

FULMONT COMMUNITY ACTION AGENCY, INC.
EARLY CHILDHOOD SERVICES
HEAD START APPLICATION

PLEASE CALL 1-800-958-8225 TO MAKE ARRANGEMENTS TO HAVE YOUR APPLICATION PICKED UP OR DROPPED OFF AT ONE OF OUR LOCATIONS.

PARENT'S CHECKLIST FOR ENROLLING AT HEAD START:

Please be aware that the following items must be submitted before your child can be accepted:

Application completed and signed. All lines must be filled out completely or marked "does not apply" (NA)

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- *Income (Below is a list of acceptable proof of income for one year):*
 - *Tax return*
 - *Last pay stubs of the year outlining your year to date salary*
 - *Employer statements on letter head outlining your annual income for the previous year*
 - *TANF printout*
 - *SNAP printout*
 - *SSI printout*
 - *Disability printout*
 - *Social Security*
 - *Unemployment printout*
 - *Child support (either court order or notarized letter stating amount received)*
 - *Rental income*
 - *If you were not employed, you must submit a notarized letter stating the time period you were not employed.*

- *Copy of child's birth certificate*

- *Copy of child's immunization record*

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***All information is
kept confidential***

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Child's Full name: _____ Date of Birth: _____
Gender: Female Male Primary Language: _____ Other Language: _____
Public School District: _____

Family Type:

Single Parent Two Parents Foster Parent Formal Custody

Parental Status:

Married Separated Single Divorced

Parent/Guardian Name: _____ Date of Birth: _____
Cell Phone #: _____ Home #: _____ Email address: _____
Primary Address: _____
Employed: Yes No If yes, Place of Employment _____ Phone # _____
Primary Language: _____ Other Language: _____ Which language do you read and write: _____

Parent/Guardian Name: _____ Date of Birth: _____
Cell Phone #: _____ Home #: _____ Email address: _____
Primary Address: _____
Employed: Yes No If yes, Place of Employment _____ Phone # _____
Primary Language: _____ Other Language: _____ Which language do you read and write: _____

Family Services Received:

TANF WIC
 Food Stamps

Medical Insurance:

Yes
 No

Type of Insurance:

Medicaid Family Health Plus Military Private
 Combined Medicaid with Fidelis or CDPHP Other

Does child or any family member have any diagnosed disabilities or health needs? Yes No

Name? _____ Describe diagnosed disability/Health need: _____

Name? _____ Describe diagnosed disability/Health need: _____

