

Acelero Learning Camden Early Head Start

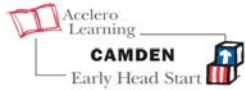
Child/Participant Information: Fill out information about your child		
Last:	First:	Middle:
Applying as an Expecting Mother: Yes <input type="checkbox"/> No <input type="checkbox"/>		Estimated due date:
Birthdate:	SSN:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Living Address:		Parental Status: One <input type="checkbox"/> Two <input type="checkbox"/>
Living Address Line 2:		
City	State	Zip

Child Demographics: Fill out information about your child				
Race	Language	Primary Language	Proficiency	Nationality
Native American <input type="checkbox"/> Asian <input type="checkbox"/>	English	<input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	Ethnicity
Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/>		<input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	
Other _____ <input type="checkbox"/> White <input type="checkbox"/>		<input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	

Family Information: Fill out information about adults and family who participate in your child's life			
Adult #1:	Relationship:	Primary Adult: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address:		Birthday:	
		SSN:	
City	State	Zip	
Phone Type (Work, Home, Cell)	Primary	Phone Number	Note
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Teen Parent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>	Lives with Family: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child's Relationship to Adult:	English Level:	Education Level:	Employment Status:
Natural/Adopted/Step-Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Child <input type="checkbox"/> Other <input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	Some College <input type="checkbox"/> Certificate <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> Master's Degree <input type="checkbox"/>	<Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Associate's <input type="checkbox"/> BA <input type="checkbox"/>
		Full Time (35+hours) <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/>	

Adult #2:	Relationship:	Primary Adult: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address:		Birthday:	
		SSN:	
City	State	Zip	
Phone Type (Work, Home, Cell)	Primary	Phone Number	Note
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Teen Parent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>	Lives with Family: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child's Relationship to Adult:	English Level:	Education Level:	Employment Status:
Natural/Adopted/Step-Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Child <input type="checkbox"/> Other <input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	Some College <input type="checkbox"/> Certificate <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> Master's Degree <input type="checkbox"/>	<Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Associate's <input type="checkbox"/> BA <input type="checkbox"/>
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Additional Family/Household Members: Total # in Immediate Family _____ Total living in household _____					
Additional Family Member:	Relationship:	Age:	Additional Family Member:	Relationship:	Age:
Additional Family Member:	Relationship:	Age:	Additional Family Member:	Relationship:	Age:
Additional Family Member:	Relationship:	Age:	Additional Family Member:	Relationship:	Age:



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Family Income: What is your family's income?

TANF Recipient Yes No Don't know about TANF SSI: Yes No WIC: Yes No

Family Member	Date	Source	Amount	Per	Period (Week, Month)
				per	
				per	
				per	
				per	
				per	

Health Coverage: What health insurance does your child have?

Medicaid Eligibility Status: Eligible Not Eligible Don't Know Medicaid Number: _____

Primary Health Coverage: _____ Insurance Number: _____

Other Health Coverage: _____ My child has no health insurance

Family Health Information: Who is your child doctor and dentist?

Doctor Name: _____ *Check Box if No Regular Doctor*

Doctor Address: _____ Doctor Phone: _____

Dentist Name: _____ *Check Box if No Regular Dentist*

Dentist Address: _____ Dentist Phone: _____

Special Needs: Does your child have any special needs?

<p>Does your child have any special needs?</p> <p>Diagnosed by Doctor Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Suspected: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, which of the following categories does it fall into:</p> <p>Speech <input type="checkbox"/> Physical <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Behavior <input type="checkbox"/> Developmental Delay <input type="checkbox"/></p>
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Services: What services are your family receiving?

Food Stamps <input type="checkbox"/>	Unemployment <input type="checkbox"/>	Utility/Energy Assistance <input type="checkbox"/>
Foster Care/Adoption Subsidy <input type="checkbox"/>	Public Housing <input type="checkbox"/>	Child Support <input type="checkbox"/>
Medicaid/State Health Insurance <input type="checkbox"/>	Section 8 Vouchers <input type="checkbox"/>	Social services from other agency <input type="checkbox"/>

What agency: _____

Legal Issues: Is your family currently dealing with legal issues?

Divorce <input type="checkbox"/>	Child Support <input type="checkbox"/>	Family Court <input type="checkbox"/>
Probation <input type="checkbox"/>	Pending case <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Custody Issues <input type="checkbox"/>	Restraining Order <input type="checkbox"/>	

Additional Family Information

<p>Has your child previously been enrolled in Early Head Start or a child development program? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what program? _____</p>	<p>Has your child had a sibling previously enrolled in this Early Head Start program? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, specify dates of attendance? _____ to _____</p>
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Program Options

Are you interested in: Home-based services Center-based services Either