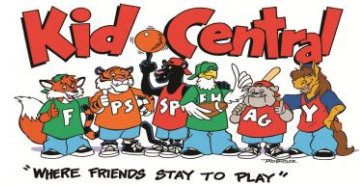




Culpeper Human Services
CHS-KC-EHS
Application



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: _____

Email: _____

Child lives with: (Circle all that apply) Mom Dad Grandparents Foster Parents

Other—please explain: _____

Parent/Guardian Information:

Mother's Name: _____
(Parent/ Guardian)

Father's Name: _____
(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

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 _____

Are you currently employed by Culpeper Human Services Head Start or Early Head Start? **Yes No**

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	Birthdate	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
_____	_____	_____	\$ _____	bi-wk/wk/Mo/Yr

**The program may reach out to parent through social media if contact information is not updated.*

**The program may adjust a family’s income to account for excessive housing costs when determining eligibility.*

Signature _____ **Date of Application** _____

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