



Child and Family Opportunities, Inc.
 Serving Children and Families in Downeast Maine since 1970

Office Use Only
 Center: _____
 Age: _____
 Eligibility: _____

2010/2011 Program Year
Application for Head Start/Early Head Start and/or Child Care Services
and Pre - K Collaborations in Public Schools

If you need help completing this application, call 667-2995 or 1-800-834-4378 or
 visit your local Head Start/Early Care and Education Center

Child's Name: _____

Date of Birth: _____ Gender: M F

Child's Insurance: Private or MaineCare #: _____ Child's Social Security #: _____/_____/_____

Mother's Name: _____

Check all that apply: Biological Parent Legal Guardian Foster Parent Lives in child's primary residence

Father's Name: _____

Check all that apply: Biological Parent Legal Guardian Foster Parent Lives in child's primary residence

Marital Status of person completing application: Single Married Separated Divorced Widowed

Mailing Address: _____

 City State Zip Code

Physical Address: (if different than above): _____

Street City State Zip

Phone Numbers: Home Telephone: _____ Cell Phone: _____

Work Phone: _____ Message Phone: _____

Family Type:

- Two Parent Family Foster Family Grandparent(s) Great Grandparent(s)
 Single Parent Family (mother figure only) Single Parent Family (father figure only)
 Single Parent Family (mother figure only) living with partner Single Parent Family (father figure only) living with partner
 Other Relative (Specify : _____)

Other Household Members NOT LISTED ABOVE:

Name	Gender (M,F)	Date of Birth	Relationship to Applicant	Times Child Care Needed

Household Employment Information (Only persons related by blood or marriage to child; if biological parent(s) are living with their parents, only biological parent(s) income is needed):

Name: _____ Employer: _____

Unemployed Student Disabled Paid Weekly Paid Bi-weekly Monthly

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Families sometime experience economic or social problems that can create stress or hardships. Is your family experiencing any of the following?

- homelessness serious illness/disability alcohol/drug problems death in the family family violence
 child protective foster care teen parent grandparent/great grandparent raising grandchildren
 other relative raising child: _____ other: _____

If you need child care, how soon do you need care? _____

If you do not receive a Child Care Subsidy, would you like to receive an application? Yes No

This child's brother/sister currently attends Head Start and/or childcare Yes No

Child's Physician _____ Child's Dentist _____

Has your child been diagnosed with a disability? Yes No

If yes, please explain:

Does your child have an IFSP or IEP? Yes No If yes, please provide us a copy to better serve your child.

Has your child been involved with any of the following agencies?

- Child Development Services (CDS) Community Health and Counseling Services (CHCS) Special Children's Friends
 Washington County Children's Program Other (Name): _____

Have you or any other adult had concerns regarding your child: (speech, hearing, physical development, behavior, health, etc.)?

- Yes No (*Skip to next question*) Don't Know (*Skip to next question*)

Describe Concerns:

Types of Services or Financial Assistance You Receive (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Medical Financial Assistance (i.e. Medicaid/Medicare) | <input type="checkbox"/> Unemployment* |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Alimony* |
| <input type="checkbox"/> Public Assistance/Welfare (i.e. TANF*, PAS) | <input type="checkbox"/> Child Support* |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Child Care Subsidy - Circle Subsidy Type: |
| <input type="checkbox"/> Supplemental Security Income (SSI)* | Voucher/ASPIRE/ TANF Transitional Child Care Funds/Other |
| <input type="checkbox"/> Foster Care/Adoption Subsidy* | |
| <input type="checkbox"/> Other*: Specify _____ | |

*Please attach proof of all income

TRANSPORTATION

Child and Family Opportunities does not provide transportation to any of the programs. We do have some funds available to assist families with the cost of transportation and we will facilitate finding other families who wish to carpool. If you need assistance, please discuss this issue with Center Staff at the time of enrollment.

Please submit the following with this application:

- Income Documentation (all Sources) Birth Certificate or Proof of Birth date Immunization Records

All Original Documentation will be mailed back to applicant

Failure to submit all documentation may prevent your child's placement on waiting list and/or acceptance into the program.

PLEASE CHECK THE CENTER/PROGRAM YOU WANT YOUR CHILD TO ATTEND

(You may apply for more than one program, please indicate first choice if more than one)

HEAD START PRESCHOOL ONLY (3-5 yrs old) Part Day/Part Year Program No fee for Head Start Only program Four mornings per week; September - May or June	CHILD CARE Full Day/Full Year Program For parents needing full or part time child care		
<input type="checkbox"/> Bucksport Pre K/HS (Public School) <input type="checkbox"/> Ellsworth <input type="checkbox"/> Harrington <input type="checkbox"/> Mt. View ECEC (Sullivan) <input type="checkbox"/> Step By Step <input type="checkbox"/> Stonington <input type="checkbox"/> Jonesport Pre K/HS (Public School) <input type="checkbox"/> Flaherty ECEC (Machias) <input type="checkbox"/> Calais Pre K/HS (Public School) <input type="checkbox"/> Peninsula ECEC (Sedgwick) <input type="checkbox"/> Schoodic Peninsula Pre K/HS (Public School) <input type="checkbox"/> Lubec (collaboration with RMCL)	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none; padding: 5px;"> <u>PRESCHOOL</u> (3-5 yrs) <input type="checkbox"/> Ellsworth <input type="checkbox"/> Flaherty ECEC (Machias) <input type="checkbox"/> St. Croix ECEC (Calais) (on WCCC Campus) <input type="checkbox"/> Peninsula ECEC (Sedgwick) </td> <td style="width:50%; border:none; padding: 5px;"> <u>INFANT/TODDLER</u> (6 wks - 3 yrs) <input type="checkbox"/> Ellsworth <input type="checkbox"/> Flaherty ECEC (Machias) <input type="checkbox"/> Machias Valley ECEC <input type="checkbox"/> St. Croix ECEC (Calais) (on WCCC Campus) </td> </tr> </table>	<u>PRESCHOOL</u> (3-5 yrs) <input type="checkbox"/> Ellsworth <input type="checkbox"/> Flaherty ECEC (Machias) <input type="checkbox"/> St. Croix ECEC (Calais) (on WCCC Campus) <input type="checkbox"/> Peninsula ECEC (Sedgwick)	<u>INFANT/TODDLER</u> (6 wks - 3 yrs) <input type="checkbox"/> Ellsworth <input type="checkbox"/> Flaherty ECEC (Machias) <input type="checkbox"/> Machias Valley ECEC <input type="checkbox"/> St. Croix ECEC (Calais) (on WCCC Campus)
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DOCUMENTATION VERIFICATION

I certify that I have examined the following income documentation of _____
 Family on _____ (date). **Verification of birth date** _____

Check one or more

Social Security/SSI/SSDI _____	TANF _____
W-2/Income Tax Form _____	Self-Employment _____
Child Support _____	Check Stubs _____
Unemployment Comp. _____	Worker's Comp _____
Alimony _____	Other _____

Total Annual Income: \$ _____ **Income/Family Unit:** _____

Total in Household: _____ **Eligibility Status:** _____

Age of Child: _____

I certify under penalty of perjury that, to the best of my knowledge, the family and income information provided on this application is true. I understand that this information may be provided to the various funding sources that support Child and Family Opportunities, Inc. programs.

Applicant's Signature: _____ Date ____/____/____

Intake Signature: _____ Date ____/____/____

Return this application to the center nearest you or you may mail or fax to:

CHILD AND FAMILY OPPORTUNITIES, INC.

P.O. BOX 648

ELLSWORTH, MAINE 04605

Fax: 207-667-2212 Visit our website: www.childandfamilyopp.com