

Polk County Schools—Preschool Programs

Woodlake Center
 3245 New Jersey Rd., Lakeland, FL 33803
 Tel: (863) 648-3051, Fax: (863) 648-3050
 http://www.polk-fl.net/parents/preschool/headstart.htm

Head Start Application

School Year 2017-2018



In order to avoid any delays in processing your application, please answer all questions. Application must be updated annually.

OFFICE USE ONLY	If applicable the following documents will be required to process your application:	
ChildPlus ID# _____ Application entered by: _____ Date: _____	1. Childs' Birth Certificate 2. Proof of Guardianship 3. Copy of pay stubs for 12 months 4. Copy of last year's 1040 tax return and W2s 5. TANF/SNAP Benefit History for 12 months 6. Unemployment documentation 7. Child support statement 8. Proof of Address	9. Scholarships and/or Grants received for adults 10. Supplemental Security Income Documentation 11. Documentation of Homelessness 12. Documentation of foster care 13. Current Physical /Immunization Record 14. DOE IEP (if applicable) 15. Verification of all family members

School Choice:

First Choice:	Second Choice:
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Applicant (child applying for services)

First Name	Middle Name	Last Name	Date of Birth	Gender
			/ /	<input type="checkbox"/> M <input type="checkbox"/> F

Hispanic/Latino	Race	Primary Language Spoken	Foster Child
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian 1 (Primary) E-mail Address: _____

First Name	Last Name	Date of Birth	Marital Status	Gender	Lives with family?
		/ /	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partners <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Phone Numbers Cell (____) ____-____ Home (____) ____-____ Work (____) ____-____

Hispanic/Latino	Race	Primary Language Spoken	Highest Grade Completed
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> Other _____	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Haitian Creole <input type="checkbox"/> French <input type="checkbox"/> Other _____	<input type="checkbox"/> Grade 9 or below <input type="checkbox"/> High School Grad <input type="checkbox"/> Tech/Trade <input type="checkbox"/> Grade 10 or 11 <input type="checkbox"/> GED <input type="checkbox"/> A.A. Degree <input type="checkbox"/> Other _____

Current Employment Status	Currently Enrolled in School	Child's Relationship to Adult	Custody	Provides Financial Support
<input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed—How Long? _____ <input type="checkbox"/> Part Time <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Seasonal <input type="checkbox"/> School Board Employee or Relative	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian 2 (Secondary) E-mail Address: _____

First Name	Last Name	Date of Birth	Marital Status	Gender	Lives with family?
		/ /	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partners <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Phone Numbers Cell (____) ____-____ Home (____) ____-____ Work (____) ____-____

Hispanic/Latino	Race	Primary Language Spoken	Highest Grade Completed
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> Other _____	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Haitian Creole <input type="checkbox"/> French <input type="checkbox"/> Other _____	<input type="checkbox"/> Grade 9 or below <input type="checkbox"/> High School Grad <input type="checkbox"/> Tech/Trade <input type="checkbox"/> Grade 10 or 11 <input type="checkbox"/> GED <input type="checkbox"/> A.A. Degree <input type="checkbox"/> Other _____

Current Employment Status	Currently Enrolled in School	Child's Relationship to Adult	Custody	Provides Financial Support
<input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed—How Long? _____ <input type="checkbox"/> Part Time <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Seasonal <input type="checkbox"/> School Board Employee or Relative	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint	<input type="checkbox"/> Yes <input type="checkbox"/> No

Living address: _____ Mailing address: _____
 _____ (If different from living) _____

ADDITIONAL Family and Household Members living with the child (Do not list Applicant, Parent 1 and Parent 2)

First/Last Name	Date of Birth	Gender	Race	Hispanic	Language	Relationship to Primary Adult
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Total Number in Family (count yourself and all family members supported by the parent's) income. _____ Total Number in the Household. _____ Does your child have transportation to school? (Head Start does not provide transportation) Yes No

Homeless Family	Active Military Family	Referred by Child Welfare Agency	Receiving SNAP (Food Stamps)	WIC
<input type="checkbox"/> Yes, if yes answer Residency Status <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Residency Status (choose all that apply)
 Yes No Does the child's family share housing due to economic struggles? (living with other adults, including relatives)
 If Yes, please explain _____
 Yes No Is the child living in a shelter, hotel, motel, or lack regular, fixed residence? (domestic violence shelter, transitional housing, etc.)
 If Yes, please explain _____
 Yes No Is the child living in a car, park, campground, or public place?
 If Yes, please explain _____

ALL Family Income MUST be REPORTED (mark each box)

TANF	Supplemental Security Income (SSI)	Foster Care	Child Support Date Began _____	Social Security (Retirement, Disability, Survivors, Dependent)	Unemployment Date Began _____	DCF Payment	Pell Grant Scholarship
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child's Health Information and Developmental Concerns

Head Start Performance Standards require that all children be up to date or on schedule with all immunizations and well child health and dental exams.

Primary Health Coverage	Doctor Name	Dental Coverage	Dentist Name
<input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Florida Kidcare (CHIP) <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Does your child have any current or chronic medical condition? (Ex: asthma, heart problems, diabetes, bronchitis, seizures, etc.) Yes No If Yes, List and Explain: _____

Does your child have any health and developmental issues? (Ex: food allergies, injuries, speech, hearing, vision, autism, etc.) Yes No If Yes, List and Explain: _____

Does your child have an active Individual Education Plan (IEP)? No Yes, please attach documentation

CERTIFICATION (I CERTIFY AND UNDERSTAND THE FOLLOWING)

- I certify that all income is reported and the information provided on this application is accurate and truthful to the best of my knowledge. **Falsifying information may result in termination from the Head Start Program.**
- I understand that all required documents must be attached to the application to be processed and that my child/children cannot be considered for Head Start services without documents and verification.
- I understand that this information will be reviewed by the Polk County School District Head Start Program to determine eligibility for other Preschool Programs.
- I understand I will be responsible for my child's transportation and maintain regular attendance.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian _____

OFFICE USE ONLY

Staff or relative application reviewed by management: _____

Signature of Management _____ Date _____

Revised 1/30/17