



WCMCA HEAD START /EARLY HEAD START ENROLLMENT APPLICATION

411 Industrial Park Blvd., Elbow Lake MN 56531

218-685-4486 or 800-492-4805

Website: www.wcmca.org



Date of Application:			<input type="radio"/> Early Head Start (Pregnant Woman/Child 0-3 years) <input type="radio"/> Head Start (3-5 years)		
Applicant Last Name:			Applicant First Name, MI:		Disabilities/Special Needs:
DOB:	Gender:	Race (see codes)	Hispanic Y/N	Employment (FT/PT) or Schooling:	Education: (see codes)

HOUSEHOLD MEMBERS of APPLICANT

Last	First	Middle Initial	Date of Birth	Gender	Race (see codes)	Hispanic Y/N	Employment FT/PT/School	Years of Education (see codes)	Disability/Special Needs	Relationship to Head Start Applicant
1.										
2.										
3.										
4.										
5.										
6.										

Race Codes: 1- White 2-Asian 3-American Indian/Alaska Native 4-Black/African American 5-Native Hawaiian/Pacific Islander

6-Multi Racial/Biracial 7-Other (specify): _____

Education Codes: 1- BA or Greater 2-Associate Degree, Technical or Some College 3-High School Graduate/GED 4-Less than High School Graduate

FAMILY INFORMATION & DEMOGRAPHICS

Address:		City & ZIP:	
Parent/Guardian Phone#:		Parent/Guardian Phone#:	
Message Phone#: (Relative/Friend)		Email:	
County:	School District:	Primary Language Spoken in Home:	
Check all that apply: <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Foster Family <input type="checkbox"/> Pregnant Parent <input type="checkbox"/> Child applicant attended Early Head Start			
Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless		Would you like a Voter Registration Card? <input type="radio"/> Y <input type="radio"/> N	
Health Insurance Coverage: <input type="checkbox"/> None <input type="checkbox"/> MA/MN CARE <input type="checkbox"/> Private <input type="checkbox"/> Military			

SOURCES OF INCOME OR ASSISTANCE - Check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Salary/Wages | <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Public Assistance (MFIP/TANF) |
| <input type="checkbox"/> Unemployment/Workers Comp | <input type="checkbox"/> SSD/Social Security | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> Self-Employment/Farming | <input type="checkbox"/> SSI | <input type="checkbox"/> Daycare Assistance |
| <input type="checkbox"/> Retirement/Pension | <input type="checkbox"/> Foster Care/Adoption Subsidy | <input type="checkbox"/> SNAP |
| <input type="checkbox"/> Interest Income | <input type="checkbox"/> Child Support/Alimony | |

Parent Preference for Head Start Class, if an option: ☐ AM ☐ PM ☐ FULL DAY

FOR STAFF USE ONLY

Gross Annual Income: \$ _____ Number in Family: _____ Is app for: ☐ Current Year ☐ Next Year

Child Plus:	App Taken By:	Date Voter Reg Given :
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