



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**

<b>FULL FIRST NAME:</b>		<b>FULL MIDDLE NAME:</b>		<b>FULL LAST NAME:</b>		<b>SUFFIX:</b>
<b>NICKNAME:</b>		<b>DOB:</b>		<b>GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Let me identify _____		
<b>RACE:</b> <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: _____		<b>ETHNICITY:</b> <i>(Choose one)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>CHILD PRIMARY LANGUAGE:</b> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<b>CHILD SECONDARY LANGUAGE:</b> <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**

<b>FIRST NAME:</b>		<b>LAST NAME:</b>		<b>DOB:</b>		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
<b>PRIMARY LANGUAGE:</b>				Translation or Interpretation Services Needed <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>RACE:</b> <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: _____		<b>ETHNICITY:</b> <i>(Choose one)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>MILITARY STATUS:</b> <input type="checkbox"/> Active <input type="checkbox"/> Veteran		
<b>PRIMARY PHONE:</b>		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Do you want to receive text messages on this phone? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>ALTERNATE PHONE:</b>		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Do you want to receive text messages on this phone? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>E-MAIL:</b>						
<b>RELATIONSHIP TO CHILD:</b> <i>(Check one)</i> <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Foster Parent <i>(Attach documentation)</i> <input type="checkbox"/> Other: _____		<b>HIGHEST EDUCATION LEVEL:</b> <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		<b>EMPLOYMENT STATUS:</b> <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		
Did you receive the most recent Alaska PFD? <input type="checkbox"/> Yes <input type="checkbox"/> No						

**SECTION C SECONDARY ADULT**

<b>FIRST NAME:</b>		<b>LAST NAME:</b>		<b>DOB:</b>		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
<b>PRIMARY LANGUAGE:</b>				Translation or Interpretation Services Needed <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>RACE:</b> <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: _____		<b>ETHNICITY:</b> <i>(Choose one)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>MILITARY STATUS:</b> <input type="checkbox"/> Active <input type="checkbox"/> Veteran		
<b>PRIMARY PHONE:</b>		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Do you want to receive text messages on this phone? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>ALTERNATE PHONE:</b>		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Do you want to receive text messages on this phone? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>E-MAIL:</b>						
<b>RELATIONSHIP TO CHILD:</b> <i>(Check one)</i> <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Foster Parent <i>(Attach documentation)</i> <input type="checkbox"/> Other: _____		<b>HIGHEST EDUCATION LEVEL:</b> <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		<b>EMPLOYMENT STATUS:</b> <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*				Did you receive the most recent Alaska PFD? <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.

**CHILD'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **COMMUNITY:** \_\_\_\_\_

SECTION D FAMILY INFORMATION			
<b>LIVING ADDRESS:</b> Address: _____ City: _____, AK Zip _____		<b>MAILING ADDRESS:</b> Address: _____ City: _____, AK Zip _____	
<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)		<b>HOUSING: (Check one)</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Neither	
Does your family lack stable, permanent, and adequate housing? (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: (Check all that apply)</b> <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	
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:	
*A completed "Medical Statement for Food Substitution" form MUST be provided before food substitutions can be made.			
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			
*If YES, parent/guardian will be required to fill out a separate medication authorization form.			
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 <b>or</b> <input type="checkbox"/> IFSP <b>or</b> <input type="checkbox"/> Signed Release of Information Form	
Does your child receive services from Family Infant Toddler Program/Infant Learning Program 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/behavioral 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/Tribal Care Documentation <input type="checkbox"/> No Income Statement <input type="checkbox"/> Housing Self-Identification Form Estimated Annual Income:\$ _____							
<b>PRIORITY CODE</b>	<b>Income</b>	<b>Parent Status</b>	<b>Age</b>	<b>Transition</b>	<b>Disability</b>	<b>Other/OCS</b>	<b>TOTAL POINTS</b>
<b>POINTS</b>							
<b>CONCERN</b>		<b>PRIMARY CONDITION</b>		<b>IEP/IFSP DATE</b>		<b>ED/DIS INITIALS</b>	
<b>TOTAL ANNUAL INCOME</b>		<b>ENROLL STATUS</b>		<b>CLASSROOM</b>			
\$ _____		<input type="checkbox"/> Accept <input type="checkbox"/> Waitlist		C D H I J			
<b>APPROVED BY:</b>							