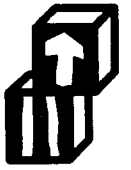




Head Start of Washington County, Inc.



ELIGIBILITY AND SELECTION FORM

Child Information

Family Information

Child's Name _____

Date of Birth _____ Male Female

Address _____
Street State Zip

Mailing address if different than above _____
Street State Zip

Home Phone Number _____

If no home number, nearest contact number _____

Number of people living in household? Children _____ Adults _____

Child's Primary Language _____ Child's Race _____

Child lives with:

Mother Father Both Parents Foster Parent(s) Guardian

Does Child have Medical Insurance? Yes No

Does child have any special needs?

What? _____

Has child been Diagnosed by a Professional?

Whom? _____

Does your child have an I.E.P./I.F.S.P.? Yes No

Please choose ALL that apply:
(Placement depends on availability)

I would be willing to accept the following program options for my child:

- Part Day Classes
- Home Based Program
- Full Day Classes (must have POC vouchers from DSS)

Can you provide daily transportation for your child if necessary?

Yes No

Do you have another child(ren) applying for or enrolled in Early Head Start or Head Start?

If yes, what is the child(ren)s name(s) _____

Parent / Guardian Signature _____

Date _____

★ **PLEASE COMPLETE BOTH SIDES OF THIS FORM** ★

Mail or Return to:

Head Start of Washington County, Inc.
131 West North Avenue
Hagerstown, MD 21740
(301) 797-5231

For Office Use Only	
_____	_____
Family Number	Ranking Points

★ Please note that this application is valid for one year. You must reapply if not accepted.★

For Referral Agency Only

Female Parent/Guardian _____

(if living in the home)

Date of Birth _____

Parent's Primary Language _____

Parent's Race _____

Is Female Parent/Guardian under age 20? Yes No

Do you have a Diploma or GED? Yes No

Are you currently Pregnant? Yes No

Is English your second language? Yes No

E-mail Address: _____

Work Phone Number: _____

Male Parent/Guardian _____

(if living in the home)

Date of Birth _____

Parent's Primary Language _____

Parent's Race _____

Is Male Parent/Guardian under age 20? Yes No

Do you have a Diploma or GED? Yes No

Is English your second language? Yes No

E-mail Address: _____

Work Phone Number: _____

Marital Status: Single Married Divorced Separated Widowed

Is child currently homeless, living in a shelter or halfway house? Yes No

Are three or more children under age 5 living in household? Yes No

Does family receive Food Stamp Assistance? (eligibility letter required) Yes No

Does family receive SSI Benefits? Yes No

Is child receiving services from another agency?

The Judy Center Birth - 5 Healthy Families The Family Center

How did you hear about Head Start?
