YMCA OF THE CENTRAL BAY AREA – EARLY CHILDHOOD SERVICES
HEAD START • EARLY HEAD START • STATE PRESCHOOL • CHILD DEVELOPMENT
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EHS/HS APPLICATION

Application for EHS/HS Services

Please complete an application for each child applying for services.

Parent/Guardian Information

Primary Parent:
A. Name:_____ Date of Birth:_____
Last, First
Address:_____ _____
Street City State Zip Code
Phone number: (____)_____-_____ Alternate number: (____)_____-_____

Email:_____ Relationship to child:_____
Lives with child: ❒ Yes ❒ No

Secondary Parent:
B. Name:_____ Date of Birth:_____
Last, First
Address:_____ _____
Street City State Zip Code
Phone number: (____)_____-_____ Alternate number: (____)_____-_____

Email:_____ Relationship to child:_____
Lives with child: ❒ Yes ❒ No

Family Size

Single parent family? ❒ Yes ❒ No Teen parent family? ❒ Yes ❒ No

Total number of adults and children living in the home including unborn children: _____

Children in the Family: Please list all children in the household. Attach additional sheets, if necessary

APPLICANT'S name: _____ Birth/Due date:____/____/____
Gender: ❒ Male ❒ Female ❒ Unknown

Does your child have special needs/disability? If yes, explain: _____

_____

Other children in the household:

Child name:_____ Birth/Due date:____/____/____
Gender: ❒ Male ❒ Female ❒ Unknown

Child name:_____ Birth/Due date:____/____/____
Gender: ❒ Male ❒ Female ❒ Unknown

FOR OFFICE USE ONLY

❒EHS ❒HS ❒ Pregnant Mom Program ❒ Homebased ❒ Transition

Income Information

All income must be for the previous month. Please update this information when and if it changes by contacting our enrollment department.

	Parent A	Parent B
Wages (monthly gross, meaning before taxes):	_____	_____
Cash aid/TANF:	_____	_____
SSI/SSA:	_____	_____
Child support/Alimony:	_____	_____
Unemployment:	_____	_____
Financial aid:	_____	_____
Foster Care or Adoption Subsidy:	_____	_____
Other:	_____	_____
Total (for internal use only):	_____	_____

Need For Care

You are not required to have a need in order to apply for the HS/EHS program (only).

Parent A	Parent B
Employed? ❒ Yes ❒ No	Employed? ❒ Yes ❒ No
In School/Training? ❒ Yes ❒ No	In School/Training? ❒ Yes ❒ No
Seeking Employment? ❒ Yes ❒ No	Seeking Employment? ❒ Yes ❒ No
Incapacitated? ❒ Yes ❒ No	Incapacitated? ❒ Yes ❒ No

Waitlist Points: Please attach verification for any questions answered yes.

1. Active CPS case? ❒ Yes (Specify & attach verification:_____) ❒ No
2. Are you currently homeless or in an unstable living arrangement? ❒ Yes ❒ No
3. Foster care? ❒ Yes ❒ No
4. Any child currently enrolled in our program? ❒ Yes ❒ No (Child name :_____)
5. Receiving cash aid or SSI/SSA? ❒ Yes ❒ No
6. Does the applicant child have an IEP/IFSP? ❒ Yes (Specify & attach verification :_____) ❒ No
7. Domestic abuse/violence victim? ❒ Yes ❒ No
8. Incarcerated Parent? ❒ Yes ❒ No
9. Black Infant Health participant? ❒ Yes ❒ No
10. Parent diagnosed with disability? ❒ Yes (Specify & attach verification :_____) ❒ No
11. Mental health agency referral? ❒ Yes ❒ No
12. Are you currently a student? ❒ Yes ❒ No
13. Other risk factors (specify):_____

Additional Information

1. Are you a participant in the Women, Infant and Children (WIC) program? ❒ Yes ❒ No
2. What type of transportation do you use? ❒ Private vehicle ❒ Family/friend vehicle
   ❒ Public transportation ❒ Walk
3. Are you an employee of the YMCA? ❒ Yes ❒ No If yes, position: _____
4. Are you related to an employee of the YMCA? ❒ Yes ❒ No
   If yes, name and position of relative: _____
5. Race/Ethnicity of child: _____
6. Primary language(s) spoken at home: _____
   Does child speak English? ❒ Yes ❒ No
7. Child's Health Insurance Type: ❒ Medi-Cal ❒ Healthy Families ❒ Kaiser ❒ Other:_____
   ❒ None
   Health Insurance #_____
8. Health Provider Name: _____
   Health Provider Phone #: (____) _____ ❒ None
9. Dentist Name: _____
   Dentist Phone #: (____) _____ ❒ None
10. How did you hear about our program: ❒ Family ❒ Friend ❒ Health Provider ❒ WIC
    ❒ Other_____
11. Highest grade completed: ❒ Less than high school ❒ HS Grad/GED ❒ Some College, AA degree
    ❒ BA/BS or advanced degree

Center/Program Preference: **Please refer to page 2 for center/program choices.**

Choice 1	Choice 2	Choice 3

Program Applicant Disclosure Statement

I hereby declare that the information contained in this application for program services are true and correct to best of my knowledge and understanding. No false or misleading statements have been made by me or anyone representing me. I also understand that the acceptance of the application DOES NOT guarantee services or placement.

_____ _____/____/_____
Signature of Parent/Guardian Date