



Kids' Corps, Inc.



Parents as Teachers Application

Parents as Teacher Contact Information:
101 Davis Street
Phone: 339-0154 Fax: 222-0978

Pregnant Due Date: _____

CHILD INFORMATION	Child's Last Name: _____ First Name: _____
	Child's Birth Date: _____ Child's Sex: M F
	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 or IEP? Y N Do you have any concerns about your child's development? Y N
If Yes, please explain: _____	

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FAMILY INFORMATION	Mother/Guardian: _____	Father/Guardian: _____
	Birth date: _____	Birth date: _____
	Employment/school Status: _____	Employment/school Status: _____
	Home Address: _____	Home Address: _____
	Mailing Address: _____	Mailing Address: _____
	Phone: _____ HM _____ WK _____	Phone: _____ HM _____ WK _____
	Phone: _____ CELL _____ MESSAGE _____	Phone: _____ CELL _____ MESSAGE _____
	Email: _____	Email: _____
	Best time to contact: _____	Best time to contact: _____
	Primary Language: _____	Primary Language: _____
	Secondary Language: _____	Secondary Language: _____

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 currently a teen parent? Yes No

Has your child previously been enrolled in any Kids' Corps program? Yes No

Were you referred to KCI by another agency/program? Yes No If yes, Program: _____

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: _____

DOCUMENT- ATION	Please attach the following documentation:
	<input type="checkbox"/> Income verification from all cash income sources for at least the past 30 days (W2, 1040 Tax Forms, child support, unemployment benefits, ATAP printout, SSI, LES, pay stubs etc.)
	<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 _____