

Beaufort Jasper EOC Head Start



Pre-Enrollment & Intake Application



**Beaufort Jasper EOC Head Start
Pre-Application Enrollment/ Intake Form**

Post Office Box 2296-Beaufort, SC, 29901-2296
Telephone (843)255-7236/7227 Fax (843) 255-7225

Proposed Center: _____
 _____ New Application _____ Application Update

Child's/Client Name: _____ Date of Birth: _____ Today's Date: ___/___/___
First MI Last

Does the child have a diagnosed disability? **Y** or **N** Does the child have an Active IEP or IFSP? **Y** or **N**

Is anyone in the household pregnant now? Yes, How far along? _____ No

List all members in household, including child applying for. Please use the codes provided below to fill in this

Status	First Name	M.I	Last Name	SSN#	Reason	Date of Birth	Gender M-Male F-Female	Race	Ethnicity	Char	Language Spoken	Highest Education Level	Relationship to Child
Head of House						___/___/___							
Other Adult						___/___/___							
Head Start Child						___/___/___							
Sibling 1						___/___/___							
Sibling 2						___/___/___							
Sibling 3						___/___/___							
Sibling 4/ Other						___/___/___							
Other						___/___/___							

Mailing Address: _____
Street or PO Box City State Zip

Physical Address (Residence): _____
Street City State Zip

Telephone: Home _____ Work _____ ext _____ Cell _____

Would you like to me notified by e-mail? Yes No Provide your e-mail address: _____ Alternate Telephone _____

CODES

Ethnicity-
 U- Unknown
 H- Hispanic or Latin
 N- Not Hispanic or Latin

Language
 E- English M- Middle
 S- Spanish Eastern
 A- African AN- Alaska
 C- Caribbean Native
 CR-Creole
 EA-East Asian
 ES-European/Slavic
 G- German

Race
 AA-Black/African American
 A- Asian
 C-Caucasian/White
 H-Hispanic
 M-Bi-racial/Multi racial
 N-Native American
 P- Pacific Islander

Education
 A9-Adult-Grade 9 or less Y7- Youth 7th
 A0- Adult- Grade 10 Y8-Youth 8th
 A1- Adult- Grade 11 P-Preschool
 A2 Adult- Up to Grade 12 U- unknown
 AH- Adult High School Diploma
 AG- Adult-General Education Diploma
 AC- Adult- College or Advanced Degree
 AT- Adult- Training Certificate
 AA- Associate's
 BS- Bachelor's Degree
 M- Masters
 C1- Child Elementary Grade 1-6

Relationship
 HH-Head of House GC- Grandchild
 M- Mother I- In Law
 F- Father N- Niece
 SP-Spouse N- Nephew
 P- Partner B- Brother
 GP- Grandparent SI- Sister
 FP- Foster Parent O- Other
 S- Son
 D- Daughter
 FC- Foster Child
 SC- Stepchild

SECTION FOR OFFICE USE:

Reason for SSN
 C- Confidential
 N- Not Collected by HS
 UC- Unavailable
 UI- Unknown client import
 UW- Unknown will provide
 P- partial SSN reported
 R- Refused

Characteristics
 A- Applicant
 DE- Deceased
 D- Disabled/Handicapped
 E- Eviction
 M-Notice/Delinquent Mortgage
 H-Health/Weather Related Illness
 K- Hurricane Evacuee
 MW-Migrant /Seasonal Worker
 NH- No Health insurance
 NC- Non Federal Crisis
 PM- Pregnant Mom
 V-Veteran

Demographics:

Incarcerated Parent: Yes No

Marital Status: Divorced Legally Separated Married partner Single Widowed Other

Family Type: Foster Parent (w/ foster child) Grandparent Married (living w/children) married (Spouse in Nursing Home)
 Multiple Adults (living w/children) Multiple Adults (no children) Single parent-female (living w/ children)
 Single parent-male (living w/ children) Single person (living alone)

Father's Name & Address (if not living in home): _____

First Name

Last Name

Street or PO Box

City

State

Zip

Living Arrangements: Rent- Unsubsidized Rent – Subsidized (HUD, Section 8) Own Living w/ Family or Friends by choice

Living w/ Family or Friends because of: Loss of housing or No affordable housing Economic hardship By Choice

Nighttime residence is a public or private space not used for regular sleeping Living in hotel, motel, car, etc. Transitional/Shelter

Employment Information- Head of Household

N/A- Unemployed Full Time Student (*Documentation required*)

Employment Status: Full Time w/ benefits Full Time w/o benefits Part-Time w/ benefits Part- Time w/o benefits

Work Hours: _____ am/pm to _____ am/pm

Employer Name: _____ Employer Phone: (____) _____ Employed Since: ____/____/____

Employment Information- Additional Supporting Adult

N/A- Unemployed Full Time Student (*Documentation required*)

Employment Status: Full Time w/ benefits Full Time w/o benefits Part-Time w/ benefits Part- Time w/o benefits

Work Hours: _____ am/pm to _____ am/pm

Employer Name: _____ Employer Phone: (____) _____ Employed Since: ____/____/____

Types of Financial Assistance Received: (Check all that apply. A statement will be needed.)

- FI (Family Independence)/TANF/AFDC SNAP (food assistance) Child Support/Alimony **SSI-** Supplemental Security Income
 Foster Care/Adoption Subsidy Unemployment Insurance Public Housing Assistance
 Energy Program Assistance Other: _____

Health Insurance Information for child applying: Medicaid? Y or N Private Insurance? Y or N WIC

Consent to Release Information/ Certification Statement

I give permission for Beaufort-Jasper EOC Head Start program to release or exchange information about my child from the Beaufort/Jasper County School District through third grade. I understand this consent may be revoked in writing by me at anytime. **Also, at the time of completion, I certify that the information I have provided on this application is true and accurate.**

Signature of Parent/Legal Guardian

Date

Signature of Staff Interviewing Applicant

For Office Use Only

Additional Comments on Applicant:

REQUIRED INFORMATION TO BE TURNED IN WITH APPLICATION

Child's birth certificate Insurance Card One month proof of income (Pay stubs, latest 1040 or W2) If guardian, guardianship documentation