

If you have questions or need assistance completing this application, please contact your local Head Start Center or the Family Community Engagement Office.



CSRA EOA, Inc. Head Start
1261 Green Street
P.O. Box 10104
Augusta, Georgia 30903-2704
706-722-0493



PLEASE DO NOT WRITE IN THIS BOX

RECRUITMENT APPLICATION

ChildPlus ID# _____

1. Child's Legal Name: Last _____	First _____	M.I. _____
2. Date of Birth ____/____/____	3. Child's Social Security Number ____/____/____	4. Race/Ethnicity _____
5. Is the child a relative of any EOA staff Yes ____ No ____ If YES 6. Name(s) _____ 7. Relationship _____		9. Sex: Male ____ Female ____
8. Program: _____		
10. Residential Address _____ County _____	City _____	State _____ Zip Code _____
Directions to home: _____		
Home Telephone Number: _____ Cell Telephone Number: _____ (Opt-in to Receive Text Messages) Yes ____ No ____		
Message Number: _____ Email Address: _____		
11. Mother's Name _____ Lives with Child? Yes ____ No ____ Social Security Number: _____	12. Physical Address: _____	
13. City _____ State _____ Zip _____ County _____	14. Home Telephone Number: _____ Cell phone/Message Number: _____	
15. Father's Name _____ Lives with Child? Yes ____ No ____ Date of Birth: ____/____/____ Social Security Number: _____	16. Physical Address: _____	
17. City _____ State _____ Zip _____ County _____	18. Home Telephone Number: _____ Cell Phone/Message Number: _____	
19. Legal Guardian (If not mother or father already listed) _____	20. Physical Address: _____	
21. City _____ State _____ Zip _____ County _____	22. Home Telephone Number: _____ Cell Phone/Message Number: _____	
23. Does your child need transportation? Yes ____ No ____ How many miles? _____		
24. Is your child currently attending a child development center? Yes ____ No ____ Day Care Name: _____ Phone Number: _____ Address: _____ City _____ State _____ Zip _____		
25. Check all that apply: Current/Previous TANF ____ SSI (Child/You) ____ SNAP ____ WIC ____ Military ____ Veteran ____ TANF No: _____ WIC No: _____		

If you have questions or need assistance completing this application, please contact your local Head Start Center or the Family Community Engagement Office.

26. Was child referred to the Program? Yes ____ No ____ What agency? _____ By Whom? _____				
27. Does your family/child have a medical home? Yes ____ No ____ _____ Does your family/child have a dental home? Yes ____ No ____ Child's Medicaid/Private Insurance Provider's Name _____ Number: _____			28. Language spoken at home _____ Language spoken by Child _____	
29. Any specific family need or crisis? Yes ____ No ____			30. Are you experiencing homelessness? Yes ____ No ____	
31. Health Issues: Asthma ____ Allergy/Food Allergy ____ Seizures ____ Heart Problems ____ Sickle Cell ____ Other ____ (Doctor's Verification required)				
32. Does child have a suspected disability? Does your child have a diagnosed disability with IEP? Yes ____ No ____ Yes ____ No ____ Doctor's Name _____ Diagnosis _____				
Family Member Income				
Adults	Annual Income	Source of Income	Education Level	Employment Status
Family Member Information (Living in the Household NOT previously listed)				
Name	Relationship to Applicant	Sex M/F	Date of Birth	Social Security Number (Optional)
<p>In order for this application to continue in the Intake Process, the following information must be provided:</p> <ol style="list-style-type: none"> 1. Certified Birth Certificate 2. Verification of Income (W2 form, Copy of Tax Return, TANF/DFCS Summary Notification, SSI, Security Benefits Letter, Child Support, Dept. of Labor Wage Inquiry Statement) 3. Immunization Certificate (3231 Form) 4. Social Security Card/Number (Applicant Only) 5. Medicaid/Medical Insurance Card <p>CERTIFICATION: I certify that this information is true. If any part is false, my participation in this agency's program may be terminated and I may be subjected to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.</p> <p>Parent/Legal Guardian Signature _____ Date _____</p> <p>Signature of Verifying Staff Member _____ Date _____</p>				