

**Gogebic-Ontonagon Head Start/Early Head Start Application~304 East Iron St., Bessemer, MI 49911 ~ (906) 663-4302 Ext #10
GOCAA is an equal opportunity provider and employer**

Center: _____ Class: _____ Program Year _____

Applicant's First Name: _____ **MI:** _____ **Last:** _____ Male Female

Date of Birth Verification: _____ If Parent/Guardian is pregnant, due date: _____

Race: Asian American Indian/Alaska Native Hispanic: No Yes Child has current IFSP/IEP: No Yes
 Black Hawaiian/Pacific Islander White Multi-Racial Other _____

Child's Insurance: MI Medicaid/UPHP Other Insurance No Insurance
 Doctor/Medical Home: _____
 Dentist/Dental Home: _____

Parental Status:	Teen Parent:	Homeless:	Foster Care:	Active Duty Military:	Public Assistance :	SNAP:	WIC:
<input type="checkbox"/> One Parent Family	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

PRIMARY ADULT: Lives with Family Provides Financial Support
SECONDARY ADULT/OTHER: Lives with Family Provides Financial Support
 Address: _____
 City: _____ State: MI Zip: _____ Email Address: _____
 Phone Home: _____ Cell: _____ Other: _____ Opt In For Text Messages: Yes No

Family/Household Members*	Date of Birth	Employment (P) Part time (F) Full time (U) Unemployed (T/S) Training/School	Parents' Highest Grade Completed	Child's Relationship Biological/Adopted Step/Foster/Grandchild Sibling/Other	Gross Annual Income ***
Secondary Adult/Other:					
Applicant:				SELF	
Additional Child:					
Additional Child:					TOTAL
Additional Child:					

Family, for a child, means all persons living in the same household who are: supported by the child's parent(s) or guardian(s)* income; and related to the child's parent(s) by blood, marriage, or adoption; or the child's authorized caregiver or legally responsible party. For pregnant women, family means all persons who financially support the woman.

** Homeless includes families living temporarily in shelters, hotels or vehicles, or moving frequently between the homes of relatives and friends

*** HEAD START PROGRAM DEFINITION OF INCOME: Income means total cash receipts before taxes from all sources, with certain exceptions, income includes: (1) money, wages or salary before deductions; (2) net income from non-farm or farm self-employment; (3) social security or railroad retirement; (4) unemployment compensation, strike benefits, workers' compensation, veterans benefits, or public assistance; (5) training stipends; (6) alimony, child support, military family allotments, other regular support from absent family member or someone not living in the household; (7) private pensions, government pensions including military retirement, insurance or annuity payments; (8) college scholarships, grants, fellowships, assistantships; (9) dividends, interest, net rental income, net royalties, receipts from estates or trusts; (10) net gambling or lottery winnings.

PARENT/GUARDIAN SIGNATURE _____ **Date** _____
 I certify the above information is accurate and truthful to the best of my knowledge and give GOCAA Head Start permission to contact a third party to verify information.

Verification (Administrative Use Only)

Previous 12 months Last calendar year Interview In Person Telephone

Income Tax Form 1040 W2's Pay Stub Unemployment Written statement from employer Homeless Documentation Other

Public Assistance (TANF) Case # _____ Supplemental Security Income (SSI) Foster Care No Income Statement

Staff Signature _____ Date _____
 I certify that the above income verification is accurate and truthful to the best of my knowledge

Received _____ Accept _____ Referred to GSRP _____ Waitlist _____ Withdraw/Drop _____