



NINOS, Inc. Head Start/Early Head Start Enrollment Application

Mark the one that applies:

- Qualified
- OG (Within 101-130%)
- OG (Over 131%)

Applicant & Family Member Information

Center _____

School Collaboration Full Day CPID# _____

Date: _____

| Child Applicant | | | | | | |
|--|---|--|---|--|--|--|
| First | Middle | Last | Birthday | Gender | Application ID | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Race | Hispanic | English Proficiency | Other Language | Proficiency | Primary Health Coverage | |
| <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____ <input type="checkbox"/> White | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient | <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient | <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid # _____ <input type="checkbox"/> No Insurance <input type="checkbox"/> Other <input type="checkbox"/> Private Health Insurance | |
| Disability | | | Are you or your child related to anyone employed with NINOS, Inc. HS/EHS? | | | |
| Disability: _____ <input type="checkbox"/> Suspected Disability <input type="checkbox"/> Referred to Local Education Agency or ECI | | | <input type="checkbox"/> EC1/IFSP Eligibility Form <input type="checkbox"/> ARD Packet <input type="checkbox"/> Private Rehab Documentation | | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If, yes, whom? _____ Relationship to child: _____ Center: _____ Position: _____ | | |

| Primary Adult | | | | | | |
|--|--|---|--|---|--|---|
| Applicant (EHS) | Due Date (EHS) | First | Middle | Last | Birthday | |
| <input type="checkbox"/> Non-Applicant <input type="checkbox"/> Applicant | | | | | | |
| Gender | Race | Hispanic | English Proficiency | Other Language | Proficiency | Highest Grade |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____ <input type="checkbox"/> White | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient | <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient | <input type="checkbox"/> Associate's Degree/Training Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> GED <input type="checkbox"/> HS Graduate <input type="checkbox"/> < Grade 12 |
| Employment Status | | Occupation | | | Relationship to Child | |
| <input type="checkbox"/> Full-Time & Training <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time & Training <input type="checkbox"/> Part-Time | | <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Training/School (Only) <input type="checkbox"/> Unemployed | | Occupation: _____ Length of time: _____ Previous: _____ Length of time: _____ <i>If less than 12 months</i> | | <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Other <input type="checkbox"/> Other Relative |

| Secondary Adult | | | | | | |
|--|--|---|--|---|--|---|
| First | Middle | Last | <input type="checkbox"/> Resides outside of home | | | |
| | | | Birthday | | | |
| | | | | | | |
| Gender | Race | Hispanic | English Proficiency | Other Language | Proficiency | Highest Grade |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____ <input type="checkbox"/> White | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient | <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient | <input type="checkbox"/> Associate's Degree/Training Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> GED <input type="checkbox"/> HS Graduate <input type="checkbox"/> < Grade 12 |
| Employment Status | | Occupation | | | Relationship to Child | |
| <input type="checkbox"/> Full-Time & Training <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time & Training <input type="checkbox"/> Part-Time | | <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Training/School (Only) <input type="checkbox"/> Unemployed | | Occupation: _____ Length of time: _____ Previous: _____ Length of time: _____ <i>If less than 12 months</i> | | <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Other <input type="checkbox"/> Other Relative |

| Additional Siblings (Additional space located in PIR Addendum Worksheet) | | | |
|--|----------|-----------------------|-------------------|
| Name | Birthday | Relationship to Child | Age (year/months) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Family Information & Income

Program: HS EHS Child's Age: _____ CPID#: _____

| Family Information | | | | | | |
|--------------------|---|--|--|--|-----------------|--|
| Living Address | Zip | City | State | County | E-mail Address: | |
| | | | TX | <input type="checkbox"/> Cameron <input type="checkbox"/> Willacy | | |
| Phone Number(s) | Type (check one) | Opt in for Texts | Parental Status | Primary Language | WIC | |
| | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent | <input type="checkbox"/> English <input type="checkbox"/> Spanish | | |
| | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Family Income | | | | | | |
| Income Verified By | Verification Date | TANF Status | SSI | SNAP | | |
| | | | | | | |
| Family Member | Amount | Per (ex: week, bi-weekly, month, bi-monthly, year) | Annual Amount | Verification (for example: W2, check stub) | Notes | |
| Primary Adult | \$ | | \$ | | | |
| Joint 1040 | \$ | | \$ | | | |
| Secondary Adult | \$ | | \$ | | | |
| | \$ | | \$ | | | |
| Adults | Children | Total Members | Approved for USDA/CACFP Eligibility (Breakfast, Lunch & Snack) | Total Annual Income | \$ | |
| | | | | AIPHM | \$ | |

Applicant Eligibility (Income Verification and Statement)

| Eligibility | | | | | | |
|---|---|---|---|--|--|--|
| Child age eligible? | Interview? | Eligibility Determinant (Income Status) | Documentation used to determine Eligibility | | | |
| | | | For Categorical select only one | | For Income select all that apply | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In-person <input type="checkbox"/> Telephone | | <input type="checkbox"/> Income Tax Form 1040 <input type="checkbox"/> W-2 <input type="checkbox"/> TANF Documentation <input type="checkbox"/> Pay stub or pay envelopes <input type="checkbox"/> Unemployment | <input type="checkbox"/> Written statements (employers) <input type="checkbox"/> Foster care reimbursement <input type="checkbox"/> SSI Documentation <input type="checkbox"/> SNAP Documentation <input type="checkbox"/> Family Signed Declaration | <input type="checkbox"/> VA Pension <input type="checkbox"/> Homeless <input type="checkbox"/> Workman's Comp <input type="checkbox"/> Statement of Information | |
| Documentation of No Income | Period of Eligibility | How did you hear about NINOS, Inc. Head Start/Early Head Start | | | | |
| <input type="checkbox"/> Statement of Information No Income | <input type="checkbox"/> Current Months <input type="checkbox"/> Previous Calendar Year <input type="checkbox"/> 12 months Prior to Enrollment Date | <input type="checkbox"/> Flyer <input type="checkbox"/> Referred by a Friend or Family Member <input type="checkbox"/> Referred by Agency (ISD, WIC, or TDHS) <input type="checkbox"/> Website/Social Media <input type="checkbox"/> Recruiter <input type="checkbox"/> Other: _____ | | | | |

Authorization for applicant to be photographed during school activities to be used in promotional materials

Certification: I certify that the information provided in this application is accurate and truthful to the best of my knowledge and give NINOS, Inc. permission to verify any information on this form. If this information is found to be false I may lose my benefits. This information given will remain strictly confidential. It is the policy of NINOS, Inc. that no person shall be subject to discrimination because of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, or the presence of any physical, mental or sensory handicap.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Area Manager Signature: _____ Date: _____

Family Service Coordinator Signature: _____ Date: _____