

FSGC ALL PROGRAMS APPLICATION

1402 E. Craig, Moses Lake, WA 98837

(509) 766-9877 ext. 404

Applications must be **completed** thoroughly; we are not responsible for incomplete applications. Complete information assists us to prioritize your family's eligibility. Please make sure to report any/all changes to the application immediately.

Which program are you applying for:

___ Early Head Start (prenatal to 3 years old)

___ Head Start (children 3 years to 5 years old)

___ Early Care Learning Center (1 month to 3 years of age)- ***ALL APPLICANTS MUST QUALIFY FOR Working Connections Child Care (WCCC) this is done through DSHS by phone 1-844-626-8687.**

Currently Pregnant: ___ Yes ___ No **Expected Delivery Date** ___/___/___ (If applying for prenatal services skip to Primary caregiver information).

Child Information

Child's Name:

Date of Birth:

Gender: Male Female

Child's Primary Language:

Other Languages:

Child Resides with: One Parent/Guardian Two Parents/Guardians

Do you give us permission to access your child's immunization record on Child Profile? yes no

Primary Caregiver Eligibility Information

Name:

Relationship to child:

Primary Language:

Secondary Language:

Gender: Male Female

Date of Birth: _____

Telephone—Home:

Cellular:

Message:

Email Address:

Home Address:

City/Zip Code:

Mailing Address:

City/Zip Code:

Number of persons in the Family (# supported by parent's income):

in Household:

Current Housing:	<input type="checkbox"/> Homeless*	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other _____
Receiving TANF:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Receiving SNAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Receiving SSI:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Child is in Foster Care:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<p>*Homeless: According to the McKinney-Vento Act, this means your family is staying in a car, park, campground or hotel, emergency shelter, or your family is living with another family temporarily; documentation of homelessness may have to be received before enrollment.</p>				
Secondary Caregiver General Information <input type="checkbox"/> No secondary caregiver				
Name:		Relationship to child:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	TANF Or SSI		
Primary Language:		Secondary Language:		
Telephone—Home:	Cellular:	Message:		
**Same as Primary Caregiver: <input type="checkbox"/>				
Home Address:				
City/State/Zip:				
Mailing Address:		City/State/Zip:		

FSGC does not discriminate on the basis of race, creed, religion, marital status, sexual orientation, national origin, sex, age, or mental/sensory/physical disability.

I understand that the information I have provided on this application is confidential and will not be shared without my permission. I further understand that this application is for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information could result in disenrollment my child from Early Head Start/Head Start and could have serious legal consequences for me.

Parent/Guardian Signature: _____

Date: _____



Family Services of Grant County

What you need to do to apply for Head Start-Pre-school (3-5 yr olds), Early Head Start (prenatal- 3 yrs) program, or Early Care Learning Center (Childcare 1 month to 3 yrs):

_____ COMPLETE APPLICATION for the CHILD-
_____ STAFF WILL SCHEDULE AN INTERVIEW OVER THE PHONE WITH YOU

Kitty Thomas 509-350-9344- English
Yolanda Valencia-509-771-9086- Spanish

PLEASE CALL IF UNABLE TO REACH EITHER OF THE ABOVE NUMBERS:

Lori Bennett 509- 760-5781 -English

_____ PROOF OF INCOME FOR THE **LAST 12 MONTHS** for the **FAMILY** will be needed
If you are not sure what information is needed ask for clarity when you are called for the appointment.

_____ CHILD'S BIRTH CERTIFICATE (or other proof of birth date)

_____ IMMUNIZATIONS FOR CHILD IF PERMISSION NOT GRANTED FOR CHILD
PROFILE ACCESS or OUT OF STATE IMMUNIZATIONS

_____ INSURANCE CARD OR STATE MEDICAL/ PROVIDER 1 CARDS

ALL completed applications will be processed in a timely manner. Eligible children will be placed on to the program waiting list.

Children are selected for program services according to the Prioritization Process of the Head Start Performance Standards (federal requirement). A child with the most points indicates that is a child with the highest needs.

PARENTS WILL BE NOTIFIED WHEN AN OPENING BECOMES AVAILABLE FOR ENROLLMENT: **PARENT, PLEASE KEEP YOUR CONTACT INFORMATION CURRENT.**

IF you have any extenuating family circumstances that you feel we need to consider for your family please contact the Enrollment Specialist. Thank you for your interest in FSGC Head Start/Early Head Start

_____ If applying for Early Care Learning Center (1 month to 3 years
***ALL APPLICANTS MUST QUALIFY FOR Working Connections Child Care (WCCC)**
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