



2017-18 INTAKE APPLICATION FORM HOME-BASED & PRESCHOOL PROGRAMS

For assistance contact us: (206) 461-8430 Ext. 2041 or email to ERSEAHelp@nhwa.org

**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

Program (check one)			
<input type="checkbox"/> EHS (Early Head Start) Home-Based Program	<input type="checkbox"/> Half Day Preschool	<input type="checkbox"/> am <input type="checkbox"/> pm	
<input type="checkbox"/> EHS Toddler Program (Center/Home Based Combination)	<input type="checkbox"/> Full Day Preschool		
<input type="checkbox"/> PCHP (Parent Child Home Program)	<input type="checkbox"/> Any Preschool Program		
Family's Primary Language _____		Interpreter Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Site Preference	<input type="checkbox"/> High Point <input type="checkbox"/> New Holly	<input type="checkbox"/> Rainier Vista	<input type="checkbox"/> Yesler
<input type="checkbox"/> Tukwila, SeaTac, Skyway, Burien (EHS and PCHP)			

Section A: Applicant Information (Child or Pregnant Woman)			
1. Last Name _____	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? Does your child receive services for a special need or concern? (speech, motor, cognitive/ behavioral, etc.) If "Yes", please specify special need or concern: _____ Where does your child receive services? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your child have a chronic health condition? (diabetes, asthma, seizures, etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does your child have medical or dental coverage?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Enrollment Status: (Please check all that apply)			
<input type="checkbox"/> New Applicant	<input type="checkbox"/> Referral (Please specify agency/program): _____	<input type="checkbox"/> PCHP Transitioning	
<input type="checkbox"/> Exited & Re-enrolled	<input type="checkbox"/> Transfer from other HS or EHS program	<input type="checkbox"/> EHS Transitioning	
<input type="checkbox"/> Sibling, Mother of Enrollee, or Alumni (within past 5 years): _____			
10. Family Information/Circumstance: (Please check all that apply)			
<input type="checkbox"/> Two Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> ESL	
<input type="checkbox"/> Single Parent	<input type="checkbox"/> Homeless	<input type="checkbox"/> Parent speaks no English (Interpreter Needed)	
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Foster Care	<input type="checkbox"/> One parent completed 9 th grade or less	
<input type="checkbox"/> Teen Parent (Age<21)	<input type="checkbox"/> High Risk Pregnancy	<input type="checkbox"/> Parents have no medical or dental coverage	
<input type="checkbox"/> Special Family Concern (circle) : CPS/DSHS, Health, Mental Health, Domestic violence or Substance abuse			
<input type="checkbox"/> Full-time work (32 hrs.), Student (12 credits or more), or Job trainings (FT)			
11. If applicant is prenatal, please specify the expected due date: _____			mm/dd/yyyy

Section B: Family (Parent) Information					
1.	Parent/Guardian #1 _____	DOB _____	Last Name _____	First Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <small>mm/dd/yyyy</small>
2.	Parent/Guardian #2 _____	DOB _____	Last Name _____	First Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <small>mm/dd/yyyy</small>
3.	Email: _____				
4.	Home Phone: _____	Cell Phone: _____	Other Phone: _____		
	<small>(xxx) xxx-xxxx</small>	<small>(xxx) xxx-xxxx</small>	<small>(xxx) xxx-xxxx</small>		
5.	Number of People in Household _____		Number of People in Family _____		
6.	Approximate Annual Income \$ _____		Neighborhood House Employee?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C: All Other Household Family Members					
	Last Name	First Name	DOB <small>mm/dd/yyyy</small>	Gender	Relationship to Applicant
1					
2					
3					
4					
5					
6					
7					
8					

Section D: Required Documents	
Please provide one copy of each of the documents (proof of age, income, and residency) with your application	
1. Proof of Age <input type="checkbox"/> Child Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> I-94, Green Card or Immigration Registration <input type="checkbox"/> Other: _____	2. Proof of Residency <input type="checkbox"/> Utility Bill <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Photo ID <input type="checkbox"/> Other: _____
3. Proof of Income for the Past 12 Months <input type="checkbox"/> W2/1040 Tax return <input type="checkbox"/> Pay Stubs <input type="checkbox"/> TANF Award Letter or SSI Letter <input type="checkbox"/> Unemployment paper <input type="checkbox"/> Letter from Current Employer <input type="checkbox"/> 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: _____ <small>(first & last name) mm/dd/yyyy</small>	

Office use only (must be completed by staff who conducted this interview or completed this intake application form)		Date: _____ <small>mm/dd/yyyy</small>
Staff Name: _____	Signature: _____	
Title: _____	Phone: _____	
<input type="checkbox"/> In-Person Interview <input type="checkbox"/> Telephone Interview		
Please document the interview notes here: _____		
