

**NACOG HEAD START  
CACFP APPLICATION  
928-774-9504**



**CENTER/HOME BASE NAME**

**CENTER**

**HOME BASE**

**EHS**

**FULL DAY**





<b>CHILD</b>	DOB ___/___/___
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<b>LANGUAGE:</b>	<b>RACE:</b>	<b>GENDER:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>POTTY TRAINED:</b> <input type="checkbox"/> Y <input type="checkbox"/> N
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<b>CONCERNS/SPECIAL NEEDS FOR CHILD:</b>	<b>HOW DID YOU FIND OUT ABOUT HEAD START?</b>
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**PHYSICAL ADDRESS:**

<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
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**MAILING ADDRESS:**

<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
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<b>HOME PHONE:</b>	<b>WORK PHONE:</b>
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<b>MESSAGE PHONE:</b>	<b>FAMILY E-MAIL:</b>
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<b>PARENT NAME</b>	DOB ___/___/___	<b>MILITARY STATUS: (IF APPLICABLE)</b> <input type="checkbox"/> Currently Active <input type="checkbox"/> Veteran
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<b>LANGUAGE:</b>	<b>RACE:</b>	<b>MARITAL STATUS:</b> <input type="checkbox"/> MARRIED OR <input type="checkbox"/> SINGLE
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<b>Relationship to Child:</b> <input type="checkbox"/> Biological Parent <input type="checkbox"/> Other _____	<b>EDUCATION COMPLETED:</b>	<b>HEAD OF HOUSEHOLD</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>PARENT NOT IN HOME:</b> <input type="checkbox"/>
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<b>ARE YOU A STUDENT CURRENTLY?</b> <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> FULL-TIME OR <input type="checkbox"/> PART-TIME	<b>WHAT IS YOUR CURRENT EMPLOYMENT SITUATION ?</b> <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME & <input type="checkbox"/> FULL YEAR OR <input type="checkbox"/> PART YEAR
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<b>PARENT NAME</b>	DOB ___/___/___	<b>MILITARY STATUS: (IF APPLICABLE)</b> <input type="checkbox"/> Currently Active <input type="checkbox"/> Veteran
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<b>LANGUAGE:</b>	<b>RACE:</b>	<b>MARITAL STATUS:</b> <input type="checkbox"/> MARRIED OR <input type="checkbox"/> SINGLE
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<b>Relationship to Child:</b> <input type="checkbox"/> Biological Parent <input type="checkbox"/> Other _____	<b>EDUCATION COMPLETED:</b>	<b>HEAD OF HOUSEHOLD</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>PARENT NOT IN HOME:</b> <input type="checkbox"/>
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<b>ARE YOU A STUDENT CURRENTLY?</b> <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> FULL-TIME OR <input type="checkbox"/> PART-TIME	<b>WHAT IS YOUR CURRENT EMPLOYMENT SITUATION ?</b> UNEMPLOYED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME & <input type="checkbox"/> FULL YEAR OR <input type="checkbox"/> PART YEAR
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<b>OTHERS IN HOUSEHOLD DEPENDENT ON THE FAMILY INCOME:</b>		<b>OUR FAMILY CURRENTLY:</b>	
Name	DOB	RECEIVES:	OR EXPERIENCES:
		Cash Assistance/TANF	Foster Care
		SSI/SSDI	Incarceration
		SNAP Benefits (Food Stamps)	Other:
		Child Care	Relocation
		Other:	Homelessness

<b>Signature</b> _____	<b>Date</b> _____
<b>Signature</b> _____	<b>Date</b> _____

I hereby certify that all of the above information is true and correct to the best of my knowledge. I understand that this information will be used to determine income eligibility for HEAD START & CACFP. I understand that institution officials may certify this information; and that deliberate misrepresentation may subject me to withdrawal from Head Start &/or prosecution under applicable State & Federal Criminal Statutes. I further agree to report to HEAD START any income changes which exceed \$50/month or \$500/year for CACFP purposes. CONFIDENTIALITY: The information you provide will be treated confidentially & will be used only for NACOG & CACFP purposes. Section 9 of the National School Lunch Act requires that unless your children's Food Stamp or TANF case number is provided, you must include a Social Security number (SSN) on the application. This may be the SSN of the adult household member signing the application, or an identification that neither household member possess a SSN. Provision of a SSN is not mandatory, but if a SSN is not provided, or an indication is not made that the adult household member is signing the application has one, the application cannot be approved. This notice must be brought to the attention of the household member whose SSN is disclosed. The SSN may be used to identify the household member carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through review, audit & investigations & may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or TANF benefits, contacts the State Employment Security office to determine the amount benefits received & checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.