

Pathfinder Kids Kampus / Early Head Start

435 Campus Street
Huntington, IN 46750
Phone (260) 356-0123 Fax (260) 358-9512

2011 Application

Program Applying For (<i>check one</i>):
(Note: Parents applying for Full-Day program must work a minimum of 20 hours/week and/or maintain an enrollment of at least 6 credit hours in school.)
<u>Early Head Start:</u>
<input type="checkbox"/> Full-Day, Center Based (6wks – 36mos) <input type="checkbox"/> Home Based (0 – 36mos) <input type="checkbox"/> Prenatal Program <input type="checkbox"/> Combination (18mos-36mos) (2days / week / 3.5hrs per day) circle preference T/Th am W/F am T/Th pm W/F pm OR Monday (all day option) 9:00 am – 4:00 pm

Child / Prenatal Applicant's Information:			
Last Name:	First Name:	Gender: M / F	
Date of Birth: ____/____/____	Race (<i>check all that apply</i>):	1st Language: _____	
Does Applicant have a diagnosed disability? <input type="checkbox"/> Yes, Diagnosis: _____ <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American Other: _____	2nd Language: _____	
Does Child have First Steps IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Concerns of Overall Health / Development: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	Either parent in military? <input type="checkbox"/> Mom <input type="checkbox"/> Dad	
High Risk Pregnancy / Medical Diagnosis: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No			
Prenatal Applicant Only	Age: _____	Due Date: ____/____/____	Receiving Prenatal Care? <input type="checkbox"/> Yes <input type="checkbox"/> No

General Family Information:			
Are you currently Homeless / Temporarily Living with Family or Friends? <input type="checkbox"/> Yes <input type="checkbox"/> No			
City _____ State _____ Zip: _____			
Living Address:			
Mailing Address (if different):			
Phone Number:	Type: (home, work, cell, etc)	Child Lives With (<i>check all that apply</i>):	
(____) _____ - _____		<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother <input type="checkbox"/> Father
(____) _____ - _____		<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Legal Guardian
		<input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Other: _____

Parent / Legal Guardian #1 Information (<i>Prenatal Applicants Exempt from Completing Section</i>) :			
Last Name:	First Name:	Date of Birth: ____/____/____	
Gender: M / F	Race: _____	1st Language: _____	
City _____ State _____ Zip: _____			
Address (<i>if different from above</i>):			
Health Problems/Disabilities: <input type="checkbox"/> Yes (<i>please explain</i>): _____ <input type="checkbox"/> No			

Parent / Legal Guardian #2 Information (<i>Prenatal Applicants Exempt from Completing Section</i>) :			
Last Name:	First Name:	Date of Birth: ____/____/____	
Gender: M / F	Race: _____	1st Language: _____	
City _____ State _____ Zip: _____			
Address (<i>if different from above</i>):			
Health Problems/Disabilities: <input type="checkbox"/> Yes (<i>please explain</i>): _____ <input type="checkbox"/> No			

Education / Employment Status: <i>(Prenatal Applicant: Complete for Self and/or Partner)</i>		
Highest Level of Education <i>(check one):</i>	Prenatal Applicant / Parent #1	Partner / Parent #2
No High School Diploma / GED		
High School Diploma / GED		
Associate degree, vocational school, some college		
Bachelor's degree or higher		
Employment Status <i>(check all that apply):</i>	Prenatal Applicant / Parent #1	Partner / Parent #2
Employed Full-Time		
Employed Part-Time		
In School / Training		
Unemployed / Laid Off		
Unable to Work / Disabled / Ill		

Other Family Members Living in the House:			
Name	Date of Birth	Gender	Relationship to Applicant
	____/____/____	M / F	
	____/____/____	M / F	
	____/____/____	M / F	
	____/____/____	M / F	

Family Resources <i>(check all types of assistance received)</i>
<input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps (SNAP) <input type="checkbox"/> Hoosier Healthwise/Medicaid <input type="checkbox"/> other insurance: _____ <input type="checkbox"/> Child Support <input type="checkbox"/> SSI <input type="checkbox"/> Foster Care Subsidy <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Public Housing (HUD)

Social Service Questions <i>(check "Yes" or "No"):</i>	Yes	No
Would you like to speak to someone about transportation for your child?		
Does your child have a regular doctor? (name _____)		
Does your child have a regular dentist? (name _____)		
Have you moved 2 or more times in the last 6 months?		
Do you have another child that currently attends Huntington County Head Start?		
Has your family ever been involved in a child protection services investigation?		
Have you or your children ever been exposed to domestic violence in your home?		
How did you hear about Early Head Start? _____		
Are you or a family member being seen by a licensed mental health counselor?		
Does your family need English language support?		

Parent/Guardian Statement:

I understand that this is only the application for Pathfinder Kids Kampus Early Head Start and this document does not guarantee enrollment in the program. I also understand that I must keep Kids Kampus informed of any changes of address and phone number.

I certify that the information stated on the application is true and I have provided Kids Kampus with all the facts necessary to allow the determination of eligibility. If any part is false, my participation in this program may be terminated. I also understand that the information in this application will be kept confidential within the program.

I have enclosed copies of the following required documents. All documents are needed to process application. *(check all that apply):*

- Birth Certificate / Hoosier Healthwise Card
 Income Documentation
 Immunization Record

Parent / Guardian Signature

Date