



## 2016-17 INTAKE APPLICATION FORM HOME-BASED & PRESCHOOL PROGRAMS

For assistance completing this form, please call: (206) 461-8430 Ext. 2041, 2042 or 2043

**When completed, fax your application to 206-923-6776 or mail it to:  
Neighborhood House 1225 S. Weller Street, Suite 510 Seattle, WA 98144**

Date of application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

<b>Program (check one)</b>	
<input type="checkbox"/> Early Head Start (EHS) Home-Based <input type="checkbox"/> EHS Toddler Preschool (Center/Home-Based Combination) <input type="checkbox"/> Parent Child Home Program (PCHP)	<input type="checkbox"/> Half Day Pre-School <input type="checkbox"/> am <input type="checkbox"/> pm  <input type="checkbox"/> Full Day Pre-School

**Family's Primary Language** \_\_\_\_\_

Interpreter Needed     Yes     No

**Service Site Preference**     High Point     New Holly     Rainier Vista     Yesler  
 Tukwila, SeaTac, Skyway, Burien or White Center (EHS & PCHP only)

SECTION A: APPLICANT INFORMATION (CHILD OR PREGNANT WOMAN)	
1. <b>Last Name</b> _____	First Name _____ MI _____
2. Date of Birth _____ mm dd yyyy	3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Home Address _____	City _____ Zip _____
5. Other Address _____	City _____ Zip _____
6. Special Need/Concern: Do you or your doctor have concerns about your child's development? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child receive services for a special need or concern? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please specify special need or concern: _____	
Where does your child receive services? _____	
7. Does your child have medical or dental coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Enrollment Status: <b>(Please check all that apply)</b>	
<input type="checkbox"/> New Applicant <input type="checkbox"/> NH Employee <input type="checkbox"/> PCHP Transitioning <input type="checkbox"/> Exited and Re-enrolled <input type="checkbox"/> Transfer from other HS or EHS <input type="checkbox"/> EHS Transitioning <input type="checkbox"/> Sibling, Mother of Enrollee, or Alumni (within past 5 years) _____	
9. <input type="checkbox"/> <b>If applicant is prenatal/pregnant, please specify the expected due date:</b> _____ mm dd yyyy	

SECTION B: FAMILY (PARENT) INFORMATION	
1. Parent/Guardian #1 _____	DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name                      First Name	mm dd yyyy
2. Parent/Guardian #2 _____	DOB _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name                      First Name	mm dd yyyy
3. Neighborhood House Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Email _____
5. Home Phone ( ) - _____	Cell Phone ( ) - _____
6. Number of People in Household _____	
7. Approximate Annual Income \$ _____	
8. Family Information/Circumstance: <b>(Please check all that apply)</b>	
<input type="checkbox"/> Two Parent <input type="checkbox"/> Foster Care <input type="checkbox"/> Teen Parent (Age<21) <input type="checkbox"/> ESL <input type="checkbox"/> Single Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Teen Pregnancy <input type="checkbox"/> No Medical or Dental Coverage <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> High Risk Pregnancy <input type="checkbox"/> Homeless <input type="checkbox"/> Special Family Concern ( <i>Circle</i> ): CPS/DSHS, Health, Mental Health <input type="checkbox"/> Other _____	

**Neighborhood House 2016-2017 Intake Application Form: Home-Based & Preschool Programs**

**SECTION C: ALL HOUSEHOLD FAMILY MEMBERS INCLUDING APPLICANT**

	Last Name	First Name	Date of Birth mm/ dd/ yyyy	Gender	Relationship to Applicant	Eligible for Program
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**Please provide one copy of each of the documents (proof of age, income and residency) with your application.**

i. Proof of Age

- Child Birth Certificate
- I-94, Green Card or Immigration Registration
- Passport
- Other: \_\_\_\_\_

ii. Proof of Income for the Past 12 Months

- W2
- Unemployment paper
- Pay Stubs
- Letter from Current Employer
- TANF Award Letter
- Other: \_\_\_\_\_
- SSI Letter

iii. Proof of Residency

- Utility Bill
- Rental Agreement
- Other: \_\_\_\_\_

Where do you hear about our program? \_\_\_\_\_

To the best of my knowledge, the information on this form is correct.

**Parent Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

**OFFICE USE ONLY - Must be completed by staff who conducted this interview or completed this intake application form**

Staff Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- In-Person Interview
- Telephone Interview

If the interview was done by phone, please describe why an in-person interview was not possible:

\_\_\_\_\_