Parents And Children Together

REQUIRED documents you must provide in order to process your application.

1. Birth Certificate of the Child.
2. IF you're a Prenatal mom, then provide prenatal care documents.
3. IF you're a Foster/Adoptive Parents, then provide court documents.
4. IF you're working, then provide a letter from your employer showing your working status.
5. IF you're in college, then provide current class schedule.
6. Income Documentation such as: (for the last 12 months)
   - Check Stub
   - W2 Form
   - TANF Letter
   - Alimony Payments
   - Tax Return
   - Child Support

Section-A PRIMARY ADULT or PRENATAL MOM: Information of the primary adult responsible for the child.

NAME: ____________________ EMAIL: ____________________ DOB: ____________ Male Female

Race (check ALL that apply)
☐Hawaiian/Pacific Islander ☐Asian ☐White ☐Black
☐Native American ☐Other ____________

What is your NATIONALITY? ____________

What is your ETHNICITY? ____________

HOME
Address: ____________________
Address: ____________________
City/State/Zip: ____________________

MAILING
Address: ____________________
Address: ____________________
City/State/Zip: ____________________

Home Phone: (   ) ____________ Work Phone (   ) ____________

Cell Phone: (   ) ____________ Other (   ) ____________

Highest grade in school COMPLETED? *(check one)*
☐Grade 9 ☐GED
☐Grade 10 ☐Some College/Advance Training
☐Grade 11 ☐College Graduate/Training Certificate
☐Grade 12

Employment Status now? *(check one)*
☐Full-Time ☐Training or School
☐Part-Time ☐Retired or Disabled
☐Full-Time & Training ☐Seasonal Employee
☐Part-Time & Training ☐Unemployed

Section-B FAMILY INFORMATION

What is your relationship to this child/applicant? *(check one)*
☐Natural/Adopted/Step
☐Guardian ☐
☐Foster ☐Other ____________

What is the Primary language at Home: ____________

What is the Secondary language at Home: ____________

Do you live with this child/applicant? ☐Yes ☐No *(check one)*

Do you support this child/applicant FINANCIALLY? ☐Yes ☐No *(check one)*

Are you a SINGLE Parent? ☐Yes ☐No *(check one)*

How many CHILDREN in your family? ____________

How many are CHILDREN ages 0 to 3 yrs? ____________

How many are CHILDREN ages 4 to 5 yrs? ____________

How many other RELATIVES live in your home that you support FINANCIALLY? ____________

Do you receive Temporary Assistance for Needy Families (TANF) Money? ☐Yes ☐No ☐Before, but not now *(check one)*

Has your child been identified by a PROFESSIONAL as having a disability or special need? ☐Yes ☐No *(check one)*
If YES then please explain: ____________________

Were you referred to our program (PACT)? ☐Yes ☐No *(check one)*
If YES then by whom or what agency: ____________________

Do you feel that you or the child is in a HIGH RISK situation ? Yes No Or, in a CRISIS situation ? Yes No
If YES, then please explain: ____________________

Parents And Children Together
Early Head Start/Head Start Application

Section-C SECONDARY ADULT: Information about the Secondary adult responsible for the child.

NAME: ______________________ EMAIL: ______________________ DOB: ______________ Male Female

Race (check ALL that apply)
☐Hawaiian/Pacific Islander ☐Asian ☐White ☐Black
☐Native American ☐Other ______________

What is your NATIONALITY? ______________
What is your ETHNICITY? ______________

What is your relationship to this child/applicant? *(check one)*
☐Natural/Adopted/Step
☐Guardian ☐
☐Foster ☐Other ______________

Do you live with this child/applicant? ☐Yes ☐No *(check one)*
Do you support this child/applicant FINANCIALLY? ☐Yes ☐No *(check one)*

Highest grade in school COMPLETED? *(check one)*
☐Grade 9 ☐GED
☐Grade 10 ☐Some College/Advance Training
☐Grade 11 ☐College Graduate/Training Certificate
☐Grade 12

Employment Status now? *(check one)*
☐Full-Time ☐Training or School
☐Part-Time ☐Retired or Disabled
☐Full-Time & Training ☐Seasonal Employee
☐Part-Time & Training ☐Unemployed

Section-D CHILD/APPLICANT: Information about the CHILD who is applying.

NAME: ______________________ DOB: ______________ Male Female

Race (check ALL that apply)
☐Hawaiian/Pacific Islander ☐Asian ☐White ☐Black
☐Native American Other ______________

What is your CHILD'S NATIONALITY? ______________
What is your CHILD'S ETHNICITY? ______________

Is your child under MEDICAID for Health Insurance? ☐Yes ☐No *(check one)*
If YES then what is his/her MEDICAID Number? ______________
If YES then what is the name of his/her MEDICAID Coverage? *(check one)*
☐Aloha Care Quest ☐HMSA Quest ☐Kaiser Quest
☐Med-Quest ☐Other ______________

Is your Child under another Health Insurance? ☐Yes ☐No *(check one)*
If YES then what is the Number? ______________
If YES then what is the Name? ______________

Who is the DOCTOR for this child/applicant?
Name: ______________
Address: ______________ City: ______________
Phone: ( ) ______________

Who is the DENTIST for this child/applicant?
Name: ______________
Address: ______________ City: ______________
Phone: ( ) ______________

CERTIFICATION: Please read then sign and date your application.

I certify that this information is true. If any part is false, my participation in PACT programs may be terminated and I may be subject to legal action.
I also understand that the information in this application will be held in strict confidence within the agency and is accessbile to me during normal business hours.

Parent/Guardian Signature: ______________________ Date: ______________

Verifying Staff Member: ______________________ Date: ______________