



HEAD START APPLICATION 2024-2025

Center Preference: _____ Second Option: _____

Please Select Program Preference: **Head Start: Monday-Friday 9am – 3:30pm**

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
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F

Please answer the following questions:

- Does your child have any fears? Never Sometimes Often
- Does your child easily form relationships with adults and/or peers? Never Sometimes Often
- Would you consider your child curious? Never Sometimes Often
- Does your child manage care of own needs appropriately? Never Sometimes Often

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 —

HEAD START CENTERS

For more information, please call or visit the following Centers, or visit our website: www.fds.org

Marion County Head Start Centers

C.A.F.E. CENTER Head Start 3yrs- 5yrs old	8902 East. 38th Street 46226	Office: (317) 803-9607 Fax: (317) 803-9610
EAGLEDALE Head Start 3 yrs-5yrs old	5425 W. 34th Street 46224	Office: (317) 282-0126 Fax: (317) 803-4493
PIKE PLAZA Head Start 3yrs-5yrs old	5520 W. 38th Street 46254	Office: (317) 563-8334 Fax: (317) 563-8339
SERVICE CENTER 2 Head Start 3yrs- 5yrs old	3637 N. Meridian Street 46208	Office: (317) 803-3804 Fax: (317) 803-4493
SOUTHEAST CENTER Head Start 3yrs- 5yrs old	4024 Madison 46227	Office: (317) 803-9480 Fax: (317) 803-9483
SOUTHWEST CENTER Head Start 3yrs-5yrs old	1130 S. Kappes Street 46221	Office: (317) 803-9576 Fax: (317) 803-9581
WINDSOR VILLAGE WEST Head Start 3yrs-5yrs old	5950 East 23rd Street 46218	Office: (317) 803-4654 Fax: (317) 803-9766

Hamilton County Head Start Center

HAMILTON COUNTY HEAD START CENTER Head Start 3yrs-5yrs old	17645 Oakmont Dr. Noblesville, IN 46062	Office: (317) 219-3839 Fax: (317) 219-3845
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