CODE#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HEADSTART COMMUNITY PROGRAM OF MORRIS COUNTY, INC.**

**HEAD START & EARLY HEAD START RECRUITMENT FORM**

**APPLICATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **INTEREST IN:**  |
| [ ]  Pregnant women | [ ]  Head Start Dover |
| [ ]  Home Based | [ ]  Head Start Morris Plains |
| [ ]  Early Head Start Center Based |  |

|  |
| --- |
| **DOCUMENTS NEEDED WITH APPLICATION:**  |
| [ ]  Immunization Record (child) |
| [ ]  Child’s proof of age (Birth certificate, Crib Card, Passport) |
| [ ]  Proof of pregnancy (pregnant women) |
| [ ]  Proof of income (Pay Stub, Unemployment Stub, W-2 Forms, Social Security Benefits, TANF Notice of Action with monthly amount) |
| [ ]  Proof of Residency if you live in Dover, Wharton, or Morristown |

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

|  |
| --- |
| **APPLICANT INFORMATION** |
| How did you hear about Head Start? |
| Applicant’s name: | GENDER:[ ]  **M** [ ]  **F** |
| Applicant’s D.O.B: | Language spoken at home:  |
| Home address (number, street, town, state, zip code): |
| Home phone #: | (If pregnant) Pregnancy Due Date:  |
| **MOTHER/GUARDIAN INFORMATION**  |
| Name: | Cell Tel. #: |
| Email: |
| Address, if different from child’s: |
| Place of employment/ school: | Work #:  |
| Work/School address: |
| **FATHER/GUARDIAN INFORMATION** |
| Name: | Cell Tel. #: |
| Email: |
| Address, if different from child’s: |
| Place of employment/ school: | Work #:  |
| Work/School address: |

 **INCOME INFORMATION/ INCOME INTERVIEW**

|  |
| --- |
| **What types of income do you receive? (Mark all that apply, including amount.)** |
| [ ]  Employment/Unemployment | [ ]  Public Assistance/TANF |
| [ ]  Veteran’s benefits | [ ]  Disability |
| [ ]  SSI | [ ]  WIC/SNAP |
| [ ]  Child Support | [ ]  I have no income. (Needs to complete “No Income Interview Form”) |

**ADDITIONAL INFORMATION ABOUT INCOME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD GROSS INCOME (BEFORE TAXES OR DEDUCTIONS):** $\_\_\_\_\_\_\_\_ per week/ 2 week/ month/ year (circle one)

**LIST EVERY PERSON RESIDING IN YOUR HOME WHO IS SUPPORTED BY THE HOUSEHOLD INCOME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **D.O.B** | **Relationship w/child** | **School/Working?** | **Gross Income (per week)** |
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| --- | --- | --- |
| **Please read these questions carefully and answer Yes or No. If you are not sure how to answer, please speak with the ERSEA interviewer** | **YES** | **NO** |
| Is the applicant from a single-parent household? |[ ] [ ]
| Do you speak any other language besides English at home? |[ ] [ ]
| Is the applicant/parent/guardian working or enrolled in school or training? |[ ] [ ]
| Does anyone in the home have a history of criminal involvement? |[ ] [ ]
| Is the parent/guardian unable to read or write? |[ ] [ ]
| Has the applicant lost any family members to death, foster care system, or other means? |[ ] [ ]
| Is the applicant living with anyone besides their biological parent(s)? |[ ] [ ]
| Is the applicant currently residing in a temporary situation and/or not paying rent/mortgage? |[ ] [ ]
| Does the applicant live in Dover, Wharton or Morristown? |[ ] [ ]
| **REFERRAL**: Is your family currently working with ANY social service agency? |[ ] [ ]
| Have you been affected by COVID financially (i.e. loss of job or reduction in hours, loss of daycare services)? |[ ] [ ]
| Does the child have NJ Family Care? |[ ] [ ]
| Is anyone in the home a military member? |[ ] [ ]
| Is your child currently attending any other daycare or PreK? Where? |[ ] [ ]
| Does your child have Early Intervention services or an IEP? |[ ] [ ]
| Other special circumstances (Explain)  |[ ] [ ]

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| --- |
| **Health** |
| Health issues: |
| Allergies: |
| Disability/Handicap diagnosis: |

|  |
| --- |
| **Emergency Contact** |
| Name/Relation: |
| Phone Number: |

**MISREPRESENTATION OF INFORMATION OR FALSIFICATION OF DOCUMENTS MAY VOID ELIGIBILITY FOR SERVICES.**

To the best of my knowledge, the above information is correct. I understand Head Start will be kept confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature/ Child’s Parent/ Guardian Signature Date**

**ANY CHANGE OF INFORMATION CAN AFFECT THE QUALIFYING STATUS OF THE APPLICATION.**

**PLEASE CONTACT THE MAIN OFFICE TO UPDATE YOUR APPLICATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received by (Head Start Staff) Date**