



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:

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Like us on Facebook:  
[facebook.com/childrenshomeandaid](https://www.facebook.com/childrenshomeandaid)

Head Start/Early Head Start/HOME Based Services   
(0 to 5 years) CENTER Based Services

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: _____	Is your child in Foster Care? YES OR NO
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: **Tazewell and Woodford**
- **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) 569-7821 or visit us at [www.childrenshomeandaid.org](http://www.childrenshomeandaid.org)