



Program Year \_\_\_\_\_

FAMILY APPLICATION

COPA ID \_\_\_\_\_

INFORMATION ON PERSON LEGALLY RESPONSIBLE FOR HEAD START CHILD

CAREGIVER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

GENDER \_\_\_\_ DOB \_\_\_\_\_

ETHNICITY LATINO NON-LATINO

RACE ASIAN BI-RACIAL /MULTI-RACIAL BLACK
NATIVE AMERICAN PACIFIC ISLANDER OTHER
UNSPECIFIED WHITE

LANGUAGE IN HOME \_\_\_\_\_ 2nd LANGUAGE IN HOME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ (home) ( ) \_\_\_\_\_ (mobile)

EMAIL: \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE CHILD? (Circle any that apply.)

Mother Father Legal Guardian Foster Parent
Relative (describe) \_\_\_\_\_ Non-relative Caregiver

CHILD LIVES WITH? (Circle any that apply.)
Grandparent Relative Caregiver Mother Father Both
Non-relative Caregiver Foster Parent Legal Guardian

Disabled: Yes No Family Medical Insurance: Yes No Explain: \_\_\_\_\_

2ND CAREGIVER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

GENDER \_\_\_\_ DOB \_\_\_\_\_

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LANGUAGE IN HOME \_\_\_\_\_ 2nd LANGUAGE IN HOME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ (home) ( ) \_\_\_\_\_ (mobile)

EMAIL: \_\_\_\_\_



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EDUCATION LEVEL	
Parent 1	Parent 2
	Bachelor or Advanced Degree
	College degree or training school certificate
	ESL
	GED
	Grade 10
	Grade 11
	Grade 12
	Grade 9 or less
	High School Graduate
	No High School
	Some College/Vocational/Associates Degree
	Some High School
	Unknown

Are you receiving TCA? Yes No If yes, TCA # \_\_\_\_\_

Are you participating in a work experience? Yes No If yes, where? \_\_\_\_\_

Are you participating in community service? Yes No If yes, where? \_\_\_\_\_

Are you participating in job training or school? Yes No If yes, where? \_\_\_\_\_

Are you in the WIC program? Yes No Previously \_\_\_\_\_

Do you receive food stamps/SNAP? Yes No If yes, Food Stamp #: \_\_\_\_\_

Is either parent deceased? Yes No

Is either parent incarcerated? Yes No

Is/was either parent a member of the U.S. military? Yes No

EMPLOYMENT STATUS	
Parent 1	Parent 2
	Full-time & Training
	Employed full-time
	Homemaker
	Job training/school (part-time)
	Part-time & Training
	Employed Part-time
	Retired or disabled
	Job training or in school
	Employed seasonal
	Self-employed
	Unemployed
	Unknown

Employer/school name \_\_\_\_\_

Phone (work) ( ) \_\_\_\_\_



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HOUSING INFORMATION

Do you:

- Own your home
- Rent (Circle One) Apartment or House
- Live in Subsidized Housing (Section 8)
- Live in Public Housing
- Live with relatives or friends
- Are you homeless: Yes \_\_\_\_ No \_\_\_\_

INFORMATION ON FAMILY MEMBERS SUPPORTED BY INCOME

RC means Relationship to Head Start Child

Number of Family Members Supported by Income: \_\_\_\_\_

Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____

INFORMATION ON HOUSEHOLD MEMBERS NOT SUPPORTED BY INCOME

RC means Relationship to Head Start Child

Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____
Name _____	Gender _____	DOB _____	RC _____

CHILD INFORMATION

Head Start Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

ETHNICITY: Latino Non-Latino RACE: \_\_\_\_\_

Child Previously In Foster Care? YES NO

FAMILY TYPE Two Parent Single Parent/female Single Parent/male Other

MEDICAL COVERAGE FOR CHILD

(Circle one)

Private Medical Assistance No Coverage

MCO/PLAN NAME \_\_\_\_\_ OFFICE LOCATION \_\_\_\_\_





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FOR OFFICE USE ONLY

ELIGIBILITY AND SELECTION

INCOME CRITERIA: Select one of the first four items:

- Categorical Eligible (Foster Care Receiving SSI/TANF): 30 Points
- Income Eligible (less than 100% of poverty line): 10 Points
- Income between 100 to 130% of poverty line : 0 Points
- Over Income (130% +) : 0 Points

OTHER CRITERIA:

- Family Experiencing Homelessness 60 Points
- Documented disability: 10 Points
- Suspected Disability: 2 Points  
(Receiving services from outside agency, Doctor/Parent concern, in process)
- Child is age 4: 4 Points
- Child is age 3: 3 Points
- Child Transitioning from Early Head Start: 5 Points
- Primary Caretaker (parent/guardian) deceased: 3 Points
- Non English speaking parent/s or caregivers and /or Child: 2 Points
- Optional Criteria: (at 2 points each) \_\_\_\_\_

SELECTION - TOTAL NUMBER OF POINTS: \_\_\_\_\_

Application Date \_\_\_\_\_

Enrollment/USDA Date \_\_\_\_\_