



**Welcome to RUCD Head Start. Please complete our application.**

Thank you for your interest in our program. Rural Utah Child Development provides services to pregnant mothers and children ages 0-5. If you are applying for prenatal services, please visit our website ([www.rucd.org](http://www.rucd.org)) and click on "Enrollment Information" to print the prenatal application. If you are applying for your child, please continue below.

1. Parent/Guardian			
First	Last	Birthday	Gender
Race <input type="radio"/> Asian <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Black <input type="radio"/> Hawaiian/Pacific Islander <input type="radio"/> White <input type="radio"/> Multi-Racial <input type="radio"/> Other:		Hispanic <input type="radio"/> Yes <input type="radio"/> No	
Highest Grade Completed		Employment Status	Child's Relationship
<input type="radio"/> Associate's <input type="radio"/> Bachelor's <input type="radio"/> Col Deg/Train <input type="radio"/> Col or Adv Train <input type="radio"/> GED	<input type="radio"/> Grade 10 <input type="radio"/> Grade 11 <input type="radio"/> Grade 12 <input type="radio"/> < Grade 9 <input type="radio"/> HS Graduate <input type="radio"/> Master's	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Seasonal <input type="radio"/> Unemployed <input type="radio"/> Full Time & Training <input type="radio"/> Part Time & Training <input type="radio"/> Training or School <input type="radio"/> Retired or Disabled	<input type="radio"/> Biological/Adopted/Step <input type="radio"/> Grandchild <input type="radio"/> Other Relative <input type="radio"/> Foster <input type="radio"/> Other
<b>Email Address:</b>			
Phone Number(s)	Type (check one)	Note (extension or best time to call)	Opt In for Text Messages
	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other _____		<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other _____		<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other _____		<input type="radio"/> Yes <input type="radio"/> No
Is your family experiencing homelessness?			
<input type="radio"/> Yes <input type="radio"/> No			

2. Family Living Address				
Living Address		ZIP	City	State
Mailing Address		ZIP	City	State
Same as living?	Mailing Address	ZIP	City	State
<input type="radio"/> Yes <input type="radio"/> No				

Is there another parent/guardian in the home?  Yes; complete section below.  No; skip to Section 4.

3. Additional Parent/Guardian				
First	Last	Birthday	Gender	
Race		Hispanic		
<input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Other:	<input type="radio"/> American Indian/Alaska Native <input type="radio"/> Hawaiian/Pacific Islander <input type="radio"/> Multi-Racial	<input type="radio"/> Yes <input type="radio"/> No		
Highest Grade Completed		Employment Status	Child's Relationship	
<input type="radio"/> Associate's <input type="radio"/> Bachelor's <input type="radio"/> Col Deg/Train <input type="radio"/> Col or Adv Train <input type="radio"/> GED	<input type="radio"/> Grade 10 <input type="radio"/> Grade 11 <input type="radio"/> Grade 12 <input type="radio"/> < Grade 9 <input type="radio"/> HS Graduate <input type="radio"/> Master's	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Seasonal <input type="radio"/> Unemployed	<input type="radio"/> Full Time & Training <input type="radio"/> Part Time & Training <input type="radio"/> Training or School <input type="radio"/> Retired or Disabled	<input type="radio"/> Biological/Adopted/Step <input type="radio"/> Grandchild <input type="radio"/> Other Relative <input type="radio"/> Foster <input type="radio"/> Other
<b>Email Address:</b>				
Phone Number(s)	Type (check one)	Note (extension or best time to call)	Opt In for Text Messages	
	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other _____		<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other _____		<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other _____		<input type="radio"/> Yes <input type="radio"/> No	

Information in this section will help us to prioritize your child's application. We may also offer additional resources available in your community based on your responses.

#### 4. Family Information

Primary Language at Home
Is your family receiving cash benefits or other services under the Temporary Assistance for Needy Families (TANF) program? <input type="radio"/> Yes <input type="radio"/> No
Is your family receiving Supplemental Security Income (SSI)? <input type="radio"/> Yes <input type="radio"/> No
Is your family receiving services from WIC? <input type="radio"/> Yes <input type="radio"/> No
Is your family receiving services under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps? <input type="radio"/> Yes <input type="radio"/> No
Is at least one parent/guardian an active duty member of the United States military? <input type="radio"/> Yes <input type="radio"/> No
Is at least one parent/guardian a veteran of the United States military? <input type="radio"/> Yes <input type="radio"/> No

#### 5. Child (Applicant) \*

First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="radio"/> Asian	<input type="radio"/> American Indian/Alaska Native		<input type="radio"/> Yes	<input type="radio"/> Little		<input type="radio"/> Little
<input type="radio"/> Black	<input type="radio"/> Hawaiian/Pacific Islander		<input type="radio"/> No	<input type="radio"/> Moderate		<input type="radio"/> Moderate
<input type="radio"/> White	<input type="radio"/> Multi-Racial			<input type="radio"/> None		<input type="radio"/> None
<input type="radio"/> Other:				<input type="radio"/> Proficient		<input type="radio"/> Proficient
Primary Health Coverage		Other Coverage		Insurance #		
Medicaid Eligibility		Medicaid #		Doctor's Name/Medical Home		
<input type="radio"/> Not Eligible <input type="radio"/> On Medicaid <input type="radio"/> Potentially <input type="radio"/> I don't know if my child is eligible for Medicaid.						
Dental Coverage		Dental Coverage #		Dentist's Name/Dental Home		

*If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.*

## ADDITIONAL HOUSEHOLD MEMBERS

Use this sheet to list additional children living in the home who are supported by the parent/guardian of the applying child.

Parent/Guardian Name: \_\_\_\_\_

Additional Child (Non-Applicant)						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="radio"/> Asian	<input type="radio"/> American Indian/Alaska Native		<input type="radio"/> Yes	<input type="radio"/> Little		<input type="radio"/> Little
<input type="radio"/> Black	<input type="radio"/> Hawaiian/Pacific Islander		<input type="radio"/> No	<input type="radio"/> Moderate		<input type="radio"/> Moderate
<input type="radio"/> White	<input type="radio"/> Multi-Racial			<input type="radio"/> None		<input type="radio"/> None
<input type="radio"/> Other:				<input type="radio"/> Proficient		<input type="radio"/> Proficient
Additional Child (Non-Applicant)						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="radio"/> Asian	<input type="radio"/> American Indian/Alaska Native		<input type="radio"/> Yes	<input type="radio"/> Little		<input type="radio"/> Little
<input type="radio"/> Black	<input type="radio"/> Hawaiian/Pacific Islander		<input type="radio"/> No	<input type="radio"/> Moderate		<input type="radio"/> Moderate
<input type="radio"/> White	<input type="radio"/> Multi-Racial			<input type="radio"/> None		<input type="radio"/> None
<input type="radio"/> Other:				<input type="radio"/> Proficient		<input type="radio"/> Proficient
Additional Child (Non-Applicant)						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="radio"/> Asian	<input type="radio"/> American Indian/Alaska Native		<input type="radio"/> Yes	<input type="radio"/> Little		<input type="radio"/> Little
<input type="radio"/> Black	<input type="radio"/> Hawaiian/Pacific Islander		<input type="radio"/> No	<input type="radio"/> Moderate		<input type="radio"/> Moderate
<input type="radio"/> White	<input type="radio"/> Multi-Racial			<input type="radio"/> None		<input type="radio"/> None
<input type="radio"/> Other:				<input type="radio"/> Proficient		<input type="radio"/> Proficient
Additional Child (Non-Applicant)						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="radio"/> Asian	<input type="radio"/> American Indian/Alaska Native		<input type="radio"/> Yes	<input type="radio"/> Little		<input type="radio"/> Little
<input type="radio"/> Black	<input type="radio"/> Hawaiian/Pacific Islander		<input type="radio"/> No	<input type="radio"/> Moderate		<input type="radio"/> Moderate
<input type="radio"/> White	<input type="radio"/> Multi-Racial			<input type="radio"/> None		<input type="radio"/> None
<input type="radio"/> Other:				<input type="radio"/> Proficient		<input type="radio"/> Proficient