



Northern Virginia Family Service
Early Childhood Division
 Early Head Start & Head Start



Primary Adult

| | | | | | | | | | | |
|---|--|-------------------|-------------|--|--|---|--|--------------------------------------|--|--|
| Last | | First | | Middle | | Preferred | | Military Status | | |
| Birthday | | Gender | | Alternate ID | | | | | | |
| Highest Grade Completed | | Employment Status | | <input type="checkbox"/> Lives with Family | | <input type="checkbox"/> Provides Financial Support | | <input type="checkbox"/> Teen Parent | | <input type="checkbox"/> Medically Insured |
| Email Address _____ | | | | | | | | | | |
| Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ | | | Ethnicity | | English Proficiency Primary Language <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | | | | | |
| | | | Nationality | | Other Language Spoken _____ <input type="checkbox"/> Primary <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | | | | | |

Secondary Adult

| | | | | | | | | | | |
|---|--|-------------------|-------------|--|--|---|--|--------------------------------------|--|--|
| Last | | First | | Middle | | Preferred | | Military Status | | |
| Birthday | | Gender | | Alternate ID | | | | | | |
| Highest Grade Completed | | Employment Status | | <input type="checkbox"/> Lives with Family | | <input type="checkbox"/> Provides Financial Support | | <input type="checkbox"/> Teen Parent | | <input type="checkbox"/> Medically Insured |
| Email Address _____ | | | | | | | | | | |
| Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ | | | Ethnicity | | English Proficiency Primary Language <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | | | | | |
| | | | Nationality | | Other Language Spoken _____ <input type="checkbox"/> Primary <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | | | | | |

Participant 1

| | | | | | | | | | |
|---|--|--|----------------------------------|---|--|-----------|--|---|--|
| Last | | First | | Middle | | Preferred | | Suffix | |
| Birthday (mm/dd/yyyy) | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Birth Record Number: _____ State/Country of Birth: _____ | | | | Staff Verify DOB/Record Initials: _____ | |
| Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ | | | Ethnicity | | English Proficiency Primary Language <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | | | | |
| | | | Nationality | | Other Language Spoken _____ <input type="checkbox"/> Primary <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | | | | |
| Primary Adult Relationship: <input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew | | | <input type="checkbox"/> Custody | | Secondary Adult Relationship: <input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew | | | <input type="checkbox"/> Custody | |
| <input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid: # _____ <input type="checkbox"/> Private Insurance: _____ <input type="checkbox"/> Other Insurance: _____ | | | | | | | | | |

Participant 2

| | | | | | | | | | |
|---|--|--|----------------------------------|---|--|-----------|--|---|--|
| Last | | First | | Middle | | Preferred | | Suffix | |
| Birthday (mm/dd/yyyy) | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Birth Record Number: _____ State/Country of Birth: _____ | | | | Staff Verify DOB/Record Initials: _____ | |
| Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ | | | Ethnicity | | English Proficiency Primary Language <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | | | | |
| | | | Nationality | | Other Language Spoken _____ <input type="checkbox"/> Primary <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | | | | |
| Primary Adult Relationship: <input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew | | | <input type="checkbox"/> Custody | | Secondary Adult Relationship: <input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew | | | <input type="checkbox"/> Custody | |
| <input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid: # _____ <input type="checkbox"/> Private Insurance: _____ <input type="checkbox"/> Other Insurance: _____ | | | | | | | | | |

Were you previously enrolled in an EHS/HS program? YES NO Agency: _____ Month/Year: ____-____

| General Information | | | | | | |
|---|----------------------------------|---|---|--|--|---|
| Living Address | | City | State | Zip | | |
| Mailing Address (if different) | | City | State | Zip | | |
| Phone Number | Home, Work, Cell, etc. | Primary | Notes | | | |
| | | <input type="checkbox"/> | | | | |
| | | <input type="checkbox"/> | | | | |
| | | <input type="checkbox"/> | | | | |
| Parental Status: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents | Primary Language Spoken at Home: | Number in Household ____ Number in Family ____ | TOTAL Number of Children ____ Specify: Ages 0-3 ____ Ages 4-5 ____ | | | |
| Family Information | | | | | | |
| TANF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly | | <input type="checkbox"/> SSI | <input type="checkbox"/> WIC | WIC ID: _____ | | |
| Family Member | Date | Income Source | Amount | Per | Type ¹ | Desc. ² |
| | | | | | | Verif. ³ |
| | | | | | | |
| | | | | | | |
| 1. Type Codes ERN–Earned SUB–Subsidized | | 2. Description Codes PEN–Pension SSI–SSI SS–Social Security | | 3. Verification Codes W2–W-2 EL–Employer Letter CS–Check Stub TAN–TANF | | |
| Income Notes | | | | | | |
| Alternate Contacts | | | | | | |
| Contact 1 | Name | | Relationship to Child | | <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Release Child to |
| | Address | | City | State | Zip | |
| | Phone 1 | Type / Notes | Phone 2 | Type / Notes | Phone 3 | Type / Notes |
| Contact 2 | Name | | Relationship to Child | | <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Release Child to |
| | Address | | City | State | Zip | |
| | Phone 1 | Type / Notes | Phone 2 | Type / Notes | Phone 3 | Type / Notes |
| Contact 3 | Name | | Relationship to Child | | <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Release Child to |
| | Address | | City | State | Zip | |
| | Phone 1 | Type / Notes | Phone 2 | Type / Notes | Phone 3 | Type / Notes |
| Doctor/Dentist | | | | | | |
| Doctor Name | Address | | City | State | Zip | Phone |
| Dentist Name | Address | | City | State | Zip | Phone |
| Is your child on an IFSP? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please mark all that apply for which your child is receiving Early Intervention/Early Childhood Special Education services: <input type="checkbox"/> Speech/Language disorder <input type="checkbox"/> Developmental delay <input type="checkbox"/> Emotional/behavioral disorder <input type="checkbox"/> Orthopedic impairment <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Autism <input type="checkbox"/> Other Health Impairments) | | | | | | |
| Notes and Other Information: | | | | | | |

Certification: ***I understand this is an application ONLY and does not guarantee enrollment in the program. I certify that this information is true to the best of my knowledge. If any part is false, my participation in this agency's programs may be terminated. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours I agree that I must keep Early Head Start/ Head Start informed of any change of address or phone number. I am legally responsible for this child. Notification: in the event that Northern Virginia Family Service becomes aware that you are not eligible to participate in this program your child will be terminated from the program.***

Parent/Guardian Signature: _____

Date: _____

In order for us to consider your child for enrollment we must see proof of your income and the child's date of birth. If you are unable to get this documentation, or have any questions or concerns, please call our office and a Family Advocate will help you. Thank you for your interest in our NVFS Early Head Start & Head Start Programs!