Berean Baptist Head Start Applicant & Family Member Information

Applica	ant													
First		Middle	La	ast		Suffix	Nicknam	ne Birth	nday Gen	der SS	N	Alt ID		
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Race	n ☐ American Indian/Alaska Native			Hispanic		English Proficiency		Other Language)	Other Language Proficiency				
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□ White			isianuei		□ INO		□ None				☐ Moderate☐ None			
☐ Other: _							☐ Proficient				□ Proficient			
	Health Cove	erage (Other Co	overage	Ins	surance #		id Eligibility	Medie	caid #		octor/Medical Home		
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□ Not Eligible □ On Medicaid														
							☐ Pote	ntially						
Dent	al Coverage	Э		Dental Coverage #					Dentist/D	ental Home				
Primary	y Adult													
First		Middle	Lá	ast		Suffix	Nicknam	ne Birtl	nday Gen	der SS	N	Alt ID		
Race					Hispa		English Prof	iciency	Other Language	;		anguage Proficiency		
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☐ Other:	LI WILLIUM	\atlai					☐ Proficient				□ Profi	-		
	rade Comp	leted			Emplo	yment Statu		Child's Re	lationship	Custody		eck all that apply:		
☐ Associa		☐ Grade	10	□ Full Time		☐ Full Time			al/Adopted/Step	□ Yes		with Family		
☐ Bachelo		☐ Grade		□ Part Tim			e & Training	☐ Grandch		□No		ides Financial Support		
☐ Col Deg	g/Train	☐ Grade	12	☐ Seasona		☐ Training		☐ Other R	elative		□ Teen			
□ Col or A	Adv Train	□ < Grad	le 9	□Unemplo	yed	☐ Retired of	r Disabled	☐ Foster						
□ GED		☐ HS Gra						☐ Other			If te	en parent, subsidized?		
		☐ Master	'S									☐ Yes ☐ No		
Email Add	dress:													
Secondary or Other Adult														
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First		Middle		ast		Suffix	Nicknam	ne Birtl	nday Gen	der SS	N	Alt ID		
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^{*} If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

			This Section for Agency Use Only:											
Family Information, Income & Conta						acts Applicant Name:				Birthday				
	nily Informatio													
	nily Living Add		20	۸ddr	occ Lino	2	ZIP		City		State		ounty	
Started Living at D		Living Addres	s Addr		ress Line 2		ZIF		City		State		Journey	
Far	nily Mailing Ad	dress												
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Pho	one Number(s)			e (<i>check on</i> cell □ Hom		ork □ Ot	her	Note (extension or	best time to		ot in fo	r Text Me □ No	ssages
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					me □ Work □ Oth					Referred by Child] Yes □ No		
	ental Status check one)	Primary Language at Home	Acquired/le another land addition to	guage in	Homeless Family			Active Duty Military	Military Veteran		d by Child e Agency		eceiving SNAP	WIC
	One			□ Yes		l Yes		□ Yes	□ Yes		Yes		□ Yes	□ Yes
	Two		□ N	0		l No		□ No	□ No	Ц	No		□ No	□No
	nily Income													
Inco	ome Verified by					Ve	rifica	tion Date		TANF Status				SSI
										☐ Yes ☐ Form	erly on TA	□ No NF/Not	now	☐ Yes
	Family Member	Amount	Per (for example: week, month, year)		Annual Amount			Description (for example: SSI, Job, Child Support)					Note	
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				Relat	ationship					Emergency Contact			Releas	
1 1						☐ Yes	□ No		□ Yes	□No				
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		that this informatior the information in thi	n is true. If any po	art is false, m			is age	ency's progr	rams may be			subject	to legal a	
	ent/Guardian	•						- /		ate				