myHeadStart

Delaware Opportunities Inc.
Head Start
35430 State Highway 10
Hamden, NY 13782
(607) 746-1640

Head Start Application Form

SECTION I: CHILD		
First Name:	MI:	Last Name:
DOB:*		Gender: ☐ Male ☐ Female
Mobile Phone:		

SECTION II: PARENT/GUARDIAN		
First Name:	MI:	Last Name:
DOB:*		Gender: ☐ Male ☐ Female
Mobile Phone:	Work Phone:	

SECTION III: LIVING ADDRESS	
Street Address:	
Apt. #:	City:
State:	Zip Code:
Home Phone:	

SECTION IV: MAILING ADDRESS ☐ Same as living address	
Street Address:	
Apt. #:	City:
State:	Zip Code:
Home Phone:	

SECTION V: CHILD DATA

		Describe Concerns:
Do you have concerns about your child's overall health and development? (If yes, please describe concerns)	☐ Yes ☐ No	
Child previously enrolled in Early/ Head Start?	☐ Yes ☐ No	
Child previously applied or was on waiting list?	☐ Yes ☐ No	
Does your child have an IFSP/IEP (or Disability)?	☐ Yes ☐ No	

English Fluency: ☐ Not At All ☐ Not Well ☐ Well ☐ Very Well

Established Risks (check all that apply):

- ☐ None
- ☐ Chromosomal abnormality (i.e. down syndrome)
- ☐ Congenital syndrome (i.e. fetal alcohol syndrome)
- ☐ Medically fragile
- ☐ Sensory impairment (i.e. hearing or vision impairment)
- ☐ Congenital birth defect (i.e. myelomeningocele)
- ☐ HIV positive/AIDS

☐ Other (Specify)

Environmental Risks (check all that apply):

- ☐ None
- ☐ Biological mother < 17 years old
- ☐ Family social disorganization
- ☐ Parental developmental disability
- ☐ Suspected child abuse or neglect
- ☐ Documented child abuse or neglect
- ☐ Maternal education < 8th grade level
- ☐ Parental substance abuse
- ☐ Family member smokes in household
- ☐ Poverty

☐ Other (Specify)

*PIR

*Complete one copy for **each** eligible child*

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SECTION VI: FAMILY DATA

Family in Military:	☐ Yes ☐ No	Substance Abuse:	☐ Yes ☐ No
Family Member with Disability:	☐ Yes ☐ No	Teen Mother:	☐ Yes ☐ No
Family Member Currently in Early/Head Start:	☐ Yes ☐ No		

Family Type:	Parent Type (check only one):*	Parent Status (check only one):
☐ Biological Family	☐ Single Parent (father figure only)	☐ Single Parent, Not working or Student
☐ Foster Family	☐ Single Parent (father figure only) living w/partner	☐ Single Working Parent or Student
☐ Other family type	☐ Single Parent (mother figure only)	☐ Two Parents, Both Working or Students
☐ Other relative(s)	☐ Single Parent (mother figure only) living w/partner	☐ Two Parents, Neither Working or Students
	☐ Two Parent Family	☐ Two Parents, One Working or Student

Types of Services or Financial Assistance Received (check all that apply):*

☐ None	☐ Unemployment Assurance
☐ Child Support/ Alimony	☐ Energy Program Assistance
☐ EPSDT	☐ Foster Care/Adoption Subsidy
☐ Medical Financial Assistance (i.e., Medicaid/Medicare)	☐ Public Housing Assistance
☐ Public Assistance/Welfare (i.e., TANF/AFDC)	☐ Supplemental Security Income (SSI)
☐ Supplemental Nutrition Assistance Program (SNAP) aka Food Stamps	☐ WIC

☐ Other (Specify)

Family Is homeless: ☐ Yes ☐ No

How did your family hear about Head Start (Referral from where?)*

SECTION VII: INCOME DATA

Total Family Income:	# of Adults:	# of Children:

SECTION VIII: AGENCY USE ONLY

Apply for:	Completed By Staff (full name):
Program Type:	
Status:	User Flag 1:
Apply for location:	User Flag 2:
Application Date:	User Flag 3:

*PIR

*Complete one copy for **each** eligible child*