

Mid-Delta Community Services, Inc.

Head Start Application

P.O. Box 745

Helena, AR. 72342

No child will be accepted without the following documents attached to this application:

- Child's age (Birth Certificate/child **must be** 3 years old)
- Child's Immunization record (Shots)
- Child's Social Security number
- Household Income

Complete entire form and return with the above documents to your local Head Start Center.

*Please use blue or black ink only*

**General Information (child)**

Name:		ID:	
Application Date:		Birth Date:	
Gender:			
Ethnicity:		Child's Medicaid #	
Primary Language:		Other Language:	
Social Security #:			
Special Education Services:			
Comment:			

**Eligibility Information**

Parental Status:		Relationship to child	
Disability Status:		Special Need:	
Head of Household			
Wages/Monthly Income Conversion	Weekly wages x 4.33/ every two weeks x 2.15 twice a month x 2		
Earnings/Weekly		Food Stamp Case #	
Earnings/bi weekly		SSI:	
Earnings/Monthly		TANF Case	

**Primary Caregiver General Information**

Name:		ID:	
Application Date:		Birth Date:	
Gender:		Family Advocate:	
SSN:			
Education Level :		Employment Status/Employer Name:	
Language:			
Phone(home):		Phone (work) :	
Phone(mobile):		Email:	
Address:			
City:			

State:		Zip Code:	
# in Family:		# in Household:	
Health Insurance:			
Family Income:			

Secondary Caregiver General Information			
Name:		Birth Date:	
Gender:		SSN:	
Education Level :		Employment Status/Employer Name:	
Language:			
Phone(home):		Phone(work):	
Phone(mobile):		Email:	
Address/Mailing:			
Address/Physical:			
City:			
State:		Zip Code:	
Health Insurance:			
Documents used to verify:			

I declare under penalty of perjury and the laws of the State of Arkansas that the above information is true and correct to the best of my knowledge.	I certify that I have examined the above income documentation.
<b>I verify that the information on this application is correct.</b>	Staff Signature: _____
Name: _____	Date: ____/____/____
Signature: _____	

Returning Students only	
Second Year Signatures	
Parent _____ Date _____	Staff _____

Mid-Delta Staff ONLY	
Income eligibility for Program	Income eligibility for USDA
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No