



**NAMES OF OTHER FAMILY / HOUSEHOLD MEMBERS:**

ADULTS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILDREN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL HOUSEHOLD SIZE \_\_\_\_\_

**HOUSING SITUATION**

OWN HOME \_\_\_\_\_ PUBLIC HOUSING \_\_\_\_\_ RENTED APARTMENT \_\_\_\_\_ SECTION 8 RENTAL \_\_\_\_\_

SHELTER \_\_\_\_\_ LIVE WITH RELATIVES \_\_\_\_\_ OTHER: \_\_\_\_\_

HAVE YOU AND YOUR FAMILY BEEN HOMELESS IN THE LAST 6 MONTHS? Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE, EXPLAIN: \_\_\_\_\_

**HOUSEHOLD INCOME**

ELIGIBILITY FOR HEAD START SERVICES IS DETERMINED IN PART BY FAMILY INCOME.  
PLEASE COMPLETE THE FOLLOWING:

TANF \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ CHILD SUPPORT \$ \_\_\_\_\_ FOSTER CARE PAYMENT \$ \_\_\_\_\_  
UNEMPLOYMENT \$ \_\_\_\_\_ WEEKLY WAGES (GROSS INCOME BEFORE TAXES) \$ \_\_\_\_\_  
OTHER \$ \_\_\_\_\_ TOTAL AMOUNT PER MONTH \$ \_\_\_\_\_

WHO RECEIVES INCOME?  
\_\_\_\_\_

DID YOU OR YOUR FAMILY RECEIVE PUBLIC ASSISTANCE (TANF/SSI) IN THE PAST YEAR?  
YES \_\_\_\_\_ NO \_\_\_\_\_

HAS THERE BEEN (or will there be) ANY CHANGE IN INCOME IN THE PAST (or the next) 6 MONTHS?  
YES \_\_\_\_\_ NO \_\_\_\_\_ EXPLAIN: \_\_\_\_\_

IS YOUR FAMILY RECEIVING ANY OF THESE SERVICES?  
WIC \_\_\_\_\_ SNAP BENEFITS (FOOD STAMPS) \$ \_\_\_\_\_ MASS HEALTH \_\_\_\_\_

**EMPLOYMENT**

<u>FAMILY MEMBER</u>	<u>EMPLOYED AT</u>	<u>WORK SCHEDULE</u>	<u>HOURS PER WEEK</u>
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION/TRAINING**

CURRENT EDUCATION LEVEL: SOME HIGH SCHOOL \_\_\_\_\_ HIGH SCHOOL DIPLOMA/GED \_\_\_\_\_ SOME COLLEGE \_\_\_\_\_  
ASSOCIATE'S DEGREE \_\_\_\_\_ BACHELOR'S DEGREE \_\_\_\_\_ TRADE SCHOOL \_\_\_\_\_ MILITARY/SERVICE \_\_\_\_\_ OTHER \_\_\_\_\_

ARE YOU CURRENTLY ENROLLED OR PLANNING TO ENROLL IN AN EDUCATION OR TRAINING PROGRAM?  
YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF PROGRAM \_\_\_\_\_ DATE OF ATTENDANCE \_\_\_\_\_

**FAMILY NEEDS**

PACE HEAD START PROVIDES A VARIETY OF SUPPORT SERVICES TO HELP FAMILIES. PLEASE, CHECK ANY CONCERNS. (YOUR ANSWERS MAY ALLOW STAFF TO PROVIDE YOU WITH IMMEDIATE ASSISTANCE)

LACK OF RESOURCES:

Inadequate income, housing, child care, transportation, food, clothing \_\_\_\_\_  
\_\_\_\_\_

EDUCATION

Reading/writing skills, learning disability, ESOL, Lack of education/training \_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT

Underemployed/loss of employment \_\_\_\_\_  
Seasonal employment \_\_\_\_\_

CUSTODY ISSUES \_\_\_\_\_

NEIGHBORHOOD SAFETY \_\_\_\_\_

FAMILY VIOLENCE \_\_\_\_\_

DENTAL/PHYSICAL HEALTH ISSUES \_\_\_\_\_

MENTAL HEALTH ISSUES \_\_\_\_\_

FAMILY SUPPORTS \_\_\_\_\_

Recent move to area, few local family/friends \_\_\_\_\_  
Not involved in agencies/groups \_\_\_\_\_

PLEASE TELL US IF THERE ARE ANY SPECIAL CIRCUMSTANCES (i.e. change in guardianship, special need of child) THAT WE SHOULD CONSIDER TO, DETERMINE YOUR CHILD'S ELIGIBILITY FOR THIS PROGRAM:

\_\_\_\_\_  
\*IF YOU WOULD LIKE TO PERSONALLY DISCUSS YOUR CIRCUMSTANCES PLEASE CALL AND ASK TO SPEAK WITH A FAMILY ADVOCATE OR THE FAMILY SERVICES MANAGER.

**PROGRAM OPTIONS**

HEAD START OFFERS A VARIETY OF PROGRAM OPTIONS. WHICH OPTION WOULD YOU LIKE FOR YOUR CHILD?

PART DAY \_\_\_\_\_ DOSE/DURATION \_\_\_\_\_ FULL DAY \* \_\_\_\_\_  
(\*Parent must have a child care voucher)

**TRANSPORTATION**

CAN YOU TRANSPORT YOUR CHILD TO AND FROM SCHOOL? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, TO WHICH HEAD START SITE WOULD YOU PREFER TO TRANSPORT YOUR CHILD?

32 MADISON STREET \_\_\_\_\_ 247 SMITH STREET \_\_\_\_\_

\*Placement may be based on availability

IF YOU HAVE NO TRANSPORTATION AND MUST USE HEAD START'S SERVICES, YOUR CHILD MAY BE BUSSED FROM A CORNER STOP NEAR YOUR HOME. TO HELP US PLAN, WHAT IS THE CLOSEST CORNER?

\_\_\_\_\_ and \_\_\_\_\_  
Name of Street, Avenue, Boulevard or Court Name of Street, Avenue, Boulevard or Court

HEAD OF HOUSEHOLD SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

TOILET TRAINING STATUS IS NOT AN ELIGIBILITY REQUIREMENT FOR ENROLLMENT

According to Public Law # 92-261 no child shall be discriminated against because of RACE, RELIGION, CULTURAL HERITAGE, POLITICAL BELIEFS, MARITAL STATUS, DISABILITY, SEXUAL ORIENTATION OR NATIONAL ORIGIN.

PACE Head Start is funded by the Administration for Children and Families and the Massachusetts Department of Early Education and Care and operates in accordance with Head Start Performance Standards. The Head Start Program is licensed by the Mass Department of Early Care and Education and is accredited by the National Association for the Education of Young Children.

