



HEADSTART COMMUNITY PROGRAM OF MORRIS COUNTY, INC.
HEAD START & EARLY HEAD START RECRUITMENT FORM

APPLICATION DATE: _____

INTEREST IN:

- | | |
|---|--|
| <input type="checkbox"/> Pregnant women | <input type="checkbox"/> Head Start Dover |
| <input type="checkbox"/> Home Based | <input type="checkbox"/> Head Start Morristown |
| <input type="checkbox"/> Early Head Start | |

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)

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: _____ Cel. Tel. #: _____

Email: _____

Address, if different from child's: _____

Place of employment/ school: _____ Work #: _____

Work/School address: _____

FATHER/GUARDIAN INFORMATION

Name: _____ Cel. 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.)

- | | |
|--|---|
| <input type="checkbox"/> Employment/Unemployment | <input type="checkbox"/> Public Assistance/TANF |
| <input type="checkbox"/> Veteran's benefits | <input type="checkbox"/> Disability |
| <input type="checkbox"/> SSI | <input type="checkbox"/> WIC/SNAP |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> 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)

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 two-parent household?	<input type="checkbox"/>	<input type="checkbox"/>
Do you speak any other language besides English at home?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant/parent/guardian working or enrolled in school or training?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the home have a history of criminal involvement?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant able to read and write in any language?	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant lost any family members to death, foster care system, or other means?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant living with their biological parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently residing in a temporary situation and/or not paying rent/mortgage?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant live in Dover, Wharton or Morristown?	<input type="checkbox"/>	<input type="checkbox"/>
REFERRAL: Is your family currently working with ANY social service agency?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been affected by COVID financially (i.e. loss of job or reduction in hours, loss of daycare services)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have NJ Family Care?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in the home a military member?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child currently attending any other daycare or PreK? Where?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have early intervention services or an IEP?	<input type="checkbox"/>	<input type="checkbox"/>
Other special circumstances (Explain)	<input type="checkbox"/>	<input type="checkbox"/>

Health
Health issues:
Allergies:
Disability/Handicap diagnosis:

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

OFFICE USE ONLY:

SCREENING DATE: _____/____/____	POINTS: _____/____	STARTING DATE: _____/____/____	WITHDRAW DATE: _____/____/____
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