

Parents And Children Together

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PARENTS AND CHILDREN TOGETHER
A FAMILY SERVICE AGENCY

Early Head Start/Head Start Application

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

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

SCHOOL YEAR APPLYING FOR (AUG-JUL): 2021-2022

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

| | | |
|--|--|--|
| NAME: _____ EMAIL: _____ DOB: _____ | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Race (check ALL that apply) <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> 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) <input type="checkbox"/> Grade 9 <input type="checkbox"/> GED <input type="checkbox"/> Grade 10 <input type="checkbox"/> Some College/Advance Training <input type="checkbox"/> Grade 11 <input type="checkbox"/> College Graduate/Training Certificate <input type="checkbox"/> Grade 12 | Employment Status now? (check one) <input type="checkbox"/> Full-Time <input type="checkbox"/> Training or School <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Full-Time & Training <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Part-Time & Training <input type="checkbox"/> Unemployed | |

Section-B FAMILY INFORMATION

| | |
|---|---|
| What is your relationship to this child/applicant? (check one) <input type="checkbox"/> Natural/Adopted/StepParent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ | What is the Primary language at Home: _____ What is the Secondary language at Home: _____ |
| Do you live with this child/applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one) | Are you a SINGLE Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one) |
| Do you support this child/applicant FINANCIALLY? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Women, Infants & Children (WIC) (check one) | |
| Has your child been identified by a PROFESSIONAL as having a disability or special need? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one) If YES then please explain: _____ | |
| Were you referred to our program (PACT)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 ? <input type="checkbox"/> Yes <input type="checkbox"/> No Or, in a CRISIS situation ? <input type="checkbox"/> Yes <input type="checkbox"/> 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 relationship to this child/applicant? (check one)
 Natural/Adopted/Step Parent
 Guardian Grandparent
 Foster Other _____

What is your NATIONALITY? _____
 What is your ETHNICITY? _____

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 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: _____