

Leech Lake Early Head Start & Head Start Application

| Applicant #1 | | | | | |
|---------------------------------------|--|---|-------------------------------------|--|-------------------------------------|
| First | Last | Birthday | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient |
| Primary Health Coverage | | Medicaid Eligibility | Doctor/Medical Home | | Dentist/Dental Home |
| | | <input type="checkbox"/> Not Eligible | | | |
| | | <input type="checkbox"/> On Medicaid | | | |
| | | <input type="checkbox"/> Potentially | | | |
| Disability or Special Need | | IFSP or IEP | | Enrolled in a Federal Recognized Tribe | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> Yes If yes, list what school/district evaluated: | | <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | | <input type="checkbox"/> No | | <input type="checkbox"/> No | |
| <input type="checkbox"/> Suspected | | | | | |

| Primary Adult | | | | | |
|---|--|-------------------------------------|---|--|---|
| First | Last | Birthday | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Enrolled in a Federal Recognized Tribe <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient |
| Highest Grade Completed | | Employment Status | | Child's Relationship | Custody |
| <input type="checkbox"/> Associate's | <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Full Time | <input type="checkbox"/> Full Time & Training | <input type="checkbox"/> Biological/Adopted/Step | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Part Time | <input type="checkbox"/> Part Time & Training | <input type="checkbox"/> Grandchild | <input type="checkbox"/> No |
| <input type="checkbox"/> Col Deg/Train | <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Training or School | <input type="checkbox"/> Other Relative | |
| <input type="checkbox"/> Col or Adv Train | <input type="checkbox"/> < Grade 9 | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired or Disabled | <input type="checkbox"/> Foster | |
| <input type="checkbox"/> GED | <input type="checkbox"/> HS Graduate | | | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Master's | | | | |
| | | | | | Check all that apply: |
| | | | | | <input type="checkbox"/> Lives with Family |
| | | | | | <input type="checkbox"/> Provides Financial Support |
| | | | | | <input type="checkbox"/> Teen Parent |
| | | | | | If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email Address: | | | | | |

| Secondary or Other Adult | | | | | |
|---|--|-------------------------------------|---|--|---|
| First | Last | Birthday | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Enrolled in a Federal Recognized Tribe <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient |
| Highest Grade Completed | | Employment Status | | Child's Relationship | Custody |
| <input type="checkbox"/> Associate's | <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Full Time | <input type="checkbox"/> Full Time & Training | <input type="checkbox"/> Biological/Adopted/Step | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Part Time | <input type="checkbox"/> Part Time & Training | <input type="checkbox"/> Grandchild | <input type="checkbox"/> No |
| <input type="checkbox"/> Col Deg/Train | <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Training or School | <input type="checkbox"/> Other Relative | |
| <input type="checkbox"/> Col or Adv Train | <input type="checkbox"/> < Grade 9 | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired or Disabled | <input type="checkbox"/> Foster | |
| <input type="checkbox"/> GED | <input type="checkbox"/> HS Graduate | | | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Master's | | | | |
| | | | | | Check all that apply: |
| | | | | | <input type="checkbox"/> Lives with Family |
| | | | | | <input type="checkbox"/> Provides Financial Support |
| | | | | | <input type="checkbox"/> Teen Parent |
| | | | | | If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email Address: | | | | | |

| Additional Child (Non-Applicant) * | | | | | |
|---------------------------------------|--|------------------------------|-------------------------------------|---|-------------------------------------|
| First | Last | Birthday | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient |

| Additional Child (Non-Applicant) * | | | | | |
|---------------------------------------|--|------------------------------|-------------------------------------|---|-------------------------------------|
| First | Last | Birthday | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient |

For additional applicants and (non-applicant) children if needed

| Applicant #2 | | | | | |
|---------------------------------------|--|---|-----------------------------------|--|-------------------------------------|
| First | Last | Birthday | | Gender | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | | <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | | | <input type="checkbox"/> Proficient | <input type="checkbox"/> Proficient |
| Primary Health Coverage | Medicaid Eligibility | Doctor/Medical Home | | Dentist/Dental Home | |
| | | <input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially | | | |
| Disability or Special Need | | IFSP or IEP | | Enrolled in a Federal Recognized Tribe | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> Yes If yes, list what school/district evaluated: | | <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | | <input type="checkbox"/> No | | <input type="checkbox"/> No | |
| <input type="checkbox"/> Suspected | | | | | |

| Applicant #3 | | | | | |
|---------------------------------------|--|---|-----------------------------------|--|-------------------------------------|
| First | Last | Birthday | | Gender | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | | <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | | | <input type="checkbox"/> Proficient | <input type="checkbox"/> Proficient |
| Primary Health Coverage | Medicaid Eligibility | Doctor/Medical Home | | Dentist/Dental Home | |
| | | <input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially | | | |
| Disability or Special Need | | IFSP or IEP | | Enrolled in a Federal Recognized Tribe | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> Yes If yes, list what school/district evaluated: | | <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | | <input type="checkbox"/> No | | <input type="checkbox"/> No | |
| <input type="checkbox"/> Suspected | | | | | |

| Additional Child (Non-Applicant) * | | | | | |
|---|--|------------------------------|-----------------------------------|---|-------------------------------------|
| First | Last | Birthday | | Gender | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | | <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | | | <input type="checkbox"/> Proficient | <input type="checkbox"/> Proficient |

| Additional Child (Non-Applicant) * | | | | | |
|---|--|------------------------------|-----------------------------------|---|-------------------------------------|
| First | Last | Birthday | | Gender | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | | <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | | | <input type="checkbox"/> Proficient | <input type="checkbox"/> Proficient |

| Additional Child (Non-Applicant) * | | | | | |
|---|--|------------------------------|-----------------------------------|---|-------------------------------------|
| First | Last | Birthday | | Gender | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | | <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | | | <input type="checkbox"/> Proficient | <input type="checkbox"/> Proficient |

| Family Information | | | | | | | |
|--|--------------------------|--|----------------|---|---|---|---|
| Family Living Address | | | | | | | |
| Started Living at Date | Living Address | Address Line 2 | ZIP | City | State | County | |
| Family Mailing Address | | | | | | | |
| Same as living? | Started Using Date | Mailing Address | Address Line 2 | ZIP | City | State | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Phone Number(s) | | Type (check one) | | Who's Phone Number | | Opt in for Text Messages | |
| | | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | Primary Adult | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | Secondary/ Other Adult | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Parental Status | Primary Language at Home | Acquired/learning another language in addition to English | | Homeless Family | Active Duty Military | Military Veteran | Referred by Child Welfare Agency |
| <input type="checkbox"/> One <input type="checkbox"/> Two | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Emergency Contacts | | | | | | | | | |
|---|---------|--|---|--------------|--|---|--|--|--|
| Contact 1 | Name | | | Relationship | | Emergency Contact | | Release To | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Address | | | ZIP | | City | | State | |
| | | | | | | | | | |
| Phone Number 1 | | | Phone Number 2 | | | Phone Number 3 | | | |
| <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | | | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | | | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | | | |
| Contact 2 | Name | | | Relationship | | Emergency Contact | | Release To | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Address | | | ZIP | | City | | State | |
| | | | | | | | | | |
| Phone Number 1 | | | Phone Number 2 | | | Phone Number 3 | | | |
| <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | | | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | | | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | | | |
| Contact 3 | Name | | | Relationship | | Emergency Contact | | Release To | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Address | | | ZIP | | City | | State | |
| | | | | | | | | | |
| Phone Number 1 | | | Phone Number 2 | | | Phone Number 3 | | | |
| <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | | | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | | | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | | | |

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature: _____ Date: _____

Interview Completed by: _____ Date: _____