Application for Head Start/ Early Head Start /Discovery Preschool

"Wyoming Child and Family Development, Inc. is an equal opportunity provider."

Completion of this application does not guarantee acceptance into the program

Date:_____ Child's Name:_____

_____ Child Date of Birth:_____

Pregnant Mom (EHS only): _____ Due Date:_____

Please circle: Male or Female ☐ Child currently or previously enrolled in Early Head Start or Head Start

Family Information:

Living address: _____
City State Zip

Mailing address: _____
City State Zip

Phone: _____ Primary Language spoken at home:_____

_____ Other language(s) spoken at home:_____
Other phone contact number(s)

Email:_____ One or Two Parent Home: _____

Adults living in the home:

Name	**Date of Birth**	**Relationship to child**	**Gender** Male Female	**Employment** Full Time Part Time Unemployed	**Education** Highest Grade Completed	**Currently in school or job training program?** Yes or No	**Income** Previous 12 months

Parent(s) not living in child's home:

Name	**Date of Birth**	**Relationship to child**	**Gender** Male/ Female	**Custody** Yes/ No	**Mailing Address & Phone Number**	**Employment** Full Time, Part Time Unemployed	**Education** Highest Grade Completed in School	**In school or job training program?** Yes/No

Other children living in the home:

Name	**Date of Birth**	**Relationship to child**	**Gender:** Male or Female

Check if current housing includes:

☐ Homeless

☐ Transitional Housing, Safe House, Homeless Shelter, Motel, and Vehicle

☐ Temporarily living with friends/family, but seeking permanent housing

How did you hear about our programs?

☐ Agency: _____ Other:_____

Check any services your child and/or family receives:

☐ WIC ☐ GED ☐ Full time DFS Child Care Subsidy Contract

☐ SSI ☐ State Funded Preschool ☐ Newborn at Home Health Nurse

☐ TANF/POWER ☐ Foster Care ☐ Domestic Violence/Sexual Assault Services

☐ SNAP

Is one or both parent/guardian an active member of the US military? ☐ Yes ☐ No

Child Needs:

☐ Currently on an IFSP/IEP

☐ Services receiving: _____

Child concerns:

☐ Behavior

☐ Ability to learn

☐ Attention span

☐ Diagnosed health concerns: food allergies, asthma, diabetes, other _____

☐ Diagnosed mental health concerns

☐ Other _____

Family Needs:

☐ No reliable transportation

☐ Live more than 10 miles from town

☐ Childcare (Torrington)

☐ Diagnosed health concerns

☐ Mental health concerns

Current pregnancy

☐ Planned pregnancy

☐ Due date _____

☐ Receiving prenatal care

☐ Not receiving prenatal care

☐ Began receiving prenatal care in second trimester

☐ Began receiving prenatal care in third trimester

Indicate any of the following that have occurred in the last 12 months?

☐ Separation	☐ Eviction	☐ Domestic violence
☐ Divorce	☐ Incarceration	☐ Death of an immediate family member
☐ Marriage	☐ Court mandated services	☐ Change in number of children in the home
☐ Job change	☐ Legal Problems	☐ Mental health concerns_____
☐ Job loss	☐ DFS Case Plan	☐ Significant health concerns_____
☐ Moved	☐ Opioid misuse	☐ Alcohol misuse

☐ Other_____

☐ COVID-19 has negatively impacted my family. Please Explain: _____

_____

Please indicate program of interest. Staff will determine placement offered based on availability.

☐ Early Head Start (Birth-3 years & Pregnant Moms)

- ☐ Full Day *(Casper, Cheyenne, Guernsey)*
- ☐ Full Day-Childcare *(Torrington - LITC)*
- ☐ *Home Based
- ☐ *Pregnant Mom

(Counties: Converse, Crook, Goshen, Laramie, Platte, Natrona, Weston)

☐ Head Start/Preschool (3 years old by Sept. 15th)

- ☐ Half-Day *(Casper, Douglas, Gillette, Glenrock, Torrington, Wheatland)*
- ☐ Full Day (*Casper, Cheyenne, Douglas, Gillette, Guernsey, Lusk, Mills, Torrington, Wheatland)*

*Specially trained people work with parents and children in their homes offering family support services and meaningful learning activities.

Race: ☐ Asian ☐ Native American/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Other _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Insurance information (Indicate all that apply)**:**

Children	Adults
☐ Medicaid / Equality Care	☐ Medicaid / Equality Care
☐ Kid Care / Chip	☐ Private Insurance
☐ Private Insurance	☐ Military Insurance
☐ Military Insurance	☐ No Insurance
☐ No Insurance	☐ Other _____
☐ Other _____	

Does your child attend a community childcare other than Head Start or Early Head Start?

☐ Yes

☐ No

If so please list: _____

Reviewed by: _____ Date: _____ CR: _____

Reviewed by: _____ Date: _____ CR: _____

Reviewed by: _____ Date: _____ CR: _____