Baltimore City **Head Start**
Mayor's Office of Human Services

FAMILY APPLICATION

Program Year_____ _____ _____
COPA ID _____

INFORMATION ON PERSON LEGALLY RESPONSIBLE FOR HEAD START CHILD

PRIMARY 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: _____

Disabled: □ Yes□□ No Family Medical Insurance: □ □ Yes □□ No Type: _____

2nd 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: _____

Disabled: □ Yes□□ No Family Medical Insurance: □ □ Yes □□ No Type: _____

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EDUCATION LEVEL					
Parent 1	Parent 2	At Enrollment	Parent 1	Parent 2	Are caregivers planning to complete any of the following during this program year?
		Bachelor or Advanced Degree			Bachelor or Advanced Degree
		Associate Degree			Associate Degree
		High School or GED			High School or GED
		Completed a Grade Level in school prior to HS graduation (e.g. 8th or 11th grade)			Completed a Grade Level in school prior to HS graduation (e.g. 8th or 11th grade)

Are you receiving TCA? □ Yes □ No

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 □ Yes □ No

Do you receive food stamps/SNAP? □ Yes □ No

Is either parent deceased? □ Yes □ No

Is either parent incarcerated? □ Yes □ No

Is parent/guardian a member of the U.S. military? □ Yes □ No

Is parent/guardian Veteran 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
□ Yes □ No	□ Yes □ No	Is family planning to complete a job training, professional certificate or license during this program year? If **YES**, complete the estimate date of completion: _____

Employer/school name _____Phone (work) ( ) _____

FAMILY STRUCTURE (Parent (s)/Guardian Best Descriptor	
Two Parent Family	**Single Parent Family**
□ Parents (biological, adoptive, stepparents, etc.)	□ Mother (biological, adoptive, stepmother, etc.)
□ Grandparents	□ Father (biological, adoptive, stepfather, etc.)
□ Relatives other then grandparents	□ Grandparent
□ Foster parents not including relatives	□ Relative other than grandparent
□ Other - Specify:	□ Foster parent not including relative
	□ Other - Specify:

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HOUSING INFORMATION		
□ Own your home	□ Rent (Circle One) Apartment or House	□ Live with relatives or friends
□ Live in Public Housing	□ Live in Subsidized Housing (Section 8)	□ Experiencing homelessness *

* Complete Family questionnaire

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 _____
Explain/if required: _____

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 _____

CHILD INFORMATION	
LAST NAME:	**FIRST NAME:**
GENDER:	**DOB:**
PRIMARY LANGUAGE:	**OTHER LANGUAGE:**

ETHNICITY :	□ LATINO	□ NON-LATINO	
RACE: □	□ ASIAN	□□ BI-RACIAL /MULTI-RACIAL	□ BLACK
	□ NATIVE AMERICAN	□ PACIFIC ISLANDER	□ OTHER
	□ UNSPECIFIED	□□ WHITE	
Child previously in foster care?	□□YES	□□ NO	

MEDICAL COVERAGE FOR CHILD		
□ Private	□ Medical Assistance	□ No Coverage

MCO/PLAN NAME _____ OFFICE LOCATION _____

PLAN # _____

DOCTOR'S NAME _____ PHONE _____

DENTAL COVERAGE : □ Yes □ No

PLAN NAME _____ PLAN #_____

DENTIST'S NAME_____PHONE _____

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DISABILITIES INFORMATION		
Has the child been diagnosed with, or is the child suspected to have a disability (a condition that may require special education or related services)?		
□ Suspected	□ Diagnosed	□ None

If diagnosed, do you have written information (IEP/IFSP documentation)? □ YES * □ NO
*If Yes, request documentation from family

If suspected, please describe:
_____
_____

Is your child receiving any services at any agency for this disability? □ YES □ NO

If yes, what agency? _____

SITES - OPTIONS	
Option 1.	Option 2.

* We will attempt to honor your requested site(s). Please note that children will be assigned to a class based both on the needs of families and the program.

OTHER INFORMATION		
□ Full Year Needed	□□ Full Day Needed	□□ Child Care Subsidy
Secondary Source of Child Care		
□□ Family Child Care Home	□ Child Care Center or Classroom	□□ Home or Another Home with a Relative or unrelated adult
□□ Public School Pre-Kindergarten Program		□ Other
Was family referred to Head Star by a child welfare agency?	□ YES	□ NO

TRANSITION INFORMATION		
□ Previously served and seeking to return		□ Pre-school
	□ Kindergarten	

PARENT SIGNATURE	**STAFF SIGNATURE**	**DATE**
1ST YEAR_____	_____	_____
2ND YEAR_____	_____	_____
3RD YEAR_____	_____	_____

Application Date _____ Enrollment/USDA Date_____

BALTIMORE CITY EARLY HEAD START/HEAD START

SELECTION CRITERIA AND RANKING SYSTEM 2015-16

SELECTION Ranking – DATE: _____

MANDATORY CRITERIA

INCOME CRITERIA:

Please select one:

Categorically Eligible (Foster care, Homeless)	200 points
Income Eligible (less than 100% of poverty line, Receiving SSI/TANF)	150 points

OTHER CRITERIA:

Child Transitioning from EHS/B'more for Healthy Babies	40 points
Documented Disability (IEP/IFSP)	70 points
Suspected Disability (Receiving services from outside agency, Doctor/Parent concern, in process)	10 points
Child is age 3	20 points
Multiple children under the age of 4	20 points
Sibling in Head Start/Early Head Start	20 points

OPTIONAL CRITERIA:

Each program can choose to include any, all, or no items from the following list of optional criteria. Each of the optional criteria is assigned 5 points.

Primary Caretaker (parent/guardian) Deceased
Non English speaking parent(s) or caregiver and/or child
Premature Birth
Expectant Mother
Incarceration/Institutionalization of custodial parent(s)
Age of Primary Caretaker (parent/guardian below 18 or above 55)
Poor health of Primary Caretaker (parent/guardian)
Primary Caretaker (parent/guardian) enrolled in or scheduled for training
Primary Caretaker (parent/guardian) working, or ordered to report to work, and still low income or categorically eligible
Child or Primary Caretaker (parent or guardian) referred by court or DHR due to suspected, actual, or potential for abuse
Primary Caretaker (parent or guardian) expresses desire to develop literacy skills. No high school diploma

If, after ranking, several families have the same number of points or there are not enough slots for all of them, selection will be completed by date of application.

Total Points:
_____