



Date follow up occurred _____
Date Staff initials

Date of Eligibility Meeting _____

Date participant was waitlisted/priority listed _____
Date Staff initials

Early Childhood Services Recruitment Form

Select a program option:

Ann Marie Kuta
ehsdbg@childrenshomeandaid.org
(815) 900-2352
www.childrenshomeandaid.org
Like us on Facebook:
[facebook.com/childrenshomeandaid](https://www.facebook.com/childrenshomeandaid)

Doula services – Pregnant Moms	<input type="checkbox"/>
Early Head Start/HOME Based Services (0 to 3 years)	<input type="checkbox"/>
How did you hear about the program?: A Parent / Doctor's office/ Friend Family/ Flyer/ Public Aid office / WIC	Other:

PLEASE PROVIDE THE FOLLOWING INFORMATION:

PARENT First Name:	Relation to Child:	FAMILY SIZE: _____
PARENT Last Name:		
Child's First Name:	Child's Last Name:	DOB: _____ Class Age: _____
Child's First Name:	Child's Last Name:	DOB: _____ Class Age: _____
Street Address:	Apt. or Unit#	
City and Zip Code:	Currently employed? Yes or No	
Phone Number: () Circle One: Cellular / Home	ALTERNATE CONTACT NUMBER ()	
E-MAIL:	ARE YOU A FULL TIME STUDENT? YES OR NO (CIRCLE ONE)	
Primary Source(s) of Income for the past 12 months (circle all that apply): Employment / TANF / SSI / Other sources:	Does your child have a suspected or diagnosed disability or Health Impairment (circle one): YES or NO If YES, please explain:	
Parent Signature:		
Date:	Received by (Initials):	

Thank you for your interest in our program!!!

- Our program serves the following communities: **DeKalb, Boone, and Grundy Counties**
- **CHILDREN WITH DIAGNOSED OR SUSPECTED SPECIAL NEEDS/DISABILITIES ARE ENCOURAGED TO APPLY.**
The information you provide will be used to determine your eligibility for services in our Head Start/Early Head Start program. Upon being selected for enrollment, an assigned staff member will contact you to schedule an appointment as soon as possible.
- **You must provide proof of your child's age and household income to enroll in our program**, using the following acceptable forms of documentation: **Proof of Health Insurance (Public or Private), Child's Birth Certificate, Award Letter or deposit for TANF, grant letter, SSI, W-2's, OR Employer letter on Company letterhead that indicates last 12 months of income.**
- **Additional documents needed for enrollment:** Recent health physical, TB exam or questionnaire recent immunization records, dental, State issued Driver's License or I.D. card.

For more information about our program call us at 309-834-5246 or email us at ehsdbg@childrenshomeandaid.org or visit us at www.childrenshomeandaid.org