

I/T ___ 3-5 yr. old ___

1st yr. ___ 2nd yr. ___ 3rd yr. ___

Mfld ___ Biron ___ WR ___ Nekoosa ___ HB ___

Entered ___ Date ___

FDA ___ File ___

Wood County Head Start Inc Preschool & Infant/Toddler Program

APPLICATION 2024 – 2025 Program Year "ALL INFORMATION IS KEPT CONFIDENTIAL"

If you are pregnant and filling this application out for yourself go to the Mother-to-Be Information section.

CHILD'S INFORMATION

Child's Legal Name (Last) _____ (First) _____

Date of Birth: _____ Sex: Female Male Race: _____

What Language does child speak? _____ Interpreter needed: Yes No

Child lives with: _____ Total number in family: _____

Does your child attend a public school or other educational program? Yes No

If yes, what program? B-3 Early Childhood Therapies Plus Other

Check any concerns you have about your child's overall health or development?

Learning Health Behavior Speech/Language Hearing Vision Other: _____

Does child have IEP/IFSP Yes No How did you hear about Head Start? _____

APPLICANT'S ADDRESS

Living Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Telephone #: _____ Cell phone #: _____

Email address: _____ What county do you live in: _____

TO BE COMPLETED ONLY IF *PREGNANT* AND APPLYING FOR THE HOME BASE PROGRAM

MOTHER-TO-BE INFORMATION

Name (Last) _____ (First) _____

Date of Birth: _____ Estimated Due Date: _____ Marital Status: _____

*Race: _____ Language: _____

Last School Grade Completed: _____ Current Employer/School: _____

Number of Hours @ Work/School: _____

FAMILY INFORMATION

My Living Address is: My own residence With relatives/friends

My own residence with relatives/friends Other: _____

Do you own or rent: Own Rent Other: _____

Housing Type: Apartment House Duplex Mobile Home Shelter Other: _____

Veteran Yes No

Parent Military Deployment: Yes No

Parent Status (in household) One Two Legal Guardian Foster

Mother's Name (Last) _____ (First) _____

Address (if different from child's): _____
Street City/State Zip

Telephone #: _____ **Cell phone #:** _____

Date of Birth: _____ Marital Status: _____

*Race: _____ Language: _____ Last School Grade Completed: _____

Employer: _____ Number of Hours Worked: _____

Father's Name (Last) _____ (First) _____

Address (if different from child's): _____
Street City/State Zip

Telephone #: _____ **Cell phone #** _____

Date of Birth: _____ Marital Status: _____

*Race: _____ Language: _____ Last School Grade Completed: _____

Employer: _____ Number of Hours Worked: _____

Guardian (if applicable) Name (Last) _____ (First) _____

Relation to Child: (check one) Foster Aunt Grandparent Other: _____

Date of Birth: _____ Marital Status: _____

*Race: _____ Language: _____ Last School Grade Completed: _____

Employer: _____ Number of Hours Worked: _____

Family Type:

Two Parent Family (includes Step-Parents)

Single Parent Family (father only)

Single Parent Family (father only) living w/partner

Foster Family

Single Parent Family (mother only)

Single Parent Family (mother only) living w/partner

Other relative(s)

Other family type



OTHER MEMBERS IN HOUSEHOLD YOU SUPPORT

First and Last Name	Date of Birth	Sex	Relationship to Child (Brother, Sister, Uncle)

PUBLIC ASSISTANCE

(Check all that apply)

- WIC
- Food Stamps
- Energy Assistance
- Childcare Assistance
- Supplemental Security Income (SSI)
- Foster Care/Adoption Subsidy
- Housing Assistance
- Wisconsin Works (W2)

Does the child you are applying for have medical insurance? Yes No

If yes: Medical Assistance/Badger Care Private

RELEASE OF INFORMATION

I give permission for Wood County Health Dept (Immunization Records, Lead and Hemoglobin), Wood County Head Start, Department of Human Services, Wisconsin Health Services and/or WIC to release/access information for my family to Wood County Head Start staff in order to verify services.

Applications cannot be fully processed without household income information & verification.

Parent Signature: _____ Date: _____



Agency Use Only

Application Documentation: (Date and Initial each entry)

DOB Verified: _____ Source: _____



*Race is required for statistical purposes
This organization is an equal opportunity provider

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