

BLUE RIDGE COMMUNITY ACTION, INC.
800 N. Green Street; Morganton, NC 28655
{828} 438-6255

Early Head Start Application

CHILD INFORMATION

Full Name: _____ Child's Birth Date: _____
Mailing Address: _____ Telephone: (____) _____
Physical Address: _____ Cell Number: (____) _____
City/State/Zip: _____
Does child have IEP/IFSP? Yes No Transition from Early Head Start? Yes No
Is your child on the WIC Program? No Yes Medicaid? Yes No Medicaid #: _____
Food Stamps Yes No Private Insurance Provider: _____
Primary Language Spoken in home: _____ Foster child Kinship
Are you Pregnant? Yes No

FAMILY INFORMATION

Parent/ Guardian Name: _____
Parent/Guardian Name: _____
Are both parents living in the home? Yes No
Total number of persons in household: _____
Head of Household Status: In School full time Unemployed Full Time Employed Part Time Employed
Other Parent/Guardian: In School full time Unemployed Full Time Employed Part Time Employed

EDUCATION STATUS: (Highest grade completed)

Head of Household: Less than HS Grad HS/GED 2 Year Degree 4 Year Degree Advanced Degree
Other Parent/Guardian: Less than HS Grad HS/GED 2 Year Degree 4 Year Degree Advanced Degree

HOUSEHOLD INCOME SOURCES: (Income sources during the past 12 months)

Wages WFFA/TNF Social Security SSI Child Support
 VA Benefits Unemployment Pension/Annuity Family Support
 Other: _____
Please describe any income changes in last 12 months {lay-off, how long? Out of job, how long?} _____

OTHER

Describe any unusual family circumstances that need to be considered for this child's enrollment (i.e., substance abuse, parent incarcerated or released within 6 months, domestic violence, physical or mental illness in the home) _____

TRANSPORTATION WILL NOT BE PROVIDED BY THE HEAD START PROGRAM

I understand this application cannot be processed until all documents are received to verify eligibility for services.

Parent Signature: _____ Date: _____

LIVING STATUS:

1. Check the following living situations that apply:

- Living in own home, rented home, or apartment
- Living with friends or relatives—Explain: _____
- Living in a shelter
- Living in a hotel or motel
- Living in other circumstances—Explain: _____

2. Have you moved in the last 12 months? Yes No

If so, how many times? _____

What were the circumstances? _____

3. Are you caring for a child who is *awaiting* foster care placement or is kinship care? Yes No

Family Referred to Homeless Education Liaison at the local Public School.

Burke County Public School: Debbie Jennings
P O Drawer 989
Morganton, NC 28680
(828) 438-2954
djennings@burke.k12.nc.us

Caldwell County Public School: Gwin Laws
1914 Hickory Blvd
Lenoir, NC 28645
(828) 728-8407, ext 127
glaws@caldwellschools.com

I give do not give BRCA permission to make a referral for services

Signature

Date