



A Community Action Agency

### EARLY HEAD START & HEAD START Grantee Intake Form

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list children in your family from birth to 5 years old:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Are you/your partner pregnant? Yes  No  If so, what is the due date? \_\_\_\_\_

What language(s) does your family speak:  English  Spanish  Other: \_\_\_\_\_

Does your family receive public assistance (cash assistance or SSI)? Yes  No

Would your family be considered homeless? Yes  No

Are any of these children foster children? Yes  No

Approximate Annual Income: \$ \_\_\_\_\_ # in Household: \_\_\_\_\_

Does the child have a diagnosed disability or IEP? Yes  No

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please add any applicable notes to back of form.*

**Parent/Guardian –**

**You will soon be contacted to schedule an enrollment appointment.**

**Please bring the following information with you:**

- Birth certificate
- Documentation of public assistance: cash assistance or SSI *(if applicable)*
- Documentation of homelessness or foster care *(if applicable)*
- Income information for previous year: W2 or 1040
- Most current immunization record
- Proof of residency
- Insurance/Medicaid card
- Physical exam *(recommended prior to classroom placement)*

**If you have any questions, please contact our Head Start Intake Coordinators:**

**North Oakland County/Pontiac – Karen @ (248)935-1796**

**South Oakland County – Kathy @ (248) 470-8019**