

Charlotte's Place Early Head Start Application

___ Mesilla Park ___ Sunland Park

Please print and use a pen. Answer all questions. Incomplete applications will not be considered for enrollment.

Child's Name: First	Middle	Last	D.O.B.	Gender
				___ Male ___ Female
Race		Ethnicity		Child's Primary Language
___ Asian	___ Native American/Alaska Native	___ Anglo	___ English	
___ Black	___ Hawaiian/Pacific Islander	___ Black	___ Spanish	
___ White	___ Multi-Racial	___ Hispanic	___ Other: _____	
___ Other: _____		___ Other: _____		
Does your child receive Medicaid or Private Insurance?		Who is your child's Doctor?		Dentist?
___ Medicaid Plan: _____		Name _____		Name _____
___ Private Insurance		Address _____		Address _____
___ No Insurance/Medicaid				
Was your family referred to the Early Head Start Program by another agency? ___ Yes ___ No If yes, by whom?: _____				
Attach letter of Referral				
Does this child have a diagnosed delay/disability? ___ Yes ___ No ___ Suspected				
Has your child ever been diagnosed / evaluated? ___ Yes ___ No If Yes, Where was the diagnosis / evaluation done?				

Mother: Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed ___ Separated ___ Other:				
First	Middle	Last	D.O.B	Phone Number:
				(C) _____ (H) _____
Living Address		Mailing if different		City
				State
				Zip Code
Race		Ethnicity		Primary Language Spoken at Home
___ Asian	___ Nat. American/Alaska Nat.	___ Anglo	___ English	
___ Black	___ Hawaiian/Pac. Islander	___ Black	___ Spanish	
___ White	___ Multi-Racial	___ Hispanic	___ Other _____	
___ Other _____		___ Other _____		
Spouse/Partner Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed ___ Separated ___ Other:				
First	Middle	Last	D.O.B	Phone Number:
				(C) _____ (H) _____
Living Address Code		Mailing if different		City
				State
				Zip
Race Home		Ethnicity		Primary Language Spoken at Home
___ Asian	___ Nat. American/Alaska Nat.	___ Anglo	___ English	
___ Black	___ Hawaiian/Pac. Islander	___ Black	___ Spanish	
___ White	___ Multi-Racial	___ Hispanic	___ Other _____	
___ Other _____		___ Other _____		

Do you receive TANF? ___ Yes ___ No		If yes, amount \$ _____	Food Stamps? ___ Yes ___ No		If yes, amount \$ _____
Are you or your spouse a student? awarded?		What degree?		Financial Aid OR Scholarships	
___ Yes ___ No		___ GED ___ Certificate ___ Associate		If yes, Please list:	
If Yes, Where?		___ Bachelors ___ Grad. Student			
Are you currently employed?		Hours per week?		Pay Schedule	
___ Yes ___ No If Yes, where?				Weekly 2 weeks 2x Month	
Monthly					
Is your spouse currently employed?		Hours per week?		Pay schedule	
___ Yes ___ No If Yes, where?				Weekly 2 weeks 2x Month Monthly	
Monthly					
How many adults live in your household? _____		How many children live in your household? _____		Ages of children _____	
Is any other person in your home currently employed? Yes / No		If Yes, where?		How many hours per week?	

By signing below, I certify that the information provided is correct to the best of my knowledge and is subject to verification. I am also aware that I may be subject to terminations from the program if the information verified disqualifies me from eligibility.

Parent(s) Signature / Date

Staff Signature / Date