

LIST ALL PEOPLE LIVING IN THE HOME

First, Middle and Last Name	Date of Birth	Relationship to Child	Race	Sex	Disability	Years Education
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Mother's Place of Work _____ Phone _____

Father's Place of Work _____ Phone _____

In an effort to best serve your child / family, please check any of the following conditions that currently affect or have affected the child's household in the past 12 months. ("X" all that apply): The information given is confidential. You are not required to provide this information, though it may be helpful in providing the best services to your family.

- Parent has limited English
- Prolonged Military Deployment of Parent
- Parent Incarceration
- Decrease in Family Income (ex. Prolonged unemployment, layoff, etc.)
- Living with Friends or Family Explain: _____
- You are Homeless Explain: _____
- Death of Immediate Family Member Relationship: _____
- Medical Condition of Household Family Member Explain: _____
- Other: _____
- None of the Above
- Domestic Abuse
- Child Abuse / Neglect
- Drug / Alcohol Abuse

Income Information:

Because Head Start receives funding from the Department of Health and Human Services, **we must ask for income information and ask that it be verified.** Total gross income for 2015 or the past 12 months must be included.

Sources of Household Income and Other Assistance ("X" those that apply):

- Salary or Wages*
- Child Support Received*
- MFIP or DWP*
- Self Employment*
- SSI / Disability*
- General Assistance*
- Unemployment Comp.*
- Social Security*
- Interest/Other*
- No Income - Explain: _____
- Veteran's Benefits*
- Retirement/Pension*
- Energy Asst.
- Subsidized Childcare
- Housing/HUD
- Medical Asst.
- Food Support
- WIC

INCOME DOCUMENTATION

- ICCC has my permission to receive information about my most current income from:
(To be completed if you are unable to include a copy of your income information).

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- I have enclosed a copy of the front page of my 2015 Federal Tax Form or 2015 W-2 forms.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN IS ACCURATE AND TRUE.

Parent/Guardian Signature _____ / _____ Date ____ / ____ / ____

**RETURN COMPLETED APPLICATION TO:
ICCC Head Start
P.O. Box 189, Oklee, MN 56742
Fax: 218-796-5175 or Email: headstart@intercountycc.org**

Staff Initials _____

12/2015