



WCMCA HEAD START /EARLY HEAD START ENROLLMENT APPLICATION

411 Industrial Park Blvd., Elbow Lake MN 56531

218-685-4486 or 800-492-4805

Website: www.wcmca.org



Date of Application:			<input type="checkbox"/> Early Head Start (Pregnant Woman/Child 0-3 years) <input type="checkbox"/> Head Start (3-5 years)		
Applicant Last Name:		Applicant First Name, MI:		Disabilities/Special Needs:	
DOB:	Gender:	Race (see codes)	Hispanic Y/N	Employment (FT/PT) or Schooling:	Education: (see codes)

HOUSEHOLD MEMBERS of APPLICANT

Last	First	Middle Initial	Date of Birth	Gender	Race (see codes)	Hispanic Y/N	Employment FT/PT/School	Years of Education (see codes)	Disability/Special Needs	Relationship to Head Start Applicant
1.										
2.										
3.										
4.										
5.										
6.										

Race Codes: 1- White 2-Asian 3-American Indian/Alaska Native 4-Black/African American 5-Native Hawaiian/Pacific Islander
6-Multi Racial/Biracial 7-Other (specify): _____

Education Codes: 1- BA or Greater 2-Associate Degree, Technical or Some College 3-High School Graduate/GED 4-Less than High School Graduate

FAMILY INFORMATION & DEMOGRAPHICS

Address:			City & ZIP:		
Phone:			Message #:		
Email:			Cell #:		
County:		School District:		Primary Language Spoken in Home:	
Check all that apply: <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Foster Family <input type="checkbox"/> Pregnant Parent <input type="checkbox"/> Child applicant attended Early Head Start					
Housing: Own Rent Homeless			Would you like a Voter Registration Card? Y N		
Health Insurance Coverage: None MA/MN CARE Private Military					

SOURCES OF INCOME OR ASSISTANCE - Check all that apply

Salary/Wages	Veterans Benefits	Public Assistance (MFIP/TANF)
Unemployment/Workers Comp	SSD/Social Security	Housing Assistance
Self-Employment/Farming	SSI	Daycare Assistance
Retirement/Pension	Foster Care/Adoption Subsidy	SNAP
Interest Income	Child Support/Alimony	

Parent Preference for Head Start Class, if an option: AM PM FULL DAY

FOR STAFF USE ONLY

Gross Annual Income: \$ _____ Number in Family: _____ Is app for: Current Year Next Year

Child Plus:	CAP60 :	Date Voter Reg Given :
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