



0-3 Child Development and Head Start Programs Intake Form



Today's Date: _____ Intake completed by: _____

How did you hear about us? _____

Primary Parent/Guardian Information:

First Name: _____ Middle Name: _____ Last Name: _____

Birthday (mm/dd/yyyy): _____ Gender: ☐ Male ☐ Female

Email Address (**Required**): _____

Mobile Phone Number: _____ Opt in for Text Messages/Email: ☐ Yes ☐ No

Home Phone: _____ Work Phone: _____

Employment Status:

- ☐ Full-time & Training ☐ Full-time (35 hours/week or more) ☐ Retired or disabled ☐ Seasonally employed
☐ Part-time & Training ☐ Part-time (under 35 hours/week) ☐ Training or school ☐ Unemployed

Relationship to child:

☐ Biological/Adopted/Step ☐ Foster ☐ Grandchild ☐ Other relative ☐ Other _____

Custody: ☐ Yes ☐ No **Lives with Family:** ☐ Yes ☐ No **Provides Financial Support:** Yes ☐ No ☐

Teen Parent: Yes ☐ No ☐

Secondary Parent/Guardian Information:

First Name: _____ Middle Name: _____ Last Name: _____

Birthday (mm/dd/yyyy): _____ Gender: ☐ Male ☐ Female

Email Address: _____

Mobile Phone Number: _____ Opt in for Text Messages: ☐ Yes ☐ No

Home Phone: _____ Work Phone: _____

Employment Status:

- ☐ Full-time & Training ☐ Full-time (35 hours/week or more) ☐ Retired or disabled ☐ Seasonally employed
☐ Part-time & Training ☐ Part-time (under 35 hours/week) ☐ Training or school ☐ Unemployed

Relationship to child:

☐ Biological/Adopted/Step ☐ Foster ☐ Grandchild ☐ Other relative ☐ Other _____

Custody: ☐ Yes ☐ No **Lives with Family:** ☐ Yes ☐ No **Provides Financial Support:** Yes ☐ No ☐

Teen Parent: Yes ☐ No ☐

Address:

Is your family experiencing homelessness? ☐ Yes ☐ No

Living Address: _____

Address Line 2: _____

City: _____ State: _____ ZIP: _____

Family Information:

Primary Language at Home: _____ Number in Family: _____ Gross Annual Income: _____

Does the family income come from agriculture work? ☐ Yes ☐ No

Is your family receiving any of the following:

☐ TANF/CalWorks ☐ Supplemental Security Income (SSI) ☐ WIC ☐ SNAP/CalFresh

Child (Applicant):

First Name: _____ Middle Name: _____

Last Name: _____ Birthday (dd/mm/yyyy): _____

Gender: ☐ Male ☐ Female

Does your child have a disability or do you have any concerns about your child's development? ☐ Yes ☐ No

Is there anything else you want to tell us about your child? _____

Child (Applicant):

First Name: _____ Middle Name: _____

Last Name: _____ Birthday (dd/mm/yyyy): _____

Gender: ☐ Male ☐ Female

Does your child have a disability or do you have any concerns about your child's development? ☐ Yes ☐ No

Is there anything else you want to tell us about your child? _____

Are you expecting? ☐ Yes ☐ No If yes, expected delivery date: _____

Location Preferences:

Which program are you applying for?

☐ Early Head Start *Services for pregnant moms and children 0-3 years old*

☐ Head Start *Services for children 3-5 years old*

☐ Migrant Head Start *Services for children 0-5 from families whose income primarily comes from agriculture work*

☐ State Funded Child Care (CCTR) *Services for children 0-3 years old*

Site & Location: 1st Option: _____ 2nd Option: _____