



Educare is a full day Head Start/Early Head Start center.
Families need a childcare subsidy to qualify.
Limited scholarships may be available.

2009-2010 Application

Child Information	Prenatal Information: (complete line below if pregnant)			
	Mother's Name:	Estimated Due Date:	Mother's Date of Birth:	
	Child's Name (Last, First)		Date of Birth:	
	Home Phone #:	Message #:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Address:	Apt. Name/#:	City: Zip:	
	We are homeless. (This means your family is staying in a car, park, campground or hotel, emergency shelter, or transitional housing or your family is living with another family temporarily): <input type="checkbox"/> No <input type="checkbox"/> Yes			
	What language(s) does the child speak?			
	Child's Ethnicity: Check ONE Box <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic			
	Child's Race(s): Check ALL That Apply: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian/Pacific Islander			
	Do you think this child has a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Is this child on an IFSP/IEP (Special Education)? <input type="checkbox"/> No <input type="checkbox"/> Yes, name of Agency/school district:			
	Does this child have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Health Plan: Type: <input type="checkbox"/> DSHS/Medical Coupon <input type="checkbox"/> Basic Health <input type="checkbox"/> Private <input type="checkbox"/> Other:			
	Does this child have dental insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Insurance:			
	Family Information	Child lives with: <input type="checkbox"/> One Parent/Guardian <input type="checkbox"/> Two parents/Guardians Name(s):		
		Child is: <input type="checkbox"/> Your Natural (Biological) or Adopted Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:		
Number of people in family:		Ages of other children in the home:		
Annual income: (last 12 months or last calendar year):		\$ <input type="text"/>		
Please send proof of your family income for the last calendar year or the last 12 months with this application. Send copies of all that apply: pay stubs, last year's W-2 forms or final tax return, TANF benefits award letter from DSHS, unemployment summary, or record of child support payments.				
Is anyone in your family receiving SSI? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who receives it?				
Are you receiving a TANF grant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is your DSHS case number?				
How did you hear about Educare?				
Special Agency Referral from:				
Does your family currently receive a childcare subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes Subsidy #:				
Do you have concerns for your child? <input type="checkbox"/> No <input type="checkbox"/> Yes, please check all that apply <input type="checkbox"/> Dental Health <input type="checkbox"/> Learning Difficulties <input type="checkbox"/> Speech or Hearing <input type="checkbox"/> Behavior <input type="checkbox"/> Physical Health <input type="checkbox"/> Nutrition/Eating <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Vision <input type="checkbox"/> Former Foster Child				

Do you have concerns for yourself or other family members? No Yes, please check all that apply

<input type="checkbox"/> Housing	<input type="checkbox"/> Job/Employment	<input type="checkbox"/> Disability/Unable to work
<input type="checkbox"/> Family Violence	<input type="checkbox"/> Learning Difficulties	<input type="checkbox"/> Drug/Alcohol Issues
<input type="checkbox"/> Immigration	<input type="checkbox"/> Mental Health/Illness	<input type="checkbox"/> Military Deployment
<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Health Issues	<input type="checkbox"/> Incarcerated Parent
<input type="checkbox"/> Teen Parent		

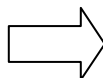
Parent/Guardian Information	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
	Mother/Father/Other (please circle) Name:	Mother/Father/Other (please circle) Name:
	Address if different than child:	Address if different than child:
	Cell/Home Phone:	Cell/Home Phone:
	Work/Message Phone:	Work/Message Phone:
	E-Mail Address:	E-Mail Address:
	Your Date of Birth:	Your Date of Birth:
	Language(s) you speak:	Language(s) you speak:
	Do you require an interpreter to access services? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you require an interpreter to access services? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Education Level (check highest completed): <input type="checkbox"/> Grade 8 or less <input type="checkbox"/> GED <input type="checkbox"/> Grade 9 <input type="checkbox"/> Some College <input type="checkbox"/> Grade 10 <input type="checkbox"/> Technical Training <input type="checkbox"/> Grade 11 <input type="checkbox"/> AA <input type="checkbox"/> Grade 12/HS Grad <input type="checkbox"/> BA or Higher	Education Level (check highest completed): <input type="checkbox"/> Grade 8 or less <input type="checkbox"/> GED <input type="checkbox"/> Grade 9 <input type="checkbox"/> Some College <input type="checkbox"/> Grade 10 <input type="checkbox"/> Technical Training <input type="checkbox"/> Grade 11 <input type="checkbox"/> AA <input type="checkbox"/> Grade 12/HS Grad <input type="checkbox"/> BA or Higher
Are you currently working? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Working Full Time (35 hours or more each week) <input type="checkbox"/> Working Part Time (Less than 35 hrs each week) Name of Employer: _____ <input type="checkbox"/> Seasonally employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	Are you currently working? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Working Full Time (35 hours or more each week) <input type="checkbox"/> Working Part Time (Less than 35 hrs each week) Name of Employer: _____ <input type="checkbox"/> Seasonally employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	
Are you currently in school? <input type="checkbox"/> No <input type="checkbox"/> Yes, where? _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Are you currently in school? <input type="checkbox"/> No <input type="checkbox"/> Yes, where? _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

It is the policy of PSESD Head Start and Early Head Start not to discriminate on the basis of race, creed, religion, marital status, sexual orientation, national origin, sex, age, or mental/sensory/physical disability.

I understand that the information I have given on this application is confidential and will not be shared without my permission. If applicable, I give Educare staff permission to contact DSHS to verify my benefits.

Date: _____ **Parent/Guardian Signature:** _____

PLEASE RETURN COMPLETED APPLICATION TO



**Highline Head Start
10041 6th Avenue SW
Seattle, WA 98146
206/762-6070**

We will contact you soon to let you know if your child is eligible for our program.

FOR OFFICE USE ONLY

Date Received:	Age: Sibling:	Total Points
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