



# EARLY HEAD START APPLICATION 2024-2025

Center Preference: \_\_\_\_\_ Second Option: \_\_\_\_\_

Please Select Program Preference:  Early Head Start: Monday-Friday 9am – 3:30pm  
 Early Head Start: Monday-Friday 7:30am – 5:30pm  
 Parent/Guardian must have CCDF Vouchers  
 Do you currently have a CCDF voucher?  Yes  No

## Applicant Child:

First Name		Last Name			Birthday	Gender
					/ /	<input type="checkbox"/> M <input type="checkbox"/> F
Race		Hispanic	English Proficiency	Other Languages	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Ameri.Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	<input type="checkbox"/> Spanish <input type="checkbox"/> Burmese <input type="checkbox"/> Chin <input type="checkbox"/> Arabic <input type="checkbox"/> Other _____	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	
Primary Health Coverage		Other/Secondary Coverage		Medicaid Eligibility	Insurance/Medicaid #	
<input type="checkbox"/> Medicaid <input type="checkbox"/> Private (through Individual/Employer) <input type="checkbox"/> No Insurance <input type="checkbox"/> Other: _____		<input type="checkbox"/> Medicaid <input type="checkbox"/> Private (through Individual/Employer) <input type="checkbox"/> No Insurance <input type="checkbox"/> Other: _____		<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Applied (Potentially)		
Dental Coverage	Dental Coverage #	Dentist's Office Name, Address, Phone #			Doctor's Office Name, Address, Phone #	
Does your child have a sibling currently attending in Head Start/Early Head Start: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, sibling name: _____						
Does your child have any disability, special health or developmental concern: <input type="checkbox"/> Yes <input type="checkbox"/> No (More information will be collected during interview)						
Does your child have an Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP): <input type="checkbox"/> Yes <input type="checkbox"/> No (ex:Speech, Developmental, Occupational Therapy)						

## Primary Adult:

First		Last			Birthday	Gender
					/ /	<input type="checkbox"/> M <input type="checkbox"/> F
Race		Hispanic	English Proficiency	Other Languages	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Ameri.Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	<input type="checkbox"/> Spanish <input type="checkbox"/> Burmese <input type="checkbox"/> Chin <input type="checkbox"/> Arabic <input type="checkbox"/> Other _____	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply for this adult
<input type="checkbox"/> Adv. Training <input type="checkbox"/> Grade 12 <input type="checkbox"/> Associates <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Bachelors <input type="checkbox"/> High School Grad. <input type="checkbox"/> GED <input type="checkbox"/> Masters <input type="checkbox"/> Grade 10 <input type="checkbox"/> Some College <input type="checkbox"/> Grade 11		<input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & School <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & School <input type="checkbox"/> Seasonal <input type="checkbox"/> School/Training <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
Do you need an interpreter for your appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which language: _____						
Email Address: _____						

## Secondary Adult:

First		Last			Birthday	Gender
					/ /	<input type="checkbox"/> M <input type="checkbox"/> F
Race		Hispanic	English Proficiency	Other Languages	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Ameri.Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	<input type="checkbox"/> Spanish <input type="checkbox"/> Burmese <input type="checkbox"/> Chin <input type="checkbox"/> Arabic <input type="checkbox"/> Other _____	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply for this adult
<input type="checkbox"/> Adv. Training <input type="checkbox"/> Grade 12 <input type="checkbox"/> Associates <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Bachelors <input type="checkbox"/> High School Grad. <input type="checkbox"/> GED <input type="checkbox"/> Masters <input type="checkbox"/> Grade 10 <input type="checkbox"/> Some College <input type="checkbox"/> Grade 11		<input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & School <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & School <input type="checkbox"/> Seasonal <input type="checkbox"/> School/Training <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
Email Address: _____						

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Family Information**

Parental Status	Primary Language at Home	Homeless Family	Active Military	Military Veteran	Referred by DCS	Receiving SNAP	WIC	Supplemental Security Income (SSI)	Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Primary Adult**

Living Address	Apartment #	City, State	Zip Code	County
				<input type="checkbox"/> Marion <input type="checkbox"/> Hamilton
Mailing Address (if different)	Apartment #	City, State	Zip Code	County
				<input type="checkbox"/> Marion <input type="checkbox"/> Hamilton
Is this the child's legal address: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Phone number	Type (check one)		Notes (ext. or best time to call)	Text Msgs
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Secondary Adult**

Living Address	Apartment #	City, State	Zip Code	County
				<input type="checkbox"/> Marion <input type="checkbox"/> Hamilton
Mailing Address (if different)	Apartment #	City, State	Zip Code	County
				<input type="checkbox"/> Marion <input type="checkbox"/> Hamilton
Is this the child's legal address: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Phone number	Type (check one)		Notes (ext. or best time to call)	Text Msgs
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Non-Applicant Children in Family**

First	Last	Birthday	Relation to Child	Gender
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F

**Please answer the following questions:**

- Does your child have any fears?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Does your child easily form relationships with adults and/or peers?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Would you consider your child curious?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Does your child manage care of own needs appropriately?  Yes  No  
If yes, please explain: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

I understand this is an application ONLY and does not guarantee enrollment in the program. All information is confidential. I also understand that I must keep Head Start informed of any changes of address or phone number. I am legally responsible for this child.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Application Date



Family Development Services  
— A Head Start Organization —

## EARLY HEAD START CENTERS

For more information, please call or visit the following Centers

### Marion County Early Head Start Centers

<b>Eagledale</b> Early Head Start 12mos- 3yrs old	<b>5425 W. 34<sup>th</sup> Street</b> <b>46224</b>	<b>Office: (317) 282-0126</b> <b>Fax: (317) 803-4493</b>
<b>PIKE PLAZA</b> Early Head Start 12mos- 3yrs old	<b>5520 W. 38<sup>th</sup> Street 46254</b>	<b>Office: (317) 563-8334</b> <b>Fax: (317) 563-8339</b>
<b>SOUTHEAST</b> Early Head Start 6wks-3yrs old	<b>4024 Madison Ave</b> <b>46227</b>	<b>Office: (317) 803-9480</b> <b>Fax: (317) 803-9483</b>
<b>SOUTHWEST</b> Early Head Start 12mos- 3yrs old	<b>1130 S. Kappes Street</b> <b>46221</b>	<b>Office: (317) 803-9576</b> <b>Fax: (317) 803-9581</b>
<b>WINDSOR VILLAGE</b> <b>WEST</b> Early Head Start 6wks-3yrs old	<b>5950 East 23<sup>rd</sup> Street</b> <b>46218</b>	<b>Office: (317) 803-4654</b> <b>Fax: (317) 803-9766</b>

### Hamilton County Early Head Start Center

<b>HAMILTON COUNTY</b> Early Head Start 6wks-3yrs old	<b>17645 Oakmont Dr.</b> <b>Noblesville, IN 46062</b>	<b>Office: (317) 219-3839</b> <b>Fax: (317) 219-3845</b>
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