



Application for Early Head Start

Home Based/Prenatal Program

Center Based Program

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

Applicant (Child or Pregnant Mother Applying for Services)				
First Name	Middle Initial	Last Name	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race			Hispanic	Primary Health Coverage
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Yes	<input type="checkbox"/> Medi-Cal _____
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other _____	<input type="checkbox"/> No	<input type="checkbox"/> Private _____
<input type="checkbox"/> Bi-Racial/Multi-Racial				<input type="checkbox"/> None
				<input type="checkbox"/> Other _____
For Children (Check All That Apply):			For Pregnant Mothers:	
<input type="checkbox"/> Born Premature (Weeks: _____)			Expected Due Date:	
<input type="checkbox"/> Delay or Disability _____			_____	
<input type="checkbox"/> Health or Developmental Concern _____			<input type="checkbox"/> High Risk Pregnancy	
<input type="checkbox"/> Child Abuse Victim			<input type="checkbox"/> Concerns _____	
<input type="checkbox"/> Open DCFS Case				
<input type="checkbox"/> In Foster Care				
Parental Status		Primary Language Spoken in the Home		Primary Language of Applicant
<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents				

Parent/Guardian 1	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Check All That Apply:		Custody
<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Foster Parent		<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Level of Education		
<input type="checkbox"/> Less than High School Graduate (Highest: _____)		<input type="checkbox"/> High School Graduate or GED
<input type="checkbox"/> Some College, Vocational, Associate Degree		<input type="checkbox"/> Bachelor's or Advanced Degree
Employment Status		English Proficiency
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time	<input type="checkbox"/> None
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Part Time	<input type="checkbox"/> Little
	<input type="checkbox"/> Training or School	<input type="checkbox"/> Moderate
	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Proficient

Parent/Guardian 2	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Check All That Apply:		Custody
<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Foster Parent		<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Level of Education		
<input type="checkbox"/> Less than High School Graduate (Highest: _____)		<input type="checkbox"/> High School Graduate or GED
<input type="checkbox"/> Some College, Vocational, Associate Degree		<input type="checkbox"/> Bachelor's of Advanced Degree
Employment Status		English Proficiency
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time	<input type="checkbox"/> None
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Part Time	<input type="checkbox"/> Little
	<input type="checkbox"/> Training or School	<input type="checkbox"/> Moderate
	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Proficient
<input type="checkbox"/> In Person application <input type="checkbox"/> Over the phone application		

Additional Family Members

Family Member	Relationship to Applicant	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Family Member	Relationship to Applicant	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Family Member	Relationship to Applicant	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Family Member	Relationship to Applicant	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Family Member	Relationship to Applicant	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Family Information

Number of People in Family		<input type="checkbox"/> Single Family Household <input type="checkbox"/> Family Sharing Household <input type="checkbox"/> Homeless	
Living Address	City		Zip Code
Mailing Address (if different)	City		Zip Code
Primary Phone Number	Type	Secondary Phone Number	Type
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other
Primary E-Mail Address	Secondary E-Mail Address		
Current Agencies Involved With (Check All That Apply):			
<input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps/CalFresh <input type="checkbox"/> TANF/CalWorks <input type="checkbox"/> SSI <input type="checkbox"/> DCFS/CPS <input type="checkbox"/> Regional Center <input type="checkbox"/> CCS <input type="checkbox"/> Other: _____ Are you familiarized with the Harbor Regional Center? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about Pediatric Therapy Network Early Head Start Program?			
<input type="checkbox"/> WIC <input type="checkbox"/> Flyer (Location): _____ <input type="checkbox"/> School: _____ <input type="checkbox"/> Doctor: _____ <input type="checkbox"/> Friend/Family: _____ <input type="checkbox"/> Regional Center <input type="checkbox"/> Other: _____			

This application does not guarantee enrollment. Applicants are enrolled in order of priority of need and not "first come, first served."

I have read and understand the above statement.

I declare that the information in this application is true and complete.

Parent/Guardian Signature	Date

FOR OFFICE USE ONLY

I certify that the information about the family income and number of persons in this family given above is true to my knowledge. I have also reviewed the documentation provided and verify that the child is age eligible to participate in the program.

ERSEA Manager

Name: _____ Signature: _____ Date: _____

EHS Director

Name: _____ Signature: _____ Date: _____

Date Received:	Date Accepted: