

School Year: <input type="checkbox"/> 23-24	School District: <input type="checkbox"/> Mapleton 1 <input type="checkbox"/> Adams 12 <input type="checkbox"/> Adams 14 <input type="checkbox"/> Westminster 50 <input type="checkbox"/> 28J <input type="checkbox"/> 27J	<h1 style="margin: 0;">Adams County Head Start</h1> <h2 style="margin: 0;">Preliminary Application</h2>	OFFICE USE ONLY SCORE: _____
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Date:		Child's Information			
Child's Name:			Date of Birth:		Child's Gender:
Contact Information					
Home Address:			City, State Zip Code		
Phone Number:			Alternate Phone Number and or Email:		
Family Preferred Oral Language:		Family Preferred Written Language:		Family Size:	
Family Information					
Parent/Guardian Name:			Income for the last 12 months:		
Parent/Guardian Name:			Income for the last 12 months:		
Gross Monthly Income:		Monthly Rent Amount:		How much do you pay in childcare per month?	
Are you currently receiving any of the following?	<input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> Child Support		Does your Child currently have Health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Your child needs to have updated immunizations, physical exam (including lead and anemia testing), and dental exam.</i>	
Have you participated in Adams County Head Start in the past?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Needs					
Does your child have any health, mental health, or disability concerns?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No Can you provide medical documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child have an IEP or IFSP?	<input type="checkbox"/> Yes, they have an <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> No	
Do you have Any concerns about your child's behavior?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No		Is child evaluated or has received a behavioral health diagnosis?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	
Please select any applicable family circumstances:	<input type="checkbox"/> Foster Child <input type="checkbox"/> Family is experiencing homelessness <input type="checkbox"/> One parent is employed <input type="checkbox"/> Both parents are employed <input type="checkbox"/> <input type="checkbox"/> Single Parent <input type="checkbox"/> Grandparent Custody <input type="checkbox"/> Parent is incarcerated <input type="checkbox"/> Parent has less than high school diploma <input type="checkbox"/> <input type="checkbox"/> Parent has mental health issues				
Recruitment Information					
How did you hear about Adams County Head Start?	<input type="checkbox"/> Family/Friend <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Community Partner Referral: _____ <input type="checkbox"/> Banner outside of Adams County Head Start Center <input type="checkbox"/> Community Event: _____ <input type="checkbox"/> Online <input type="checkbox"/> Adams County Head Start Employee: _____ <input type="checkbox"/> Other: _____				
Preferred Head Start Location (Please Note 1st and 2nd Choice)					
<input type="checkbox"/> Brighton Center (18 th & Egbert)		<input type="checkbox"/> Rainbow Center (84 th & Lowell Blvd.)		<input type="checkbox"/> Little Star (74 th & Lowell Blvd.)	
<input type="checkbox"/> Creekside Center (92 nd & Huron)		<input type="checkbox"/> Sunshine Center (56 th & Quebec)		<input type="checkbox"/> Northglenn Center (104 th & Washington)	
This document has been completed by:	_____ (Signature)		Date:	____/____/____	
Comments:					

(OFFICE USE ONLY) SCORE: _____