



# 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 (        )

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 Child have I.E.P or I.F.S.P ? Yes No

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

**I would be willing to accept the following program options for my child: (check all that apply)**

Extended Day (6 hour days) Part Day (3.5 hour days)

Full Day Classes *(required CSS Vouchers)*

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

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? Yes No

If YES, what is the child(ren)s name(s):

### FAMILY INFORMATION

**Female Parent/Guardian Name (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 Name (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

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? *(Below)*

Judy Center Birth -K Healthy Families Family Center

How did you hear about Head Start?

Parent Signature

Date

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

**Email, Mail or Return to:**

Head Start of Washington County, Inc., 837 Spruce Street Hagerstown, MD 21740

Email: [mjones@headstartwashco.org](mailto:mjones@headstartwashco.org) (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	

<b>Pay Period</b>	Weekly Twice a Month Annually	Bi-Weekly Monthly
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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	

<b>Pay Period</b>	Weekly Twice a Month Annually	Bi-Weekly Monthly
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Year Round	Yes	No
Seasonal	Yes	No

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## 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

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

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.

Please sign and date after Reading Above Statement

OFFICE ONLY

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	

<b>Pay Period</b>	Weekly Twice a Month Annually	Bi-Weekly Monthly
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Year Round	Yes	No
Seasonal	Yes	No

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Year Round	Yes	No
Seasonal	Yes	No

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**Change File Name to your Child's Name,  
example, Smith David.pdf then Save and  
continue with emailing or printing form.**