) \$ \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Phone Number (\_\_\_\_) \_\_\_\_\_

Full Time No. of Hours \_\_\_\_\_  
 Part Time No. of Hours \_\_\_\_\_

**Pay Period**     Weekly                     Bi-Weekly  
 Twice a Month     Monthly  
 Annually

Year Round     Yes     No  
 Seasonal       Yes     No

PLEASE INCLUDE A COPY OF YOUR  
W-2 FORM OR 1040

### Complete if there is a second place of employment

Gross Income (BEFORE TAXES) \$ \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Phone Number (\_\_\_\_) \_\_\_\_\_

Full Time No. of Hours \_\_\_\_\_  
 Part Time No. of Hours \_\_\_\_\_

**Pay Period**     Weekly                     Bi-Weekly  
 Twice a Month     Monthly  
 Annually

Year Round     Yes     No  
 Seasonal       Yes     No

PLEASE INCLUDE A COPY OF YOUR  
W-2 FORM OR 1040