Parents And Children Together
BUILDING THE RELATIONSHIPS THAT MATTER MOST

Early Head Start/Head Start Application

1300 Halona Street, Honolulu, HI 96817
Tel: (808) 842-5996, Fax: (808) 845-2066

SITE SELECTION
Oahu ◉
East Hawaii ○
West Hawaii ○

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 for the last 12 months: W-2 or 1040 IncomeTax Form
   - Pay Stub - TANF Letter - Alimony Payments
   - Other Income - SNAP Letter - Child Support

SCHOOL YEAR APPLYING FOR (AUG-JUL):

Drop off or mail completed applications to the address above or email to hs-ehs@pacthawaii.org

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 ☐Other _____

Employment Status now? *(check one)*
☐ Full-Time (30 hours or more) ☐ Unemployed
☐ Part Time (30 hours or less) ☐ Retired or Disabled
☐ Training / School
☐ Seasonally Employed

Section-B FAMILY INFORMATION

What is your relationship to this child/applicant? *(check one)*
☐Natural/Adopted/Step Parent
☐Guardian ☐Grandparent
☐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 the following benefits: **(check ALL that apply)** ☐TANF - Cash (Temporary Assistance for Needy Families) ☐SNAP - Food Stamps (Supplemental Nutrition Assistance Program) ☐SSI (Supplemental Security Income)

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: _____

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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 Parent
☐ Guardian ☐ Grandparent
☐ 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 ☐ Other _____

Employment Status now? *(check one)*
☐ Full-Time (30 hours or more) ☐ Unemployed
☐ Part-Time (30 hours or less) ☐ Retired or Disabled
☐ Training / School
☐ Seasonally Employed

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 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 accessible to me during normal business hours. My signature authorizes myself and/or my child(ren) to participate in the PACT programs.

Parent/Guardian Signature: _____ Date: _____

Verifying Staff Member: _____ Date: _____

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