

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</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. Serves families with children age 4 months to 3 years. Parents must be employed or enrolled in school or a job training program to be eligible.</p> <p style="text-align: center;">Fees apply for this program. Child Care Assistance required.</p>
	Early Head Start 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: _____ Birth date: _____ Male Female Employment/school Status: _____ Home Address: _____ Mailing Address: _____ Phone: _____ HM _____ WK Phone: _____ CELL Can we contact you by text? Y N Email _____ Primary Language: _____ Secondary Language: _____ Did you receive the most recent Alaska PFD? Y N	Parent/Guardian: _____ Birth date: _____ Male Female Employment/school Status: _____ Home Address: _____ Mailing Address: _____ Phone: _____ HM _____ WK Phone: _____ CELL Can we contact you by text? Y N Email _____ Primary Language: _____ Secondary Language: _____ Did you receive the most recent Alaska PFD? Y N												
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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 12 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** _____