



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"/> Grandparent <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"/> Grandparent <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	
		<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. weekly, bi-weekly, bi-monthly, monthly, yearly)			Annual Amount	Verification (for example: W2, check stub)			Notes
Primary Adult	\$				\$				
	\$				\$				
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"/> In-person					<input type="checkbox"/> SNAP Documentation	Income Tax Form 1040	VA Pension	
<input type="checkbox"/> No	<input type="checkbox"/> Telephone					<input type="checkbox"/> SSI Documentation	W-2	Unemployment	
						<input type="checkbox"/> TANF Documentation	Income Statement Form	AGL (Child Support)	
						<input type="checkbox"/> Foster Placement Letter	Pay Stubs	Family signed declaration	
						<input type="checkbox"/> Homeless	Foster care reimbursement	Other: _____	
Documentation of No Income			Period of Eligibility			How did you hear about NINOS, Inc. Head Start/Early Head Start			
<input type="checkbox"/> Statement of 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: _____