

Kids' Corps, Inc. Parents as Teachers Application

Parents as Teacher Contact Information:
3710 E. 20th Ave. Suite 2
Phone: 272-0133 Fax: 272-0312

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? 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: _____ Birth date: _____ Employment/school Status: _____ Home Address: _____ Mailing Address: _____ Phone: _____ HM _____ WK Phone: _____ CELL _____ MESSAGE Email _____ Best time to contact: _____ Primary Language: _____ Secondary Language: _____	Father/Guardian: _____ Birth date: _____ Employment/school Status: _____ Home Address: _____ Mailing Address: _____ Phone: _____ HM _____ WK Phone: _____ CELL _____ MESSAGE Email _____ Best time to contact: _____ Primary Language: _____ Secondary Language: _____
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Family Type <i>(Circle)</i>	Parental Status <i>(Circle)</i>	# 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	<p>Please attach the following documentation:</p> <ul style="list-style-type: none"> <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
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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 _____