



Community: \_\_\_\_\_

Program Applying For: Check One			
<input type="checkbox"/> Head Start	<input type="checkbox"/> Early Head Start	<input type="checkbox"/> Parents as Teachers	<input type="checkbox"/> Child Development Center

SECTION A CHILD INFORMATION			
FULL FIRST NAME:	FULL MIDDLE NAME:	FULL LAST NAME:	SUFFIX:
NICKNAME:	DOB:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Let me identify _____	
RACE: <i>(Choose all that apply)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other: _____	ETHNICITY: <i>(Choose one)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	CHILD PRIMARY LANGUAGE:  <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	CHILD SECONDARY LANGUAGE:  <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Are you currently enrolled in <input type="checkbox"/> EHS <input type="checkbox"/> PAT			

SECTION B PRIMARY ADULT			
FIRST NAME:	LAST NAME:	DOB:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
PRIMARY LANGUAGE:		Translation or Interpretation Services Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
RACE: <i>(Choose all that apply)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other: _____	ETHNICITY: <i>(Choose one)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	MILITARY STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Veteran	
	PRIMARY PHONE: _____	Do you want to receive text messages on this phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	ALTERNATE PHONE: _____	Do you want to receive text messages on this phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-MAIL: _____			
RELATIONSHIP TO CHILD: <i>(Check one)</i> <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Foster Parent <i>(Attach letter)</i> <input type="checkbox"/> Other: _____	HIGHEST EDUCATION LEVEL: <i>(Check one)</i> <input type="checkbox"/> High School Graduate <input type="checkbox"/> Associate's <input type="checkbox"/> Highest Grade: _____ <input type="checkbox"/> Bachelor's <input type="checkbox"/> GED <input type="checkbox"/> Master's <input type="checkbox"/> Some College	EMPLOYMENT STATUS: <i>(Check one)</i> <input type="checkbox"/> FT only <input type="checkbox"/> FT and School <input type="checkbox"/> PT only <input type="checkbox"/> PT and School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Training/School <input type="checkbox"/> Unemployed	

SECTION C SECONDARY ADULT			
FIRST NAME:	LAST NAME:	DOB:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
PRIMARY LANGUAGE:		Translation or Interpretation Services Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
RACE: <i>(Choose all that apply)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other: _____	ETHNICITY: <i>(Choose one)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	MILITARY STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Veteran	
	PRIMARY PHONE: _____	Do you want to receive text messages on this phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	ALTERNATE PHONE: _____	Do you want to receive text messages on this phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-MAIL: _____			
RELATIONSHIP TO CHILD: <i>(Check one)</i> <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Foster Parent <i>(Attach letter)</i> <input type="checkbox"/> Other: _____	HIGHEST EDUCATION LEVEL: <i>(Check one)</i> <input type="checkbox"/> High School Graduate <input type="checkbox"/> Associate's <input type="checkbox"/> Highest Grade: _____ <input type="checkbox"/> Bachelor's <input type="checkbox"/> GED <input type="checkbox"/> Master's <input type="checkbox"/> Some College	EMPLOYMENT STATUS: <i>(Check one)</i> <input type="checkbox"/> FT only <input type="checkbox"/> FT and School <input type="checkbox"/> PT only <input type="checkbox"/> PT and School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Training/School <input type="checkbox"/> Unemployed	
Secondary Adult Lives with Primary Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No*			
*If NO, is there a Custody Agreement? <input type="checkbox"/> Yes <i>(Attach documentation)</i> <input type="checkbox"/> No			

USDA and this institution are equal opportunity providers and employers. Parent/Guardians have the right to receive translation or interpretation services in their primary language as well as reasonable accommodations to participate in the program.

SECTION D FAMILY INFORMATION			
<b>LIVING ADDRESS:</b> Address: _____ City: _____, AK Zip _____		<b>MAILING ADDRESS:</b> Address: _____ City: _____, AK Zip _____	
		<b>HOUSING: (Check one)</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Neither	
<b>PARENTAL STATUS:</b> (Check one) <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Teen Parent (age 19 or under at time of birth)	Do you live in a shelter, transitional housing, motel, vehicle or move frequently between homes of relatives or friends? (If YES, attach housing form) <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your family referred for services by a child welfare agency? (Office of Children's Services, Child in Transition, ICWA, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SERVICES YOUR FAMILY RECEIVES:</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Indian Health Services (IHS) <input type="checkbox"/> TANF/ATAP <input type="checkbox"/> Supplemental Security Income
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of individuals related by blood, marriage or adoption, living in the home, <b>supported by the parent/guardian's income:</b>			
<b>NUMBER OF ADULTS:</b> _____		<b>NUMBER OF CHILDREN:</b> _____	
<b>TOTAL NUMBER:</b> _____			

SECTION E CHILD HEALTH INFORMATION			
<b>PRIMARY HEALTH COVERAGE/INSURANCE:</b> <input type="checkbox"/> Denali KidCare/Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		<b>DOCTOR/MEDICAL CLINIC NAME:</b> _____ <b>PHONE:</b> _____	
		<b>DENTIST/DENTAL CLINIC NAME:</b> _____ <b>PHONE:</b> _____	
Does your child have any diagnosed food or medical allergies? <input type="checkbox"/> Yes* <input type="checkbox"/> No If YES, please explain:		Does your child have any religious or other alternative food requirements? <input type="checkbox"/> Yes* <input type="checkbox"/> No If YES, please explain:	
<i>*A completed "Medical Statement for Food Substitution" or Parent Request form MUST be provided before food substitutions can be made.</i>		<i>*A completed Parent Request form MUST be provided before food substitutions can be made.</i>	
Does your child take any medications that have to be administered during class time? (Head Start Only) <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If YES, parent/guardian will be required to fill out a separate medication authorization form.</i>			
Do you have any health concerns about your child or does your child have an existing health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:		Do you have any developmental concerns about your child or does your child have a developmental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:	
Does your child use the bathroom on their own? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION F CHILD INDIVIDUALIZED EDUCATION PLAN (IEP)/ INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)	
Is your child currently being evaluated for an IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have a current or expired IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please attach copies of the: <input type="checkbox"/> IEP <u>or</u> <input type="checkbox"/> IFSP <u>or</u> <input type="checkbox"/> Signed Release of Information Form	
Does your child receive services from FIT/ILP or other special services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child receive physical, speech or occupational therapy services? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:	
Does your child receive any mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:	

AGREEMENT PLEASE READ, SIGN, AND DATE YOUR APPLICATION	
I certify that this information is true and correct. I agree to promptly update my child and family's information during my child's enrollment with RurAL CAP. I agree to review this information every year. I agree to allow RurAL CAP to share my child's information within RurAL CAP's early childhood programs. All information is kept strictly confidential and I may access it during normal business hours.	
<b>PARENT/GUARDIAN SIGNATURE:</b> _____	<b>DATE:</b> _____
I certify that I conducted an in person or phone eligibility interview with the parent/guardian to confirm that the information on the application is accurate. I am aware that intentional violations of eligibility information will result in corrective action.	
<input type="checkbox"/> In-Person <input type="checkbox"/> Phone	<b>RURAL CAP SITE STAFF SIGNATURE:</b> _____ <b>DATE:</b> _____

CENTRAL OFFICE STAFF USE ONLY									
<b>INCOME VERIFICATION:</b> <input type="checkbox"/> Income Tax Form <input type="checkbox"/> W-2 <input type="checkbox"/> TANF/ATAP <input type="checkbox"/> SNAP <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Unemployment Statements <input type="checkbox"/> Adult PFD <input type="checkbox"/> SSI <input type="checkbox"/> Foster Care Reimbursement <input type="checkbox"/> No Income Statement <input type="checkbox"/> Other: _____									
<b>PRIORITY</b>	<i>Income</i>	<i>Parent Status</i>	<i>Age</i>	<i>Transition</i>	<i>Disability</i>	<i>Other/OCS</i>	<b>TOTAL POINTS</b>		
<b>CODE</b>									
<b>POINTS</b>									
<b>CONCERN</b>	<b>PRIMARY CONDITION</b>	<b>IEP/IFSP DATE</b>	<b>ED/DIS INITIALS</b>	<b>CDC ONLY</b>					
				<b>Classroom:</b>	BB D O				
<b>TOTAL ANNUAL INCOME</b>	<b>ENROLL STATUS</b>	<b>CLASSROOM</b>		<b>Class:</b>	Toddler Preschool				
<b>\$</b>	<input type="checkbox"/> Accept <input type="checkbox"/> Waitlist	C D H I J		<b>Tuition:</b>	A B	<b>Discount:</b>	Sibling Employee		
<b>APPROVED BY:</b>				<b>CCA:</b>	Pass I Pass II/III OCS CITC Military Self-Pay				
				<b>Effective Date:</b>					