

Kids' Corps, Inc. Early Head Start Application

PROGRAM OPTIONS Please Check all options you are interested in.	<input type="checkbox"/>	<p style="text-align: center;">Home Based Option</p> <p>Weekly visits in the family home focusing on child development and strengthening parent-child relationships. Monthly group socialization activities for parents and children. Serves families with children prenatal to 3 years old.</p> <p style="text-align: center;">There is no cost for this program.</p>	<input type="checkbox"/>	<p style="text-align: center;">Center Based Option</p> <p>Full day/Full year child development services in a quality early learning environment for children needing full time care (typically because parents are working, attending school or are in a job training program). Serves families with children 4 months to 3 years old.</p> <p style="text-align: center;">Full Month Child Care Assistance contract required. Co-pay fees apply for this program.</p>
	<p>Home Based Contact Information: 101 Davis Street Phone: 854-4532 Fax: 222-0978</p>		<p>Center Contact Information: 3350 Commercial Drive Suite 100 Phone: 222-1222 Fax: 222-1232</p>	

CHILD INFORMATION	<input type="checkbox"/> Pregnant Due Date: _____
	Child's Last Name: _____ First Name: _____
	Child's Birth Date: _____ Child's Sex: Male Female
	Child Health Coverage: Denali Kidcare Medicaid Private Military Indian Health Service None
	Physician: _____ Dentist: _____
	Child's Primary Language: _____ Child's Secondary Language: _____
Does your child have any disability or special need? (either diagnosed or suspected) Y N	
If Yes, please explain: _____	
Does your child have an IFSP? Y N Does your child have a sibling in the program? Y N	
Do you have any concerns about your child's development? Y N If Yes, please explain: _____	

FAMILY INFORMATION	Parent/Guardian: _____	Parent/Guardian: _____												
	Birth date: _____ Male Female	Birth date: _____ Male Female												
	Employment/school Status: _____	Employment/school Status: _____												
	Home Address: _____	Home Address: _____												
	Mailing Address: _____	Mailing Address: _____												
	Phone: _____ HM _____ WK	Phone: _____ HM _____ WK												
	Phone: _____ CELL	Phone: _____ CELL												
	Can we contact you by text? Y N	Can we contact you by text? Y N												
	Email _____	Email _____												
	Primary Language: _____	Primary Language: _____												
	Secondary Language: _____	Secondary Language: _____												
	Did you receive the most recent Alaska PFD? Y N	Did you receive the most recent Alaska PFD? Y N												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Family Type (Circle)</th> <th style="width: 25%;">Parental Status (Circle)</th> <th style="width: 10%;"># in Family</th> <th style="width: 15%;"># of Children Ages 0-35 months</th> <th style="width: 15%;"># of children Ages 3-5 years</th> <th style="width: 10%;">Total # of persons in home</th> </tr> <tr> <td>Parent Grandparent Foster Other</td> <td>One Two</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Family Type (Circle)	Parental Status (Circle)	# in Family	# of Children Ages 0-35 months	# of children Ages 3-5 years	Total # of persons in home	Parent Grandparent Foster Other	One Two					
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Are you a teen parent? Yes No Do you need care for your child while you are at work or school? Yes No														
If yes, who currently provides care for your child? _____														
Has your child previously been enrolled in another Early Head Start program? Yes No														
Family Housing Status (Circle) Rent Own Homeless Other _____														
Has your family experienced homelessness in the past 6 months? Yes No														
Are you receiving ATAP? Yes No If yes, ATAP case number _____														
Is your family experiencing a special hardship or crisis? Yes No														
If so please explain: _____														
Were you referred by another agency or provider? Yes No If yes, who? _____														
How did you hear about KCI (Circle one): Friend or neighbor Head Start bus KCI brochure Radio Door hanger Community event _____ Agency referral Other _____														

DOCUMENT- ATION	Please attach the following documentation:
	<input type="checkbox"/> Income verification from all cash income sources for 12 months (W2, 1040 Tax Forms, child support, unemployment benefits, ATAP printout, SSI, LES, pay stubs etc.)
	<input type="checkbox"/> Child's Birth Certificate
	<input type="checkbox"/> Child Immunization Record
	<input type="checkbox"/> Physical Exam

I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ **Date** _____