



BI-CAP Head Start: Prenatal to Five APPLICATION 2018-2019



6603 Bemidji Ave N
OR 1601 Conifer Ave NW
PO Box 579
Bemidji, MN 56619
218-751-4631
1-800-332-7161

8245 Industrial Park Rd NW
PO Box 995
Walker, MN 56484
218-547-3438
1-800-332-7135
www.bicap.org

OFFICE USE		ChildPlus ID _____
First Choice	Center _____	
	Option _____	HS or EHS
Second Choice	Center _____	
	Option _____	HS or EHS

PLEASE PRINT

Child's LEGAL Name (OR) Pregnant Mom _____

First Middle Last

Due Date: _____

Gender:

- male
 female

Birth Date: ____/____/____

Primary Language(s) in home: _____

Ethnicity: <input type="checkbox"/> Hispanic/Latino	
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Biracial//Multi-racial	
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White <input type="checkbox"/> Other _____	

Home Address: _____ Lot/Apt _____ City _____ State _____ Zip _____

Mailing Address: _____ Lot/Apt _____ City _____ State _____ Zip _____

Home Phone (____) _____ Mother Cell (____) _____ Father Cell (____) _____

Email Address _____ Permission to receive text messages: Yes No

<p>Housing:</p> <p><input type="checkbox"/> Rent</p> <p><input type="checkbox"/> Own your home</p> <p><input type="checkbox"/> Staying with friends or family</p> <p><input type="checkbox"/> Temporary living arrangements</p> <p><input type="checkbox"/> Shelter or Crisis Center</p> <p><input type="checkbox"/> No housing/homeless</p> <p><input type="checkbox"/> Subsidized housing</p>	<p>Child currently lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent or Other Relative <input type="checkbox"/> Other _____</p> <p>TOTAL # IN FAMILY _____</p> <p>Custody Arrangements _____</p> <p>Non-Custodial parent name _____ Phone (____) _____</p>
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<p>Mother/Guardian living in household:</p> <p>Name _____</p> <p style="text-align: center;">First Middle Last</p> <p>Relationship to child:</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster <input type="checkbox"/> Grandparent</p> <p>Birth Date: ____/____/____ Primary Language: _____</p> <p>Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Biracial//Multi-racial <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</p> <p><input type="checkbox"/> Other _____ Ethnicity: <input type="checkbox"/> Hispanic/Latino</p> <p>Military: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active/Veteran</p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p> <p>Medical Coverage _____ <input type="checkbox"/> None</p> <p>Education:</p> <p><input type="checkbox"/> Less than grade 12 <input type="checkbox"/> High school graduate <input type="checkbox"/> GED</p> <p><input type="checkbox"/> Some College/Training <input type="checkbox"/> Bachelor or advanced degree</p> <p>Currently a student:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled</p> <p><input type="checkbox"/> Stay at home parent</p> <p>Employer _____</p> <p>Phone _____ City _____</p>	<p>Father/Guardian living in household:</p> <p>Name _____</p> <p style="text-align: center;">First Middle Last</p> <p>Relationship to child:</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster <input type="checkbox"/> Grandparent</p> <p>Birth Date: ____/____/____ Primary Language: _____</p> <p>Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Biracial//Multi-racial <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</p> <p><input type="checkbox"/> Other _____ Ethnicity: <input type="checkbox"/> Hispanic/Latino</p> <p>Military: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active/Veteran</p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p> <p>Medical Coverage _____ <input type="checkbox"/> None</p> <p>Education:</p> <p><input type="checkbox"/> Less than grade 12 <input type="checkbox"/> High school graduate <input type="checkbox"/> GED</p> <p><input type="checkbox"/> Some College/Training <input type="checkbox"/> Bachelor or advanced degree</p> <p>Currently a student:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled</p> <p><input type="checkbox"/> Stay at home parent</p> <p>Employer _____</p> <p>Phone _____ City _____</p>
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OVER →

AI – American Indian or Alaskan Native Asian B/M – Biracial//Multi-racial
Blk – Black or African American NH/PI – Native Hawaiian or Pacific Islander White Other

Other members in household (**NOT** listed on front page):

Name: First, Last	Birth Date	Race†	Gender	Grade	Disabled	Medical Coverage	Relationship to Applicant	Hispanic/Latino
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N

Has your child attended a preschool program? Yes No If yes, where/when? _____

Does your child go to day care? Yes No

Total Years in BI-CAP Head Start and Early Head Start: 1st Yr 2nd Yr 3rd Yr 4th Yr 5th Yr 6th Yr

Does family receive SNAP (Supplemental Nutrition Assistance Program) Services? Yes No

WIC Yes No

Please check if your household has received any of the following income / assistance in the last 12 months:

- Salary or Wages Child Support Self-Employment MFIP/ DWP General Assistance SSI Social Security
 School Grants Unemployment Worker's Compensation Retirement Veteran's Benefits Other _____

Does your child have a disability or special needs? Yes No

If yes, please explain _____

If receiving services, from whom? _____

Do you have any concerns about your child's social skills, development, or speech: Yes No

If yes, explain _____

Does your family have needs in the following areas: Education Employment Housing Health

- Energy Assistance Medical/Dental Insurance Transportation Child Care Other _____

List a contact person in case you can't be reached:

Name _____ Relationship _____ Phone () _____

Please tell us where you got this application or who told you about our program:

I certify that the information on this application, which will be used in determining eligibility for Head Start/Early Head Start, is true and correct. **I also understand that this application DOES NOT automatically "enroll" my child into the Head Start/Early Head Start Program.** Notification of enrollment or denial will follow at a later time. The information on this application will be used for the purpose of Head Start/Early Head Start eligibility and to prepare statistical reports to collect federal, state and local funds for services.

Signature of Parent/Legal Guardian

Printed Name

Date

Please review the application packet to verify ALL information has been completed.
Return entire packet and proof of income to one of the BI-CAP offices listed on front of this application

FB/ERSEA/12.2017

OFFICE USE
Time period used to determine eligibility _____

	Created	Revised
Leadership	9/2017	12/2017
Policy Council		2/2018
Board of Directors		2/2018