



Early Head Start- Child Care Partnership



Strengthening Alabama's Children, Families, and Communities

2022-2023 Application Form

Applicant & Family Member Information

List each member of the family that lives in the household and is supported by the income of the parent(s) or guardian(s) of the child applying for the program AND is related to the parent(s) or guardians(s) by blood, marriage, or adoption; or are the child's authorized caregiver or legally responsible party. Attach additional sheets if necessary. If a family has more than one child applying for services, complete a separate copy of the application for each child.

* Fields with an asterisk are required

Applicant					
First*	Middle	Last*	Suffix	Birthday*	Gender*
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race*		Hispanic*	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Primary Health Coverage*	Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home
			<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially		
Dental Coverage	Dental Coverage #	Dentist/Dental Home			
Suspected Disability or Developmental Delay? *		Diagnosed Disability or Developmental Delay? *		Has a current IFSP? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes If yes, describe: _____ <input type="checkbox"/> No		<input type="checkbox"/> Yes If yes, attach a copy <input type="checkbox"/> No	
Has a fixed, regular, adequate nighttime residence? *	Shares housing with other persons due to loss of housing or economic hardship? *	Nighttime residence not ordinarily used as sleeping accommodation for human beings? *		Living in car, park, public space, abandoned building, substandard housing, bus or train station? *	
<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	

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

Secondary Adult					
First*	Middle	Last*	Suffix	Birthday*	Gender*
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient

Secondary Adult continued						
Highest Grade Completed*		Employment Status*		Child's Relationship*	Custody*	Check all that apply:*
<input type="checkbox"/> Master's <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
Email Address*						

Other Adult					
First*	Middle	Last*	Suffix	Birthday*	Gender*
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Child's Relationship*		Custody*	Check all that apply: *		
<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent		
Email Address					

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

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

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

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

Family Information, Income & Contacts

* Fields with an asterisk are required

Family Information					
Family Living Address					
Living Address*		ZIP*	City*	State*	County*
Family Mailing Address					
Same as living?*	Mailing Address* (Complete only if different from living)		ZIP*	City*	State*
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Phone Number(s)*		Type (check one)*	Note (extension or best time to call)		Opt in for Text Messages*
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Status (check one)*	Relationship to Participant(s)*		Primary Language at Home*	Acquired/learning another language in addition to English*	Homeless Family* (must match living situation questions under Applicant)
<input type="checkbox"/> One Parent Family <input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Foster parent(s) not including relatives <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other <input type="checkbox"/> Parent(s) (e.g. biological, adoptive, stepparents) <input type="checkbox"/> Relative(s) other than grandparents			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active Duty Military*	Military Veteran*	Referred by Child Welfare Agency*	Receiving SNAP*	Receiving WIC*	WIC ID
<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 / Categorical Eligibility						
Income Verified by			Verification Date			
Is the applicant homeless?	Is the applicant in Foster Care?	Is the family receiving TANF?	Is the family receiving SSI?	Is family receiving SNAP?		
<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"/> Formerly on TANF/Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: Only record Family Income information below if the answer to each question in the row above is no.						
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			
Income Notes						

Emergency Contacts									
Contact 1	Name		Relationship		Emergency Contact		Release Information To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address			ZIP		City		State	
	Phone Number 1			Phone Number 2			Phone Number 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			
Contact 2	Name		Relationship		Emergency Contact		Release Information To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address			ZIP		City		State	
	Phone Number 1			Phone Number 2			Phone Number 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			
Contact 3	Name		Relationship		Emergency Contact		Release Information To		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address			ZIP		City		State	
	Phone Number 1			Phone Number 2			Phone Number 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			

Parent/Guardian 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:** _____

Parent/Guardian Printed Name: _____

Program Partner Staff Certification:

The eligibility interview was held: ☐ In- Person ☐ Via Telephone ☐ Via Video Conference (i.e. – Zoom, etc.)

I certify that I have verified the eligibility documentation and interviewed the family in person or by telephone. I further certify that all the information contained in this form is documented as stated by the family during the interview and is true and accurate to the best of my knowledge.

Program Partner Staff Signature: _____ **Date:** _____

Program Partner Staff Printed Name: _____