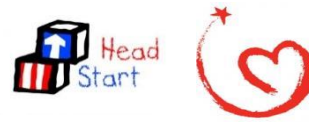


If you have questions or need assistance completing this application, please contact your local Head Start Center or the Family Community Engagement Office.



**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

ChildPlus ID# \_\_\_\_\_

## RECRUITMENT APPLICATION

1. Child's Legal Name: Last		First	M.I.
2. Date of Birth ____/____/____	3. Child's Social Security Number ____/____/____ <b>(Pre-K Funded 4yr Old Applicants ONLY)</b>		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 ( <b>Not</b> P.O. Box) 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 ____ Date of Birth: ____/____/____		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: ____/____/____		16. Physical Address: _____ _____ _____	
17. City State Zip County _____ _____ _____		18. Home Telephone Number: _____ Cell Phone/Message Number: _____	
19. Legal Guardian (If not mother or father that is already listed) Date of Birth: _____		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: _____			

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26. Was child referred to the Program? Yes ____ No ____ What agency? _____ By Whom? _____					27. Attended EHS program? Yes ____ No ____				
28. Does your family/child have a medical home? Yes ____ No ____ _____					30. Language spoken at home _____				
29. Does your family/child have a dental home? Yes ____ No ____ _____					31. Language spoken by Child _____				
Child's Medicaid/Private Insurance Provider's Name _____ Number: _____									
32. Any specific family need or crisis? Yes ____ No ____					33. Are you experiencing homelessness? Yes ____ No ____				
34. Health Issues: Asthma ____ Allergy/Food Allergy ____ Seizures ____ Heart Problems ____ Sickle Cell ____ Other ____ <b>(Doctor's Verification required)</b>									
35. Does child have a suspected disability? Does your child have a diagnosed disability with IEP? Yes ____ No ____ Yes ____ No ____ Doctor's Name _____ Diagnosis _____									
<b>Family Member Income</b>									
<b>Adults</b>		<b>Annual Income</b>		<b>Source of Income</b>		<b>Education Level</b>		<b>Employment Status</b>	
<b>Family Member Information (Living in the SAME Household and NOT previously listed)</b>									
<b>Name</b>			<b>Relationship to Applicant</b>			<b>Sex M/F</b>	<b>Date of Birth</b>		
<b>ADDITIONAL DOCUMENTS NEEDED:</b>									
<ol style="list-style-type: none"> <li>1. Proof of Age Eligibility</li> <li>2. Verification of Income (Pay Stubs, W2 form, Copy of Tax Return, TANF/DFCS Summary Notification, SSI, Security Benefits Letter, Child Support, Dept. of Labor Wage Inquiry Statement etc.,)</li> <li>3. Immunization Certificate (3231 Form) or Exemption Form</li> <li>4. Social Security Document (Pre-K Funded 4yr old Applicants Only)</li> <li>5. Medicaid/Medical Insurance Information</li> </ol>									
<b>CERTIFICATION:</b> 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.									
Parent/Legal Guardian Signature _____					Date _____				
<b>RETURNING CHILD</b> ____ YES ____ NO									
Parent/Legal Guardian Signature _____					Date _____				
Signature of Verifying Staff Member _____					Date _____				