



Aroostook County Action Program

P.O. Box 1116, Presque Isle ME 04769 207-768-3045 or 1-800-432-7881

Applicant & Family Member Information HEAD START EARLY HS CHILD CARE

Applicant							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes		<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
Primary Health Coverage		Other Health Coverage		Insurance #	Medicaid	Medicaid #	Doctor
					<input type="checkbox"/> Not Eligible		Dentist
					<input type="checkbox"/> On Medicaid		
					<input type="checkbox"/> Potentially Eligible		

Additional Information on Applicant - Diagnosed or Suspected Disability	
<input type="checkbox"/> CHILD has a diagnosed disability and has an IEP/IFSP through Child Development Services (CDS)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CHILD has a diagnosed disability and is receiving services other than through Child Development Services (CDS)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CHILD has a suspected disability that has not been diagnosed	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CHILD of substance abuse impacted Family	<input type="checkbox"/> Yes <input type="checkbox"/> No

Adult 1							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes		<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Natural/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew	<input type="checkbox"/> Teen Parent		
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster	If teen parent, subsidized?		
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Master's					
E-mail Address: _____							

Adult 2							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes		<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Natural/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew	<input type="checkbox"/> Teen Parent		
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster	If teen parent, subsidized?		
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Master's					
E-mail Address: _____							

Additional Child (Non-Applicant)*							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes		<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			

Please list additional children on a separate sheet of paper

Family Information, Income & Contacts

Family Information							
Living Address		Address Line 2	Zip	City	State	County	
Mailing Address (if different)		Address Line 2	Zip	City	State	County	
Phone Numbers		Type (check one)		Note (for example, an extension or best time to call)			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military or Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (if applicable)
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Family Income						
TANF			Supplemental Security Income			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Verified (agency use only)			Verified by (agency use only)			
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Notes
	\$		\$			
	\$		\$			
	\$		\$			
Income Notes						

Emergency Contacts								
Contact 1	Name		Relationship		Emergency Contact		Release To	
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address		Zip		City		State	
Contact 2	Phone # 1		Phone # 2		Phone # 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
	Name		Relationship		Emergency Contact		Release To	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address		Zip		City		State		
Contact 3	Phone # 1		Phone # 2		Phone # 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
	Name		Relationship		Emergency Contact		Release To	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address		Zip		City		State		

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Applicant Eligibility & Enrollment Information

Eligibility					
Program Term	Agency	Site	Classroom	Funding	
Application Status		Application Number	Application Date	Waitlisted Date	Accepted Date
<input type="checkbox"/> Complete & Verified	<input type="checkbox"/> Incomplete, info not returned				
<input type="checkbox"/> Incomplete	<input type="checkbox"/> Other - specify in notes				
Releases Signed	Date Signed	Child will transition to			
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Enrollment Notes					
Eligibility Date	Eligibility Income	Number in Family	Income Status	Participation Year	Sibling Eligible Next Year
			<input type="checkbox"/> 101-130% <input type="checkbox"/> Eligible (0-100%) <input type="checkbox"/> Foster child		<input type="checkbox"/> Homeless <input type="checkbox"/> Over Income <input type="checkbox"/> Public assistance
					<input type="checkbox"/> Yes <input type="checkbox"/> No
CACFP Date	CACFP Income	Per (for example, year, month, other)		CACFP Status	
				<input type="checkbox"/> Free (full reimbursement) <input type="checkbox"/> Paid (minimum reimbursement) <input type="checkbox"/> Reduced price (reduced reimbursement)	

Eligibility Criteria

To set up your program's eligibility criteria on this form:
 Type or print each of the program's eligibility questions in the spaces provided below. Then, for each question, list each of the possible answers (along with their corresponding point values).

To complete this form:
 Circle the applicable answer and print the number of eligibility points it represents in the Points column. We've included the following example to help you get started.

Eligibility Question	Possible Answers	Points
Disability?	Diagnosed (50 pts), Suspected (25 pts), None (0 pts)	25

Eligibility Question	Possible Answers	Points

Eligibility Notes

Head Start Eligibility Verification



1. Child's name: _____

2. Child's date of birth: _____

3. This child is eligible to participate in the program. Yes No

4. Check the applicable category of eligibility for this child:

- | | |
|--|---|
| <p><input type="checkbox"/> SSI</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Foster Care</p> <p><input type="checkbox"/> Public assistance</p> <p><input type="checkbox"/> Child impacted by substance abuse</p> | <p><input type="checkbox"/> Income (check box that applies):</p> <p><input type="checkbox"/> Below federal poverty guidelines</p> <p><input type="checkbox"/> Between 100-130% of federal poverty guidelines (no more than 35% of enrolled children may fall into this category)</p> <p><input type="checkbox"/> Over- Income</p> <p><input type="checkbox"/> Counted as part of 10% maximum for non-AI/AN programs)</p> <p><input type="checkbox"/> Counted as part of the 49% maximum for AI/AN programs)</p> |
|--|---|

5. What documentation was used to determine eligibility?

- | | |
|--|--|
| <p><input type="checkbox"/> Income Tax Form 1040</p> <p><input type="checkbox"/> W-2</p> <p><input type="checkbox"/> TANF documentation</p> <p><input type="checkbox"/> Pay stub or pay envelopes</p> <p><input type="checkbox"/> Unemployment</p> | <p><input type="checkbox"/> Written statements from employers</p> <p><input type="checkbox"/> Foster care reimbursement</p> <p><input type="checkbox"/> SSI documentation</p> <p><input type="checkbox"/> Other</p> <p>If Other, please explain: _____</p> |
|--|--|

Documentation of no income: _____

6. Staff signature: _____

Date of eligibility verification: _____

7. Staff name: _____

Title: _____

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.