



2019-20 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)			
<input type="checkbox"/> Early Head Start Home-Based Program (Prenatal to Age 3)	<input type="checkbox"/> Half Day Preschool (Ages 3-5)	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Toddler Center Based Program (12-36 months)	<input type="checkbox"/> Full Day Preschool (Ages 3-5)		
<input type="checkbox"/> ParentChild Plus (16-30 months)			
Family's Primary Language _____		Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Site Preference <input type="checkbox"/> High Point <input type="checkbox"/> New Holly <input type="checkbox"/> Rainier Vista <input type="checkbox"/> Yesler			
<input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female		
4. Home Address _____		City _____	Zip _____
5. Home Phone _____	Cell Phone _____	Other Phone _____	
6. Special Need/Concern: Do you or your doctor have concerns about your child's development? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child receive services for a special need or concern? (speech, motor, cognitive/ behavioral, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> 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.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does your child have medical or dental coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Enrollment Status: (Please check all that apply)			
<input type="checkbox"/> New Applicant <input type="checkbox"/> Referral (Please specify agency): _____		<input type="checkbox"/> PCHP Transitioning	
<input type="checkbox"/> Exited & Re-enrolled <input type="checkbox"/> Transfer from other HS or EHS program		<input type="checkbox"/> EHS Transitioning	
<input type="checkbox"/> Sibling, Mother of Enrollee, or Alumni: _____			
10. Family Information/Circumstance: (Please check all that apply)			
<input type="checkbox"/> Two Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Public Assistance (TANF/SSI)			
<input type="checkbox"/> Single Parent <input type="checkbox"/> Homeless <input type="checkbox"/> Parent speaks no English (Interpreter Needed)			
<input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Care <input type="checkbox"/> One parent completed 9 th grade or less			
<input type="checkbox"/> Teen Parent (Age<21) <input type="checkbox"/> High Risk Pregnancy <input type="checkbox"/> Parents have no medical or dental coverage			
<input type="checkbox"/> Special Family Concern (circle): CPS/DSHS, Health, Mental Health, Domestic violence or Substance abuse			
<input type="checkbox"/> 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: _____
- 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: _____ Signature: _____ Date: _____
(first & last name) 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: _____
