



Kids’ Corps, Inc.
Early Head Start Application



PROGRAM OPTIONS Please Check all options you are interested in.	<input type="checkbox"/>	Home Based Option 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. There is no cost for this program.	<input type="checkbox"/>	Center Based Option 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. Full Month Child Care Assistance contract required. Co-pay fees apply for this program.
	Home Based Contact Information: 101 Davis Street Phone: 854-4532 Fax: 222-0978		Center Contact Information: 3350 Commercial Drive Suite 100 Phone: 222-1222 Fax: 222-1232	

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: _____			
	MailingAddress: _____			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			
	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				
	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 _____