



EARLY HEAD START APPLICATION 2022-2023

Family Development Services
A Head Start Organization

Center Preference: _____ Second Option: _____

Please Select Program Preference: Early Head Start Monday – Friday 8:30am-4:30pm, must be working or in school, or IFSP

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? 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

Eagledale Early Head Start 12mos-3yrs old	5425 W. 34th Street 46224	Office: (317) 282-0126 Fax: (317) 803-4493
GOODWIN Early Head Start 6wks-3yrs old	3935 W. Mooresville Rd. 46221	Office: (317) 472-6900 Fax: (317) 472-6902
PIKE PLAZA Early Head Start 12mos-3yrs old	5520 W. 38th Street 46254	Office: (317) 563-8334 Fax: (317) 563-8339
SOUTHEAST Early Head Start 6wks-3yrs old	4024 Madison Ave 46227	Office: (317) 803-9480 Fax: (317) 803-9483
SOUTHWEST Early Head Start 12mos-3yrs old	1130 S. Kappes Street 46221	Office: (317) 803-9576 Fax: (317) 803-9581
WINDSOR VILLAGE WEST Early Head Start 6wks-3yrs old	5950 East 23rd Street 46218	Office: (317) 803-4654 Fax: (317) 803-9766

Hamilton County Early Head Start Center

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