2018-19 INTAKE APPLICATION
HOME-BASED & PRESCHOOL PROGRAMS

For assistance contact us: ***(206) 461-8430 Ext. 2041*** *or email to* ERSEAHelp@nhwa.org

When completed, fax your application to 206-923-6776 or mail it to:
Neighborhood House 1225 S. Weller Street, Suite 510 Seattle, WA 98144

Date of application: ____________________
mm/dd/yyyy

Program (check one)

☐ Early Head Start Home-Based Program (Prenatal to Age 3) ☐ Half Day Preschool (Ages 3-5) ☐ am ☐ pm

☐ Toddler Center Based Program (12-36 months) ☐ Full Day Preschool (Ages 3-5)

☐ Parent Child Home Program [PCHP] (16-30 months)

Family's Primary Language ______________________ **Interpreter Needed?** ☐ Yes ☐ No

Service Site Preference ☐ High Point ☐ New Holly ☐ Rainier Vista ☐ Yesler
☐ Tukwila, SeaTac, Skyway, Burien (EHS and PCHP)

Section A: Applicant Information (Child or Pregnant Woman)

1. **Last Name** ______________________ **First Name** ______________________ **MI** ______

2. Date of Birth ______________________ (mm/dd/yyyy) 3. Gender ☐ Male ☐ Female

4. Home Address ______________________ City ____________ Zip ____________

5. Other Address ______________________ City ____________ Zip ____________

6. Special Need/Concern: Do you or your doctor have concerns about your child's development? ☐ Yes ☐ No
Does your child receive services for a special need or concern? (speech, motor, cognitive/ behavioral, etc.) ☐ Yes ☐ No
If "Yes", please specify special need or concern: ______________________
Where does your child receive services? ______________________

7. Does your child have a chronic health condition? (diabetes, asthma, seizures, etc.) ☐ Yes ☐ No

8. Does your child have medical or dental coverage? ☐ Yes ☐ No

9. Enrollment Status: **(Please check all that apply)**
☐ New Applicant ☐ Referral (Please specify agency/program): ______________ ☐ PCHP Transitioning
☐ Exited & Re-enrolled ☐ Transfer from other HS or EHS program ☐ EHS Transitioning
☐ Sibling, Mother of Enrollee, or Alumni (within past 5 years): ______________________

10. Family Information/Circumstance: **(Please check all that apply)**
☐ Two Parent ☐ Legal Guardian ☐ Public Assistance (TANF/SSI)
☐ Single Parent ☐ Homeless ☐ Parent speaks no English (Interpreter Needed)
☐ Grandparent ☐ Foster Care ☐ One parent completed 9th grade or less
☐ Teen Parent (Age<21) ☐ High Risk Pregnancy ☐ Parents have no medical or dental coverage
☐ Special Family Concern **(circle)**: CPS/DSHS, Health, Mental Health, Domestic violence or Substance abuse
☐ Full-time work (32 hrs.), Student (12 credits or more), or Job trainings (FT)

11. **If applicant is prenatal, please specify the expected due date:** ______________________
mm/dd/yyyy

Section B: Family (Parent) Information

1. Parent/Guardian #1 ____________ (Last Name) ____________ (First Name) DOB ____________ (mm/dd/yyyy) ☐ Male ☐ Female
2. Parent/Guardian #2 ____________ (Last Name) ____________ (First Name) DOB ____________ (mm/dd/yyyy) ☐ Male ☐ Female
3. Email: ____________
4. Home Phone: ____________ ((xxx) xxx-xxxx) Cell Phone: ____________ ((xxx) xxx-xxxx) Other Phone: ____________ ((xxx) xxx-xxxx)
5. Number of People in Household ____________ Number of People in Family ____________
6. Approximate Annual Income $ ____________ Neighborhood House Employee? ☐ Yes ☐ No

Section C: All Other Household Family Members

	Last Name	First Name	DOB mm/dd/yyyy	Gender	Relationship to Applicant
1					
2					
3					
4					
5					
6					
7					
8					

Section D: Required Documents

Please provide one copy of each of the documents (proof of age, income, and residency) with your application

1. Proof of Age

☐ Child Birth Certificate
☐ Passport
☐ I-94, Green Card or Immigration Registration
☐ Other: ____________

2. Proof of Residency

☐ Utility Bill
☐ Rental Agreement
☐ Photo ID
☐ Other: ____________

3. Proof of Income for the Past 12 Months

☐ W2/1040 Tax return
☐ Pay Stubs
☐ TANF Award Letter or SSI Letter
☐ Unemployment paper
☐ Letter from Current Employer
☐ Other: ____________

Where do you hear about our program? ____________

To the best of my knowledge, the information on this form is correct.

Parent Name: ____________ (first & last name) Signature: ____________ Date: ____________ (mm/dd/yyyy)

Office use only (must be completed by staff who conducted this interview or completed this intake application form) Date: ____________ (mm/dd/yyyy)

Staff Name: ____________ Signature: ____________

Title: ____________ Phone: ____________

☐ In-Person Interview ☐ Telephone Interview

Please document the interview notes here: ____________