

Mid-Delta Community Services, Inc.

Head Start Application

P.O. Box 745

Helena, AR. 72342

For more information contact (870) 338-6406 Ext. 1005

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

- Child's Birth Certificate (child must be 3 years old by August 1st of current year)
- Child's Immunization Record (Shots)
- Child's Social Security Card
- Parent(s)'s Household Income
- Child's Physical (Wellness Exam)

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.

I verify that the information on this application is correct.

Name: _____

Signature: _____

Staff Signature: _____

Date: ____/____/____

Returning Students Only

Second Year Signatures

Parent _____	Date _____	Staff _____
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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