



Culpeper Human Services

CHS-KC-EHS

Application

To All Applicants:

Culpeper Human Services/Kid Central/Early Head Start is a federally funded program serving infants and toddlers under the age of 3, and pregnant women.

Early Head Start provides early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers and their families, and pregnant women and their families.

For more information call: 540-829-2330

Please complete and return the following application.

Child's Name: _____ Date of Birth: _____ Sex: M F
Expecting Mother: Yes No Due Date: _____
Address: _____ Zip Code: _____

Elementary School District: _____

Child lives with: Mom Dad Grandparents Foster Parents
(Circle all that apply)
Other—please explain: _____

Parent/Guardian Information:

Mother's Name: _____ Father's Name: _____
(Parent/ Guardian) (Parent/Guardian)
Date of Birth: _____ Date of Birth: _____

Address (if different from child's): Address (if different from child's):

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Highest Level of Education Completed: _____ Highest Level of Education Completed: _____

Application continued

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Does your child have an IEP (Individualized Education Plan) or IFSP for disability? **Yes No**

Does your child have any medical condition or disability? **Yes No**

If **Yes**, please explain _____

Does your child speak English? **Yes No Some**

Does the parent/guardian have any serious health related needs? **Yes No**

Do you have a Social Worker, Public Health Nurse or other? **Yes No**

Have any of your other children been enrolled in Child Care/Preschool? **Yes No**

If **Yes**, Name of School _____

Are you presently receiving (please circle all that apply):

TANF Unemployment Medicaid FAMIS VIEW

SSI WIC SNAP Section 8 Child Care Assistance

Household Residence: Please mark any that apply

Individuals who lack a fixed, regular, and adequate nighttime residence

Rent / Own Home

Other: _____

Household profile:

Please list all individuals who live in the home—including the child, child's parent(s)/guardian, siblings, and other individuals living in the home.

Name	Date of Birth	Relationship to Child	List all Income (Circle one)
_____	_____	_____	\$_____ bi-wk/wk/Mo/Yr
_____	_____	_____	\$_____ bi-wk/wk/Mo/Yr
_____	_____	_____	\$_____ bi-wk/wk/Mo/Yr
_____	_____	_____	\$_____ bi-wk/wk/Mo/Yr
_____	_____	_____	\$_____ bi-wk/wk/Mo/Yr

The program may reach out to parent through social media in the event that our contact information is not updated.

Signature

Date of Application

Mail to: CHS-KC-EHS
1401 Old Frederickburg Rd
Culpeper, Virginia