

 **APPLICATION FOR HS/EHS PLACEMENT: PROGRAM YEAR 24 – 25**

 **THE APPLICATION MUST BE COMPLETED / SIGNED BY THE LEGAL PARENT(S) /GUARDIAN
PEN ONLY PLEASE!**

**Child’s Name:** **DOB:** \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **1.** |  **CHILD’S RACIAL/ETHNIC BACKGROUND** (Check all that apply): |

|  |  |
| --- | --- |
|  **□** Female | **□** Male |
| * White
* Black/African American
 | * American Indian/Alaska Native **□** Other:
* Native Hawaiian/Other Pacific Islander
* Hispanic □ Asian
 |  |  |

 Child’s Primary Language: □ English □  Spanish □ American Sign Language □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child’s Secondary Language: □ English □ Spanish □ American Sign Language □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Primary Language at Home: □ English □ Spanish □ American Sign Language □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt/Lot # City Zip County State

 Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **2.** |  **CHILD LIVES PRIMARILY WITH:** (Check all that apply) |

□ Both Parents/Same House □ Mother □ Father □ Legal Stepparent □ Legal Guardian □ Foster Parent

 □ Parent’s Significant Other □ Grandparent(s) □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□ One parent is away on military duty □ Parent is pregnant

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|  **3** |  **WHAT IS YOUR CURRENT LIVING ARRANGEMENT?** |

**□** Rent **□** Own **□** Staying with family/friends long term **□** Foster Home

 **□** I am homeless. Meaning you are staying in a car, park, campgrounds, hotel, emergency shelter, transitional living,

 on the street or are living with family/friends’ short term. (**If homeless, please circle which applies to you)**

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| **4.** |  **PRIMARY PARENT / LEGAL GUARDIAN #1** |

## NAME: DOB:

## RACE/ETHNICITY: □ HISPANIC

 **RELATIONSHIP/STATUS:** □ Birth mom □ Birth Dad □ Legal Stepparent **□** Adoptive □ Foster **□** Guardian

 □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Custody: **□** Yes □ No **□** Shared **□** Single **□** Married □ Divorced □ Separated

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H C W Text Messaage: **□** Yes **□** No

 Address if different than families: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Completed Elementary School: **□** Yes □No Highest grade completed if you did not graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Did you receive: **□** Some college/college degree **□** High School Diploma □ HSED/GED **□** None

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|  **5.** |  **PRIMARY PARENT / LEGAL GUARDIAN #2** |

## NAME: DOB:

## RACE/ETHNICITY: □ HISPANIC

 **RELATIONSHIP/STATUS:** □ Birth mom □ Birth Dad □ Legal Stepparent **□** Adoptive □ Foster **□** Guardian

 □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Custody: **□** Yes □ No **□** Shared **□** Single **□** Married □ Divorced □ Separated

 Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H C W Text Messages: **□** Yes **□** No

 Address if different than families: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed Elementary School: **□** Yes **□** No Highest grade completed if you did not graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive: **□** Some college or college degree **□** High School Diploma □ HSED/GED **□** None

|  |  |
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|  **6.** |  **IS YOUR CHILD CURRENTLY IN?** |

 **□** Birth-3 **□** Early Childhood/Special Education **□** Autism Services (WEAP, Caravel, etc.) **□** Early Head Start

**□** Other home visitation program: **□** Childcare/day care center **□** 3K Program **□** None

 Was your child on a waitlist last year? **□** Yes **□** No If yes, what State/County?

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|  **7.** |  **DOES YOUR CHILD CURRENTLY HAVE?** |

 **□** No **□** Individual Family Service Plan (IFSP) **□** Individual Education Plan (IEP)

 What services are they receiving: (check all that apply) What services are they receiving:

 **□** Speech/Language **□** Birth – 3 Services **□** Speech/Language **□** Early Childhood

 **□** Occupational Therapy **□** Physical Therapy **□** Occupational Therapy **□** Physical Therapy

 **□** Other: □ Other:

 **□** Learning **□** Speech/Language **□** Physical **□** Health **□** Vision **□** Hearing **□** Interacting in a group setting

 **□** Behavioral **□** Emotional **□** NoneOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **8.** |  **ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING FOR YOUR CHILD?** |

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| **9.** |  **DO YOU HAVE ANY OF THE FOLLOWING FAMILY CONCERNS?** |

* Reading **□** Writing **□** Parent has/had an IEP
* Continuing Education **□** Transportation **□** Parent has a chronic/terminal illness
* Mental Health **□** Not enough food in the home  **□** Shelter / Homelessness
* House Fire **□** Frequent Moves (2+ a yr.)  **□** Immigration Concerns
* Unemployed / Not enough hours **□** Alcohol / Drug use **□** Legal Concerns
* One parent is incarcerated **□** Both parents are incarcerated  **□** One or both parents are deceased

 **□** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** None

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|  **10.** |  **HOW DID YOU FIND OUT ABOUT US?** |

**□** Day Care

**□** Early Head Start/Head Start **□** Social media /Internet

 **□** Friend/Family

 **□** Billboard **□** Yard Sign

:

**□ □** Birth-3

 **11**. **DOES THE FAMILY CURRENTLY RECEIVE ANY OF THE FOLLOWING: (check all that apply)**

* Job Center Rock/Walworth Co
* Counselor
* Community Health Program/WIC
* Health & Human Services
* School Staff
* Doctor
* Children’s WI Resource Center
* Autism Services Provider
* Domestic Violence Shelter

 **□** Foster/Kinship Care  **□** Health Insurance (State/Private) **□** Child Support (any child in home)

 **□** Supplemental Security Income (SSI) **□** Caretaker Supplement **□** Survivor Benefits **□** WIC

 **□** W2/Cash Assistance **□** Social Security/Disability (SSDI) **□** Energy Assistance

 **□** Food Share/Food Stamps/SNAP **□** Rental Assistance (Section 8) **□** Childcare Assistance **□** None

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|  **12.** |  **ADDITIONAL CONTACT PERSON(S) IN CASE WE CANNOT REACH YOU:** |

 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship to child Phone

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship to child Phone

|  |  |
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|  **13.** |  **LIST CHILD’S SIBLINGS CURRENTLY LIVING IN THE HOME:** |

* 1. □ Male □ Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Last) ( DOB)

* 1. □ Male □ Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Last) ( DOB)

* 1. □ Male □ Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Last) ( DOB)

## Please continue on the back if you need more space.

 **PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

**Application will not be considered complete without proof of income.**

Family income is the income of the biological parent(s) or guardian(s) living in the household. For enrollment purposes, I understand that RWCFS Head Start/Early Head Start may need to coordinate programming with my local school district, WI Shot Registry, other home visitation programs, and/or daycare providers for transportation, placement, 4K registration, and scheduling. By signing this application, I verify that I am the parent/legal guardian of this child and that the information provided is current and complete to the best of my knowledge. I further understand that if I knowingly provide false information, that my family many no longer be eligible for further services.

 Parent/Guardian Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Non-discriminatory Clause: RWCFS HS&EHS policy is not to discriminate based on race, sex, age, color, national origin, religion,**

 **or disabilities in the provision of services and employment**.

**Additional siblings living in the home:**

* 1. □ Male □ Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Last) ( DOB)

* 1. □ Male □ Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Last) ( DOB)

**FOR OFFICE USE ONLY:**

 **Interview:** □ In-Person □ Phone **Staff Initials:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

 **Interview completed with:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Application:** □ New □ Transition □ 3rd Year

# Documents Received:  □ Income - Proof of eligibility provided: □ Health History □ Immunizations □ Transportation Form

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|  INCOME POINTS: |  TOTAL POINTS: | DATA ENTERED BY: |  REVIEWED BY: |
|  |  |  |  |

**Note**s**:**

 **Revised: JK 3/24**