

School Year: _____

School District:

- Mapleton 1
 Adams 12 Adams
 14 WPS
 28J 27J

Adams County Head Start

Preapplication

OFFICE USE ONLY

SCORE: _____

DATE:		Child's Information					
Child's Name:		Date of Birth:			Child's Gender:		
#1 Parent Name or Guardian Name:		#2 Parent Name or Guardian Name:					
Contact Information							
Home address: (Street, City, State, Zip Code)		Phone Number		Email			
Family Preferred Spoken Language:		Family Preferred Written Language:		Family Size:			
Categorical Eligibility Information							
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 <input type="checkbox"/> WIC <input type="checkbox"/> CURRENTLY USING FOOD BANKS OR USED WITHIN THE LAST MONTH		If you chose TANF, SSI, or SNAP, what is the monthly amount awarded to your household?			
Is your family homeless, living in a vehicle, shelter, or often moving from one place to another without having a stable residence of your own?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>If you are a homeless family or if you receive TANF, SSI, or SNAP please skip and go to child needs questions.</i>							
Family Income Information							
Gross Annual Income for Parent/Guardian #1		Gross Annual Income for Parent/Guardian #2		Monthly Gross Income:		How much do you pay for rent a month?	
Child Needs							
Does your child have any medical health, or medical disability concerns as diagnosed by a doctor?		<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No Has your child had a physical exam in the last year? <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		Does your child have any behavioral or mental health disability?		<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	
How did you hear about Adams County Head Start?							
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"/> Saw a Head Start Banner at: _____ <input type="checkbox"/> Online search <input type="checkbox"/> Community Event: _____ <input type="checkbox"/> Adams County Head Start Employee: _____ <input type="checkbox"/> Other: _____					
Preferred Head Start Location(s) <i>Please choose all centers that apply</i>							
<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)			
Name of person completing this preapplication:		_____			Date: _____/_____/_____		
		(Parent signature)					

Your family qualifies for the Head Start program if your household income is at or below the poverty level. Poverty Guidelines can be found at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

If your family receives public assistance (TANF, SSI, or SNAP), and those with children in foster care or children who are homeless, also qualify regardless of income.