

Head Start of Washington County, Inc. ELIGIBILITY AND SELECTION FORM



CHILD INFORMATION

Child's Name		Female Pa	
Date of Birth	Male Female	Date of Bir	
Address (Street Address ; City ; State Mailing address if different than above		Parent's P Is Female Do you ha	
(Street Address ; City ; State ; Zip) Phone Number () If you have no phone, list number you can be Phone Number ()	Who's phone is this? e reached at or nearest relatives phone who can reach you. Who's phone is this?	Are you cu Is English Email Addı Work Phor Marital Sta	
Number of people living in household <u>su</u> Child's Primary Language Child lives with? Mother Father Does Child have Medical Insurance? Does Child have Special Needs? If YES to Special Needs, please list Has Child been diagnosed by a Profession Does Child have I.E.P or I.F.S.P. ?	Child's Race r Both Parents Foster Parent(s) Guardian Yes No Yes No	Male Pare Date of Bi Parent's F Is Male Pa Do you ha Is English Email Add Work Pho Marital Sta	
I would be willing to accept the following p Extended Day (6 hrs) Do you receive a Child Care Scholarsh Can you provide daily transportation fo Do you have other children applying fo Early Head Start or Head Start?	or your child if necessary? Yes No	Is child cu Are three Does fami Does fami Is child rec Jud	
If YES , Children's Names:	PLEASE COMPLETE BOTI	Parent/G	
FOR OFFICE USE ONLY	Return to address below or ema		



Parent's Race No No No Separated	Widowed		
No No No No	Widowed		
No No No	Widowed		
d Separated	Widowed		
Parent's Race			
No			
No			
No			
Separated	Widowed		
Is child currently homeless, living in a shelter or halfway house? Yes Are three or more children under age 5 living in household? Yes Does family receive SNAP (Supplemental Nutrition Assistance Program)? Does family receive SSI Benefits? Yes No Is child receiving services from another agency ? (Below)			
	WIC		
(old? Yes istance Program)?		

Parent/Guardian Signature

Ranking Points

★ PLEASE COMPLETE BOTH SIDES OF THIS FORM Return to address below or email to mjones@headstartwashco.org Head Start of Washington County, Inc., 837 Spruce Street Hagerstown, MD 21740 Phone : (301) 733-4640 Ext. 110

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

FOR REFERRAL AGENCY ONLY

*** FAMILY INCOME ***

EMPLOYMENT

MALE Parent/Guardian (IF LIVING IN HOME)

GROSS INCOME \$			
	MOUNT RECEIVED BEFORE TAX		(GROSS
PAY PERIOD (HOW OFTEN DO YOU RECEIVE THIS AMOUNT)			
Weekly	Bi-Weekly	Monthly	,
	Twice a Month	Annually	
YOU WORK	DU WORK Full Time - No. of Hours Part Time - No. of Hours		
	Year Round Ye Seasonal Ye	• • • • •	
Employer's Name Employer's Phone	, ,		Employ Employ
ATTACH	A COPY OF YOUR		
W-2 (Wag OR	e&TaxForm)		
1040(IRS	Form)		
COMPLETE IF TH	ERE IS A SECOND PLAC	E OF EMPLOYMENT	COMPL
GROSS INCON (GROSS INCOME IS A	NE \$ MOUNT RECEIVED BEFORE TA	XES ARE TAKEN OUT)	GROS (GROS
PAY PERIOD	(HOW OFTEN DO YOU RECEIVE	THIS AMOUNT)	PAY F
Weekly	Bi-Weekly	Monthly	
	Twice a Month	Annually	
YOU WORK Full Time - No. of Hours Part Time - No. of Hours			
			YOUN
	Part Time - No. of H Year Round Ye	Hours	YOUN
Employer's Name Employer's Phon	Part Time - No. of P Year Round Ye Seasonal Y	Hours es No	Fundation Fundation

EMPLOYMENT

FEMALE Parent/Guardian (IF LIVING IN HOME)

GROSS INCOME \$ (GROSS INCOME IS AMOUNT RECEIVED BEFORE TAXES ARE TAKEN OUT)				
PAY PERIOD (H	OW OFTEN DO YOU RECEIVE	THIS AMOUNT)		
Weekly	Bi-Weekly Twice a Month	Monthly Annually		
YOU WORK	Full Time - No. of Hours Part Time - No. of Hours			
	Year Round Ye Seasonal Ye	es No es No		
Employer's Name: Employer's Phone Number:()				
ATTACH A COPY OF YOUR W-2 (Wage&TaxForm) OR 1040 (IRSForm)				
COMPLETE IF THER	E IS A SECOND PLAC	E OF EMPLOYMENT		
GROSS INCOME \$ (GROSS INCOME IS AMOUNT RECEIVED BEFORE TAXES ARE TAKEN OUT)				
PAY PERIOD (H	OW OFTEN DO YOU RECEIVE	E THIS AMOUNT)		
Weekly	Bi-Weekly Twice a Month	Monthly Annually		
YOU WORK	Full Time - No. of H Part Time - No. of H			
	Year Round Ye Seasonal Y	es No Tes No		
Employer's Name: Employer's Phone Number: ()				
ATTACH A COPY OF YOUR W-2 (Wage&TaxForm) OR 1040 (IRSForm)				

OTHER HOUSEHOLD INCOME

IF APPLICABLE COMPLETE INFORMATION FOR ALL THAT APPLY TO YOUR HOUSEHOLD

SOURCE OF INCOME	AMOUNT RECEIVE			
TANF (TCA) Cash Assistance (ATTACH COPY OF BENEFITS SUMMARY LETTER)	\$			
Social Security Disability (ATTACH COPY OF BENEFITS SUMMARY LETTER)	\$			
SSI Benefits (ATTACH COPY OF BENEFITS SUMMARY LETTER)	\$			
Child Support Weekly Bi-Weekly Monthly (ATTACH COPY OF COURT ORDERED BENEFITS LETTE	\$ ER)			
Unemployment Benefits Weekly Bi-Weekly	\$			
(ATTACH COPY OF UNEMPLOYMENT CHECK OR CHECK	,			
Foster Care Subsidy (ATTACH COPY OF SUBSIDY BENEFITS LETTER)	\$			
Other: \$ (ATTACH COPY OF LETTER OF SUPPORTING DOCUMENTATION)				
SNAP - SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (ATTACH COPY OF SNAP BENEFITS DOCUMENTATION)				
NO INCOME				
All Income and Benefits Must be Ver	ified!			
PLEASE SIGN BELOW AFTER READING STATEMENT I understand that this document will be used to receive benefits under the Federal Head Start Program. Knowingly providing false information may be a criminal violation under Federal Law. By signing this document, I certify and attest that the information provided on this document is true and accurate to the best of my knowledge.				
Parent/Guardian Signature				
OFFICE ONLY				
□In-Person Interview Date Er □Phone Interview Date En	nployee Initials			
Reason:				