

Does the child being recruited for Head Start need Full Day/Part Year Child Care? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
If yes, what categories of child care are they currently using? <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Child Care Center or Classroom <input type="checkbox"/> Home of Relative or Unrelated Adult <input type="checkbox"/> Public School Pre-Kindergarten program	If enrolled in one of the full day centers, which categories of child care will they continue to use <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Child Care Center or Classroom <input type="checkbox"/> Home of Relative or Unrelated Adult <input type="checkbox"/> Public School Pre-Kindergarten program																								
Have you or a member of your family applied for or received services in the following areas?:																									
Community Services Available - History of Use/Access <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DHS:</th> <th style="text-align: center;">Now</th> <th style="text-align: center;">Past</th> </tr> </thead> <tbody> <tr> <td>Self-Sufficiency (AFS) Cash</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> Food Stamps</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> ERDC (TANF)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> Child Care (Other)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Child Welfare (SCF)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Vocational Rehabilitation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Senior and Disabled Services</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	DHS:	Now	Past	Self-Sufficiency (AFS) Cash	<input type="checkbox"/>	<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	ERDC (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	Child Care (Other)	<input type="checkbox"/>	<input type="checkbox"/>	Child Welfare (SCF)	<input type="checkbox"/>	<input type="checkbox"/>	Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	Senior and Disabled Services	<input type="checkbox"/>	<input type="checkbox"/>	Notes regarding family history with community services Case worker:
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The following questions are asked only to collect data requested on annual state and federal reports. Now Past																									
Has a member of your household (parent, sibling, significant other) been incarcerated? <input type="checkbox"/> <input type="checkbox"/> If in the past, has it been within the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/> Who? _____																									
Has a member of your household (parent, sibling, significant other) been on probation or parole? <input type="checkbox"/> <input type="checkbox"/> If in the past, has it been within the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/> Who? _____																									
Did the mother of the child applying for Head Start use alcohol during her pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/> Tobacco? Yes <input type="checkbox"/> No <input type="checkbox"/> other drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>																									
Is either parent diagnosed with a developmental disability? Yes <input type="checkbox"/> No <input type="checkbox"/>																									
Was the family homeless in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, did they find housing? Yes <input type="checkbox"/> No <input type="checkbox"/>																									
Program Options (family preference)																									
<input type="checkbox"/> 3 day, part day <input type="checkbox"/> 4 day, part day <input type="checkbox"/> Full-day, Part Year <input type="checkbox"/> Combo <input type="checkbox"/> Family Child Care <input type="checkbox"/> Home Base																									
Intent To Re-enroll																									
I want my child to continue in the Head Start program next year. I understand that I will need to attend an enrollment appointment to update my child's records/information. Quiero que mi niño/a continúe en el programa de Head Start el siguiente año. Entiendo que necesitare asistir a una cita de matricula para actualizar los registros e información del niño/a Preference for next year: " Same as current year " Other _____ (Please contact FA regarding changes) Preferencia para el siguiente año: " Igual al año actual " Otro _____ Number in Family. Numero en su Familia _____ Signature of Parent/Guardian-Firma de padre/guardian _____ Date/Fecha: _____																									
I have completed a review with the family and updated PIR information to reflect the current family situation. Verifying Staff Member: _____ Date: _____																									