

Hamilton County Educational Service Center Early Learning Programs

Request For Services

Head Start Program Referred to: _____

Date of Request: ____/____/____ Interviewer: _____

- ELI ½ day ____ AM ____ PM
 Head Start ½ day ____ AM ____ PM
 ELI CC Partnerships
 Early Head Start
 ELI Full Day
 Head Start Full Day
 Voucher Eligible
 Pregnant Moms

1. CHILD'S INFORMATION:

Name: _____

SCHOOL DISTRICT: _____

Social Security Number: ____/____/____

Address: _____

Date of Birth: ____/____/____

(Community/Area of Town)

Gender: M _____ F _____ Race: _____

Home Phone #: _____

Alternate Phone # (Name & Relationship): _____

Previous Nursery/Preschool Experience: Yes ____ No ____

When & Where: _____

Has your child participated in a "Help Me Grow" or Early Intervention Program? _____

2. PARENT/GUARDIAN INFORMATION (Circle One):

Mother's Name: _____

DOB: ____/____/____ SSN: ____/____/____

Father's Name: _____

DOB: ____/____/____ SSN: ____/____/____

Highest Grade Completed: Mother _____ Father _____

Foster Parent(s): Y ____ N ____

Number of Adults in Household: _____

Number of Children in Household: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

3. Total Household Income: Yearly Gross: _____

Source: _____ Work Hrs./Wk: _____

4. Family's Primary Language: English: _____

Other Language(s): _____

5. How Did You Hear About the Head Start/EHS Program? (Referral Source): _____

6. Insurance Provider Name: _____ #: _____

Doctor Name/#: _____ Dentist Name/#: _____

Does Child or Parent have any special needs or disabilities that require any special accommodations? _____

Are you currently receiving WIC? Y ____ N ____

Are you currently receiving OWF? Y ____ N ____

Family Contact: _____ Relationship: _____

Address: _____ Phone #: _____

Parent/Guardian Signature (if available): _____

FOR AGENCY USE ONLY

PRIORITY SCORE

Returning Child	1	Single Female	2	5+ Children	3	Sibling in Program	1	3 Year Old (Late)	1
Homeless	3	Single Male	3	TANF	2	Special Agency Referral	1	Every Child Succeeds	3
3 Year Old (Early)	2	Teen Parent	3	SSI/Soc. Sec.	2	Special Needs Child	3	Newborn of EHS Pregnant Mom	3
4 Year Old	3	Older Parent (40+)	2	Employed	3	Special Needs Parent	3		
Foster Parent	2	>12 th Grade Education	1	Non English in Home	2				

White - File Yellow - Intake Pink - Parent