Region IX Head Start Application: Ruidoso Site___ Capitan Site__ Hondo Site__

PH: 575-257-5025 Fax: 855-625-5183



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Applica	nt											
First		Middle	Last			Birt	hday Gen	der				
Race				spanic	English Prof	iciency	Other Language		Other Language Proficiency			
☐ Asian		an Indian/Alaska I		Yes	Little				☐ Little			
☐ Black ☐ White	☐ Hawaii	an/Pacific Islande	r ⊔	No	☐ Moderate☐ None				☐ Moderate ☐ None			
☐ Other:	□ IVIUILI-N	laciai			☐ Proficient				☐ Proficient			
	Health Cov	erage				id Eligibility	/		Doctor/Medical Home			
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						/ledicaid						
Denta	al Coverage)			Dentist/Dent	al Home	Does Y	our Child	Have a Disability?			
							☐ Yes		•			
							□ No					
Drive	r A duilé											
Primary	Adult	Mishalla	Last			D:w	halas Oan	d = 1				
First		Middle	Last			BILI	hday Gen	aer				
Race			Н	ispanic	English Prof	iciencv	Other Language		Other Language Proficiency			
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□ Black		ian/Pacific Islande	r 🗆	No	□ Moderate				☐ Moderate			
□ White	☐ Multi-F	Racial			□ None				□ None			
Other:		-4	Г	-l	☐ Proficient	Obildia D		0	☐ Proficient			
-	rade Compl			ployment Statu			elationship	Custody	117			
☐ Associa		☐ Grade 10 ☐ Grade 11	☐ Full Time ☐ Part Time		e & Training e & Training	☐ Grando	cal/Adopted/Step	□ Yes □ No	☐ Lives with Family☐ Provides Financial Support			
☐ Col Dec		☐ Grade 11	☐ Seasonal	□ School	e & Halling	☐ Other F		LI INO	☐ Teen Parent			
□ Col or A		□ < Grade 9	□Unemployed		or Disabled	□ Foster	tolativo		2 reem arem			
□ GED		☐ HS Graduate	(Check all that	(Check all t	hat apply)	□ Other						
		☐ Master's	apply)									
Email Add	dress:											
Second	Secondary or Other Adult											
First			ast			Birt	hday Gen	der				
			ast			Birt	hday Gen	der				
First				isnanic	English Prof		·	der	Other Language Proficiency			
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^{*} If a family has more than one child applying for services, please complete a separate copy of this form for each applicant

Family Information, Income & Contacts

□ Cell □ Home □ Work □ Other □ Yes □ Cell □ Home □ Work □ Other □ Yes	-			
Started Living At Date Living Address Address Line 2 ZIP City State Family Mailing Address Same as living? Started Using Date Mailing Address Address Line 2 ZIP City Primary Adult Phone Number(s) Type (check one) Cell Home Work Other Cell Home Work Other Yes	State State Text Messages			
Family Mailing Address Same as living? Started Using Date Mailing Address Address Line 2 ZIP City Primary Adult Phone Number(s) Type (check one) Note (extension or best time to call) Opt In formula and the composition of	State State Text Messages			
Same as living? Started Using Date Mailing Address Address Line 2 ZIP City Yes	or Text Messages □ No			
Same as living? Started Using Date Mailing Address Address Line 2 ZIP City Yes	or Text Messages □ No			
Same as living? Started Using Date Mailing Address Address Line 2 ZIP City Yes	or Text Messages □ No			
Primary Adult Phone Number(s) Cell Home Work Other Cell Home Work Other Type (check one) Opt In for Primary Adult Phone Number(s) Yes	or Text Messages □ No			
Primary Adult Phone Number(s) Type (check one) Cell Home Work Other Opt In for Primary Adult Phone Number(s) Yes	□No			
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☐ Cell ☐ Home ☐ Work ☐ Other ☐ Yes	-			
	□ No			
	⊔ No			
□ Cell □ Home □ Work □ Other □ Yes	□No			
Parental Status Primary Language Homeless Active Duty Referred by Child Receiving WIC	WIC ID			
(check one) at Home Family Military Welfare Agency SNAP	(if applicable)			
□ One □ Yes □ Yes □ Yes □ Yes				
□ Two				
	1			
Family Income				
Income Verified by Verification Date TANF Status	SSI			
□Yes□No	□ Yes			
☐ Formerly on TANF/Not now	□No			
Emergency Contacts				
Name Relationship Emergency Contact	Release To			
□ Yes □ No	□ Yes □ No			
Address ZIP City	State			
Address	State			
Address ZIP City Phone Number 1 Phone Number 2 Phone Number 3				
Phone Number 1 Phone Number 2 Phone Number 3	Phone Number 3			
☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work ☐	□ Cell □ Home □ Work			
Name Relationship Emergency Contact	Release To			
No Yes No	□ Yes □ No			
Address ZIP City	State			
Address ZIP City Phone Number 1 Phone Number 2 Phone Number 3				
Phone Number 1 Phone Number 2 Phone Number 3				
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Name Relationship Emergency Contact	Release To			
m Yes No	☐ Yes ☐ No			
	State			
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Address ZIP City Phone Number 1 Phone Number 2 Phone Number 3				
Phone Number 1 Phone Number 2 Phone Number 3				
☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work ☐	□ Cell □ Home □ Work			
Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be sull also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal busing the parent/Guardian Signature Date				