

Preferred Center _____

Sequatchie Valley Head Start

School Year _____

Applicant's Name _____

Section 1 Family Information

Date of Birth _____

Living Address			Are any of the family members related to H. S. staff? Yes No	
City	State	Zip	Check which is primary phone #	
Mailing Address			Home Phone:	
			Work Phone:	
City	State	Zip	Cell Phone:	
Parental Status: One Two			# in family () # in household ()	
# of Children in family: ()			Ages 0 - 3 Ages 4 - 5	
Office Staff Only: Go to income page			Primary language: _____	
Child will get to program by (Circle one) 1. Bus 2. Walking 3. Parent will transport 4. To pick up point				
Directions to home:				
Child has disability or special need? Yes No Suspected (Describe if disability has been diagnosed)				
Give date/ source. _____ Check here if parent suspects child has disability. Refer child immediately to the school system.				
Obtain sigend release form.				
Has a child in this family enrolled in this program before this year? Yes No If yes where? _____				
Is this child currently or previously enrolled in another program? Yes No Where? _____				
Any specific need or crises? Yes No Describe: _____				
Is family receiving WIC? Yes No		Children who receives SSI or TANF benefits are Head Start eligible		
Is applicant child receiving SSI? Yes No		Is anyone in the family receiving SSI? Yes No		
Food Stamp # _____		Is family receiving TANF? Yes No		
Child Care Needs		Has family ever been on TANF? Yes No		
1. Is child enrolled in child care program? Yes No		If family receives TANF (Families First),		
2. Does child need all day-year round services? Yes No		What component is the family participating in?		
3. Do you need after Head Start class child care? Yes No		_____		
4. Are you receiving child care certificates? Yes No		Is family exempt from Families First? Yes No		
Section 2 Eligibility		PIR Age 3 4 (9/30) Signature of staff verifying PIR age:		
Eligibility Date _____				
(Date child became eligible for Head Start)				
Birth Verified by: () Certified Birth Cert. () Hospital Birth Cert. () Health Dept. () Other				
Eligibility Income _____		Income Status: E P F O		Participation year: 1 2
Child eligible next year? Yes No		Sibling eligible next year? Yes No		What elementary school will your child attend?
Application Status: B C I M		_____		
Comments:			Office use only	
			Accepted	
			Waitlist Date:	
Revised 02/07				
Parent Signature: _____			Date: _____	

Section 3 Family Member Information
Adults (List primary adult first)

Last		First			Middle
DOB	SS#	Ed level -	gender	Emp. Status	
Live w/ family yes no	Provides financial support? Yes No	Teen parent Yes No	Subsidized? Yes No		
Secondary adult					
Last		First			Middle
DOB	SS#	Ed Level -	gender	Emp. Status	
Live w/ family yes no	Provides financial support? Yes No	Teen parent Yes No	Subsidized? Yes No		
Third adult/ other adult					
Last		First			Middle
DOB	SS#	Ed Level-	gender	Emp. Status	
Live w/ family yes no	Provides financial support? Yes No	Teen parent Yes No	Subsidized? Yes No		
Other adult					
Last		First			Middle
DOB	SS#	Ed level -	gender	Emp. Status	
Live w/ family yes no	Provides financial support? Yes No	Teen parent Yes No	Subsidized? Yes No		
Codes: Ed level G-9, G10, G-11, G12, HSG, GED, A - Associate B- Bachelors, M- Masters, COL, CTG			EMP status: F- full time, P-part-time, R-retired, L-pt/ training U- unemployed, B-Full time/training, T-training, S-Seasonally		

Children (List applicant child first)

Last		First			Middle
DOB	SS#	Preferred Name		Gender	
Child relationship codes: C-Natural/adopted/step G-Grandchild, N-Niece/nephew, F-Foster, O-Other					
Adult Name	Child Relationship Code	Custody	Med Ins: Tenn Care, Private, None		
		yes no	Name of Insurance & #: _____		
		yes no	Other coverage: _____		
Race: (Circle all that apply): Black, White, Asian, Hispanic, Native Am			Nationality: U.S., other _____		
Language	Check if primary	Proficiency: 3-proficient 2-Moderate 1-poor 0-none		Ethnicity: Blk, Wht, Hispanic, Other: _____	
English					
Last		First			Middle
DOB	Gender	SS#	Adult Name	Child Relationship Code	Custody
					yes no
					yes no
Last		First			Middle
DOB	Gender	SS#	Adult Name	Child Relationship	Custody
					yes no
					yes no
Last		First			Middle
DOB	Gender	SS#	Adult Name	Child Relationship Code	Custody
					yes no
					yes no
Last		First			Middle
DOB	Gender	SS#	Adult Name	Child Relationship Code	Custody
					yes no
					yes no
Last		First			Middle
DOB	Gender	SS#	Adult Name	Child Relationship Code	Custody
					yes no

Recruitment Tool

POINT SYSTEM

POSSIBLE POINTS	CRITERIA	ACTUAL POINTS
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AGE - choose only ONE

0	3-year-old (turns 3 before September 30)	
40	4-year-old (turns 4 before September 30)	
60	4-year-old (turns 5 between May 1, 2008 - September 30, 2008)	

FAMILY TYPE - choose only ONE

60	Not the child's parent (other member, guardian)	
50	Foster parents	
40	One parent	
30	Two parents	

DISABILITY - choose only ONE (see other page for disability categories)

100	Diagnosed disability with Individual Education Plan (IEP)	
80	Suspected disability without IEP (verification required)	
60	Neither available nor enrolled in school based program	

INCOME - choose only ONE (see other page - \$ chart and # of family members)

100	75% below poverty guidelines	
80	50% below poverty guidelines	
60	25% below poverty guidelines	
40	0-24% poverty guidelines	
0	over income (space limited to 10% maximum)	

OTHER - select as needed (see other page for more information)

100	Protective service referral (open case)	
100	Income eligible from Evenstart /20 hr GED program	
100	Applicant child receives SSI	
80	Referral from another agency	
50	Primary Language other than English	
40	Family Crises (ex. custody battle) short term condition	
40	High risk family (ex. a disability) long term condition	
40	Teen mother (delivered a child under age 18)	
40	Severe child health problems (specify in comments)*	
40	Single parent working or in school	
40	High risk housing (specify) - OTHER PAGE	
40	Eligible for child care certificate	
20	At least one parent not high school graduate	
80	Needs child care for parent to work /school (30 hrs)	
20	Sibling of current or past Head Start child	

TOTAL POINTS

Applicants who are age eligible, income eligible and receiving child care certificates may enroll immediately during the summer months.

COMMENTS: _____

Form completed by: _____

Date: _____

Reviewed by: _____

Policy Council approved 02-07

*This category require management approval: _____