



# Head of Household

First Name	Last Name	Birthdate	Gender

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

Race/Ethnicity			
_____ American Indian/Alaskan Native	_____ Asian	_____ Black/African American	_____ Hispanic/Latino
_____ Middle Eastern/North African	_____ Native Hawaiian/Pacific Islander	_____ White	
_____ Multiracial/Multiethnic: <u>please mark all that apply</u>			
_____ American Indian/Alaskan Native	_____ Asian	_____ Black/African American	_____ Hispanic/Latino
_____ Middle Eastern/North African	_____ Native Hawaiian/Pacific Islander	_____ White	

Education – Highest Grade Completed	
_____ 0-8 <sup>th</sup> Grade	_____ 9-12 <sup>th</sup> Non Grad _____ High School Grad _____ GED _____ Associates _____ Bachelors/Advanced
Are you currently attending school/college or a training program: _____ Yes _____ No	

Current Employment Status	
_____ Full Time	_____ Part Time _____ Unemployed less than 6 months _____ Unemployed more than 6 months
_____ Unemployed (not currently looking for work)	_____ Seasonal _____ Retired _____ Disabled

Health Insurance Information	
_____ Medicaid	_____ Medicaid Expansion _____ Through Job _____ NOT through Job _____ Indian Health Services
_____ Other (please specify) _____	_____ No Insurance

Military Status	
Are you on active duty with the United States Military? _____ Yes _____ No	
Are you a veteran of the United States Military? _____ Yes _____ No	

# Other parent/guardian LIVING in the home

First Name	Last Name	Birthdate	Gender

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

Race/Ethnicity			
____ American Indian/Alaskan Native	____ Asian	____ Black/African American	____ Hispanic/Latino
____ Middle Eastern/North African	____ Native Hawaiian/Pacific Islander	____ White	
____ Multiracial/Multiethnic: <u>please mark all that apply</u>			
____ American Indian/Alaskan Native	____ Asian	____ Black/African American	____ Hispanic/Latino
____ Middle Eastern/North African	____ Native Hawaiian/Pacific Islander	____ White	

Education – Highest Grade Completed	
____ 0-8 <sup>th</sup> Grade	____ 9-12 <sup>th</sup> Non Grad
____ High School Grad	____ GED
____ Associates	____ Bachelors/Advanced
Are you currently attending school/college or a training program: ____ Yes ____ No	

Current Employment Status	
____ Full Time	____ Part Time
____ Unemployed less than 6 months	____ Unemployed more than 6 months
____ Unemployed (not currently looking for work)	____ Seasonal
____ Retired	____ Disabled

Health Insurance Information	
____ Medicaid	____ Medicaid Expansion
____ Through Job	____ NOT through Job
____ Indian Health Services	____ Other (please specify) _____
____ No Insurance	

Military Status	
Are you on active duty with the United States Military? ____ Yes ____ No	
Are you a veteran of the United States Military? ____ Yes ____ No	

# Head Start Preschool/Early Head Start Child Information

First Name	Last Name	Birthdate	Gender

Race/Ethnicity			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	
<input type="checkbox"/> Multiracial/Multiethnic: <b><u>please mark all that apply</u></b>			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	

Health Insurance Information
<input type="checkbox"/> Medicaid: MA # _____
<input type="checkbox"/> Covered Under Parent/Guardian
<input type="checkbox"/> Indian Health Services
<input type="checkbox"/> North Dakota Children's Health Insurance Program (CHIP)
<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> No Insurance

Has this child ever been involved with a program/agency that addresses developmental/health needs?

☐ Yes ☐ No

Examples: KIDS Program, Occupational Therapy, Physical Therapy, Behavioral Therapy, Counseling etc.

If yes, where does this child go for these services? \_\_\_\_\_

Please list any other members living in the home that are not already listed.

<b>First Name</b>				<b>Last Name</b>	
Birthdate	Gender	Race/Ethnicity	Type of Insurance	Disabled ___Yes ___No	Veteran ___Yes ___No
<b>First Name</b>				<b>Last Name</b>	
Birthdate	Gender	Race/Ethnicity	Type of Insurance	Disabled ___Yes ___No	Veteran ___Yes ___No
<b>First Name</b>				<b>Last Name</b>	
Birthdate	Gender	Race/Ethnicity	Type of Insurance	Disabled ___Yes ___No	Veteran ___Yes ___No
<b>First Name</b>				<b>Last Name</b>	
Birthdate	Gender	Race/Ethnicity	Type of Insurance	Disabled ___Yes ___No	Veteran ___Yes ___No
<b>First Name</b>				<b>Last Name</b>	
Birthdate	Gender	Race/Ethnicity	Type of Insurance	Disabled ___Yes ___No	Veteran ___Yes ___No
<b>First Name</b>				<b>Last Name</b>	
Birthdate	Gender	Race/Ethnicity	Type of Insurance	Disabled ___Yes ___No	Veteran ___Yes ___No

Please share with us how you learned about our program (i.e radio, friend, family, other agency, flyer, other school, staff, etc.)

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The information provided by me to establish my eligibility is true and accurate to the best of my knowledge.

\_\_\_\_ I consent to the independent verification of the information by the authorized agent of the agency or its government funding source.

\_\_\_\_ I consent to the review of my files by the authorized agent of the agency or its governing funding source.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# OFFICE USE ONLY

Family is best described as:

**Two Parent**

\_\_\_\_\_ Biological/Adoptive/Stepparents    \_\_\_\_\_ Grandparents    \_\_\_\_\_ Relatives other than Grandparents  
\_\_\_\_\_ Foster Parents    \_\_\_\_\_ Other, specify \_\_\_\_\_

**Single Parent**

\_\_\_\_\_ Biological/Adoptive/Stepparents    \_\_\_\_\_ Grandparents    \_\_\_\_\_ Relatives other than Grandparents  
\_\_\_\_\_ Foster Parents    \_\_\_\_\_ Other, specify \_\_\_\_\_