



Community Services Agency Early Childhood Programs

Head Start

Preschool for children ages 3 to 5
Serves families up to 100% of poverty

State Pre-K

Preschool for children ages 4 to 5
Serves families up to 200% of poverty

Early Head Start

Care for infants & toddlers ages 0 to 3
Serves families up to 100% of poverty

About our Programs

Our comprehensive services, which are at no cost to families, support children's growth and development in a positive learning environment through a variety of services, such as:

- Individualized experiences that support early learning and relationship building
- Health and development screenings, nutritious meals, oral health and mental health support
- Children with disabilities and/or special needs are encouraged to apply and will receive special education services
- We provide help to parents and families with finding opportunities for education and career development
- Staff receive ongoing professional development and credentialing in child development knowledge and skills

How do I turn in my application?

We accept applications all year long and we encourage you to come in as soon as possible!

- Fax to (775) 333-8684 Attn: Enrollment
- Scan and e-mail to enrollment@csareno.org
- Bring to our main office located at 1100 E 8th Street, Reno NV 89512, between 8:00 AM to 4:30 PM, Monday through Friday
- Mail to CSA Head Start Enrollment, PO Box 10167, Reno NV 89510-0167

What documents do I need to give?

Child Applicant Documents

1. Birth record (*if available*)
2. Immunization record
3. Custody, adoption or guardianship documentation (*if applicable*)
4. Disability or special needs documentation (*if applicable*)

Pregnant Woman Documents

1. Proof of pregnancy

Eligibility Documents

Every family's income situation is different and there may be more or different sources of income. Our enrollment staff will go over your application with you and inform you of the documentation needed.

Here are some items that would be good to gather and bring in:

1. Current Individual Income Tax forms **AND** all W-2s
2. 4 most current paystubs with year-to-date gross totals
3. Child support received for all children in the home (whether private or court agreement)
4. Foster placement letter (if a program applicant is a foster child)
5. Proof of current TANF welfare cash aid **OR** SSI disability cash aid

Please call (775) 786-6023 and come in today!!



Child Applicants Ages 0 to 5 *(list all children you would like to enroll)*

Child	First and Last Name <i>(name as it appears on the birth record)</i>	Birth Date <i>(month / day / year)</i>	Gender <i>(Male or Female)</i>	Disabilities <i>(mark for each child)</i>
1		/ /		<input type="checkbox"/> Disabled child <input type="checkbox"/> Not disabled
2		/ /		<input type="checkbox"/> Disabled child <input type="checkbox"/> Not disabled
3		/ /		<input type="checkbox"/> Disabled child <input type="checkbox"/> Not disabled

Pregnant Woman Applicant *(You can apply for care now in preparation of your child's birth)*

First and Last Name <i>(legal name)</i>	Expected Delivery Date <i>(month / day / year)</i>	Need for Full Day Care <i>(answer below)</i>
	/ /	Will you be working, training or going to school after the birth of your child? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you are applying as a pregnant woman only: skip pages 5-7 of this application, they will be filled in later.

Program Locations & Times *(Specify your 1st, 2nd and 3rd choice for each program)*

Preschool Sessions (for ages 3 to 5)

- Morning (AM) ► 8:00 AM to 11:30 AM, Monday—Thursday
- Afternoon (PM) ► 1:00 PM to 4:30 PM, Monday—Thursday
- Extended Day (ED) ► 8:00 AM to 1:30 PM, Monday—Friday
- Full Day (FD) ► 8:00 AM to 4:30 PM, Monday—Thursday

Infant & Toddler Sessions (for ages 0 to 3)

- Full Day, Full Year (FD) ► 7:30 AM to 5:30 PM, Monday—Friday

1 st	2 nd	3 rd	INFANT & TODDLER Locations	AM	PM	ED	FD Age 0-3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child's Play • 1675 Robb Drive Reno 89523	n/a	n/a	n/a	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Holy Child • 440 Reno Avenue Reno 89509	n/a	n/a	n/a	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Continuum • 3700 Grant Drive, Suite A Reno 89523	n/a	n/a	n/a	<input type="checkbox"/>
1 st	2 nd	3 rd	PRESCHOOL Locations	AM Age 3-5	PM Age 3-5	ED Age Varies	FD Age 4 Only
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bernice Mathews • 2750 Elementary Drive Reno 89512	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Age 3 Only	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agnes Risley • 1900 Sullivan Lane Sparks 89431	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Age 3-5	n/a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cottonwood • 915 Farm District Road Fernley 89408	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Echo Loder • 650 Apple Street Reno 89502	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Age 4 Only	n/a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sutro • 1100 E 8 th Street Reno 89512	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Age 3-5	n/a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smithridge • 4950 Filbert Road Reno 89502	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Age 3-5	n/a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desert Heights • 5310 Echo Avenue Reno 89506	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Age 3-5	n/a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Larry Johnson • 1200 12 th Street Sparks 89431	n/a	n/a	<input type="checkbox"/> Age 4 Only	n/a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sun Valley • 115 West 6 th Avenue Sun Valley 89433	n/a	n/a	<input type="checkbox"/> Age 4 Only	n/a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vassar • 2405 Vassar Street Reno 89502	n/a	n/a	<input type="checkbox"/> Age 3-5	n/a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wooster • 1950 Villanova Drive Reno 89502	n/a	n/a	<input type="checkbox"/> Age 3-5	n/a

*Space is limited at some locations and times, but we will do our best to accommodate your request!
 Please be aware that—to qualify for full day services—both parents/guardians must be working, training or going to school.*



Parent(s) / Guardian(s) in the Home			
PRIMARY ADULT <u>in the Home</u>		SECONDARY ADULT <u>in the Home</u>	
First Name	MI	First Name	MI
Last Name (legal name)		Last Name (legal name)	
Birth Date (month / day / year)	Gender (mark one)	Birth Date (month / day / year)	Gender (mark one)
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status (mark one)		Marital Status (mark one)	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Ethnicity (mark one)		Ethnicity (mark one)	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Race (mark all applicable)		Race (mark all applicable)	
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black / African-American <input type="checkbox"/> Unspecified		<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black / African-American <input type="checkbox"/> Unspecified	
Primary Language (mark one)		Primary Language (mark one)	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Ability to Speak & Understand English (mark one)		Ability to Speak & Understand English (mark one)	
<input type="checkbox"/> None <input type="checkbox"/> Well / Moderate <input type="checkbox"/> Little / Poor <input type="checkbox"/> Very Well / Proficient		<input type="checkbox"/> None <input type="checkbox"/> Well / Moderate <input type="checkbox"/> Little / Poor <input type="checkbox"/> Very Well / Proficient	
Highest Level of Education (mark one)		Highest Level of Education (mark one)	
<input type="checkbox"/> Grade 9 or Less <input type="checkbox"/> Some College <input type="checkbox"/> High School Non-Graduate <input type="checkbox"/> Associate Degree <input type="checkbox"/> GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Master's Degree		<input type="checkbox"/> Grade 9 or Less <input type="checkbox"/> Some College <input type="checkbox"/> High School Non-Graduate <input type="checkbox"/> Associate Degree <input type="checkbox"/> GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Master's Degree	
Medical Insurance Coverage (mark one)		Medical Insurance Coverage (mark one)	
<input type="checkbox"/> None <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicaid <input type="checkbox"/> State Coverage <input type="checkbox"/> Military Health Care <input type="checkbox"/> Medicare		<input type="checkbox"/> None <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicaid <input type="checkbox"/> State Coverage <input type="checkbox"/> Military Health Care <input type="checkbox"/> Medicare	
Employment Information		Employment Information	
Current Employment Status (mark all applicable)		Current Employment Status (mark all applicable)	
<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Attending School <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Seasonally <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Attending School <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Seasonally <input type="checkbox"/> Retired or Disabled	
Name of Current Employer (as it appears on check stub / W-2)		Name of Current Employer (as it appears on check stub / W-2)	



Eligibility Interview - Part 1

PRIMARY ADULT <u>in the Home</u>			SECONDARY ADULT <u>in the Home</u>		
First Name			First Name		
Is the 'Primary Adult' ... (answer all below)			Is the 'Secondary Adult' ... (answer all below)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disabled?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	An active duty member of the US military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	An active duty member of the US military?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	A veteran?
In the last 12 months, did the 'Primary Adult' ... (answer all below)			In the last 12 months, did the 'Secondary Adult' ... (answer all below)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stay at home to care for children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stay at home to care for children?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have at least 1 job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have at least 1 job?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attend college, university, or vocational school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attend college, university, or vocational school?
In the last 12 months, what sources of income did the 'Primary Adult' have? (answer all below)			In the last 12 months, what sources of income did the 'Secondary Adult' have? (answer all below)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employment or self-employment earnings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employment or self-employment earnings
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cash pay from side jobs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cash pay from side jobs
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unemployment benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unemployment benefits
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Workers' Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Workers' Compensation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	School financial aid (grants / scholarships)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School financial aid (grants / scholarships)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pension or retirement pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pension or retirement pay
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child support for any child in the home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child support for any child in the home
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Regular help from friends or family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Regular help from friends or family
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Social Security benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Social Security benefits
<input type="checkbox"/> Yes	<input type="checkbox"/> No	SSI disability cash aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SSI disability cash aid
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TANF welfare cash aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TANF welfare cash aid
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Foster care or adoption subsidies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Foster care or adoption subsidies
Did the 'Primary Adult' receive any other sources of income not mentioned above? (answer and detail below)			Did the 'Secondary Adult' receive any other sources of income not mentioned above? (answer all below)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Detail:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Detail:
If NO to all the above, how have needs, expenses, housing & food costs, etc. been taken care of for the 'Primary Adult' in the last 12 months? (detail below)			If NO to all the above, how have needs, expenses, housing & food costs, etc. been taken care of for the 'Secondary Adult' in the last 12 months? (detail below)		
Detail:			Detail:		



Eligibility Interview - Part 2

Answer all questions below.

1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is any adult or child in the home receiving TANF welfare cash aid? Note: the benefit award letter you receive will say 'TANF NEON' or 'TANF Child Only' on it. Bring your most current letter!
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is any adult or child in the home receiving SSI disability cash aid? Note: the benefit award letter you receive will say 'Supplemental Security Income' on it. Bring your most current letter!
3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is any applicant currently a foster child OR awaiting foster care placement? Note: Bring legal court documents if applicable or the foster placement letter!
4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your family living in a shelter, transitional housing, motel/hotel OR a residence with inadequate facilities / substandard housing? Note: 'Inadequate facilities / substandard housing' would be a place not designed for, or ordinarily used as, a place to sleep OR there is no water, heat, electricity, indoor plumbing, kitchen, etc. For example, staying at motels, hotels, trailer parks depending on condition and size of the trailer, camping grounds, emergency or transitional shelters, or awaiting foster care placement due to the lack of alternative adequate accommodations. ➔ If yes, please describe: _____
5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is any applicant NOT in the physical custody of a biological parent / legal guardian? Note: This includes youth who are residing with a caregiver who does not have legal guardianship / custody OR youth who have run away from home, been kicked out of the home or been abandoned by the parents.
6	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your family temporarily living with more than one family in a home BECAUSE OF: financial or economic hardship, loss of employment or similar reasons? ➔ If yes, please describe: _____
7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your family moved or changed residences <u>more than</u> 3 times in the last 12 months?

AGENCY USE ONLY

Eligibility Interview Date: _____ Completed by: _____

Interview completed in person Interview completed by phone because: _____



'Child Applicant 1' Information

First Name	MI	Last Name <i>(as it appears on birth record)</i>	Birth Date <i>(month / day / year)</i>	Gender <i>(M or F)</i>
			/ /	

Ethnicity <i>(mark one)</i>	Race <i>(mark all applicable)</i>	Primary Language <i>(mark one)</i>	Ability to Understand English <i>(mark one)</i>
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unspecified <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very Well

Medical Insurance Coverage <i>(mark all applicable)</i>	Dental Insurance Coverage <i>(mark all applicable)</i>
<input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Indian Health Services	<input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Indian Health Services

Doctor Information <i>(provide details below)</i>	Dentist Information <i>(provide details below)</i>
Doctor's Name and/or Office Name: _____ Telephone Number: _____ Date of Last Exam (mm/yyyy): _____ / _____	Dentist's Name and/or Office Name: _____ Telephone Number: _____ Date of Last Exam (mm/yyyy): _____ / _____
<input type="checkbox"/> No doctor at this time.	<input type="checkbox"/> No dentist at this time.

Disabilities & Special Needs *(provide details below)*

1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does this child have a diagnosed disability and/or special need? → If yes, please describe: _____
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there an IEP, IFSP or some other documentation?

Additional Information *(answer all below)*

The following questions will be used only to better understand your need for services. Your honest completion is greatly appreciated.

1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has this child ever been subject or witness to abuse, neglect, violence, or dysfunction in the home?
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has this child ever been removed from the home and placed in a foster home, in the custody of social services, or in the care of another person?
3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is this child transitioning from the Early Head Start Program?
4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does this child have any problem behaviors or emotional issues?
5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has this child lost a parent due to death, abandonment or incarceration?
6	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has a parent or guardian experienced problems with alcohol and/or drug abuse in the last 12 months?
7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has a parent or guardian been incarcerated in the last 12 months?
8	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the parent or guardian under 20 years of age and identified as a foster child?
9	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Child Protective Services (CPS) involved in this child's life?

Relationship to 'PRIMARY ADULT' <i>(mark one)</i>	Relationship to 'SECONDARY ADULT' <i>(mark one)</i>
<input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild by Marriage <input type="checkbox"/> No Legal / Blood Relation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Grandchild <input type="checkbox"/> Adopted Child / Guardianship <input type="checkbox"/> Foster Child <input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild by Marriage <input type="checkbox"/> No Legal / Blood Relation <input type="checkbox"/> Other: _____

Custody / Guardianship Situation *(answer below)*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a court order or some other document regarding custody, guardianship or adoption of this child?
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'Child Applicant 2' Information (if not applicable, skip to page 8)

First Name	MI	Last Name (as it appears on birth record)	Birth Date (month / day / year)	Gender (M or F)
			/ /	

Ethnicity (mark one)	Race (mark all applicable)	Primary Language (mark one)	Ability to Understand English (mark one)
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unspecified	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very Well

Medical Insurance Coverage (mark all applicable)	Dental Insurance Coverage (mark all applicable)
<input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Employment Based <input type="checkbox"/> Military Health Care	<input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Employment Based <input type="checkbox"/> Military Health Care

Doctor Information (provide details below)	Dentist Information (provide details below)
Doctor's Name and/or Office Name: _____ Telephone Number: _____ Date of Last Exam (mm/yyyy): _____ / _____	Dentist's Name and/or Office Name: _____ Telephone Number: _____ Date of Last Exam (mm/yyyy): _____ / _____
<input type="checkbox"/> No doctor at this time.	<input type="checkbox"/> No dentist at this time.

Disabilities & Special Needs (provide details below)

1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have a diagnosed disability and/or special need? → If yes, please describe: _____
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an IEP, IFSP or some other documentation?

Additional Information (answer all below)
 The following questions will be used only to better understand your need for services. Your honest completion is greatly appreciated.

1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this child ever been subject or witness to abuse, neglect, violence, or dysfunction in the home?
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this child ever been removed from the home and placed in a foster home, in the custody of social services, or in the care of another person?
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child transitioning from the Early Head Start Program?
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have any problem behaviors or emotional issues?
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this child lost a parent due to death, abandonment or incarceration?
6	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a parent or guardian experienced problems with alcohol and/or drug abuse in the last 12 months?
7	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a parent or guardian been incarcerated in the last 12 months?
8	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the parent or guardian under 20 years of age and identified as a foster child?
9	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Child Protective Services (CPS) involved in this child's life?

Relationship to 'PRIMARY ADULT' (mark one)	Relationship to 'SECONDARY ADULT' (mark one)
<input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild by Marriage <input type="checkbox"/> No Legal / Blood Relation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Grandchild <input type="checkbox"/> Adopted Child / Guardianship <input type="checkbox"/> Foster Child <input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild by Marriage <input type="checkbox"/> No Legal / Blood Relation <input type="checkbox"/> Other: _____

Custody / Guardianship Situation (answer below)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a court order or some other document regarding custody, guardianship or adoption of this child?
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'Child Applicant 3' Information (if not applicable, skip to page 8)

First Name	MI	Last Name <i>(as it appears on birth record)</i>	Birth Date <i>(month / day / year)</i>	Gender <i>(M or F)</i>
			/ /	

Ethnicity <i>(mark one)</i>	Race <i>(mark all applicable)</i>	Primary Language <i>(mark one)</i>	Ability to Understand English <i>(mark one)</i>
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unspecified	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very Well

Medical Insurance Coverage <i>(mark all applicable)</i>	Dental Insurance Coverage <i>(mark all applicable)</i>
<input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Employment Based <input type="checkbox"/> Military Health Care	<input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Employment Based <input type="checkbox"/> Military Health Care

Doctor Information <i>(provide details below)</i>	Dentist Information <i>(provide details below)</i>
Doctor's Name and/or Office Name: _____ Telephone Number: _____ Date of Last Exam (mm/yyyy): _____ / ____ / ____	Dentist's Name and/or Office Name: _____ Telephone Number: _____ Date of Last Exam (mm/yyyy): _____ / ____ / ____
<input type="checkbox"/> No doctor at this time.	<input type="checkbox"/> No dentist at this time.

Disabilities & Special Needs *(provide details below)*

1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does this child have a diagnosed disability and/or special need? → If yes, please describe: _____
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there an IEP, IFSP or some other documentation?

Additional Information *(answer all below)*

The following questions will be used only to better understand your need for services. Your honest completion is greatly appreciated.

1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has this child ever been subject or witness to abuse, neglect, violence, or dysfunction in the home?
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has this child ever been removed from the home and placed in a foster home, in the custody of social services, or in the care of another person?
3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is this child transitioning from the Early Head Start Program?
4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does this child have any problem behaviors or emotional issues?
5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has this child lost a parent due to death, abandonment or incarceration?
6	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has a parent or guardian experienced problems with alcohol and/or drug abuse in the last 12 months?
7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has a parent or guardian been incarcerated in the last 12 months?
8	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the parent or guardian under 20 years of age and identified as a foster child?
9	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Child Protective Services (CPS) involved in this child's life?

Relationship to 'PRIMARY ADULT' <i>(mark one)</i>	Relationship to 'SECONDARY ADULT' <i>(mark one)</i>
<input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild by Marriage <input type="checkbox"/> No Legal / Blood Relation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Grandchild <input type="checkbox"/> Adopted Child / Guardianship <input type="checkbox"/> Foster Child <input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild by Marriage <input type="checkbox"/> No Legal / Blood Relation <input type="checkbox"/> Other: _____

Custody / Guardianship Situation *(answer below)*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a court order or some other document regarding custody, guardianship or adoption of this child?
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Your Additional Children in the Home *(not child applicants)*

First and Last Name <i>(legal name)</i>			First and Last Name <i>(legal name)</i>		
Birth Date <i>(mm / dd / yyyy)</i>	Gender	Ethnicity	Birth Date <i>(mm / dd / yyyy)</i>	Gender	Ethnicity
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race <i>(mark all applicable)</i>			Race <i>(mark all applicable)</i>		
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Black / African-American		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unspecified	<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Black / African-American		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unspecified
Primary Language		English Ability		Primary Language	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		<input type="checkbox"/> None <input type="checkbox"/> Well <input type="checkbox"/> Little <input type="checkbox"/> Very Well		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Diagnosed Disabilities			Diagnosed Disabilities		
<input type="checkbox"/> Disabled Child <input type="checkbox"/> Not Disabled			<input type="checkbox"/> Disabled child <input type="checkbox"/> Not Disabled		
Medical Insurance Coverage			Medical Insurance Coverage		
<input type="checkbox"/> None <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicaid <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Military Health Care <input type="checkbox"/> Medicare		<input type="checkbox"/> None <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicaid <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Military Health Care <input type="checkbox"/> Medicare			
Relation to Primary Adult		Relation to Secondary Adult		Relation to Primary Adult	
First and Last Name <i>(legal name)</i>			First and Last Name <i>(legal name)</i>		
Birth Date <i>(mm / dd / yyyy)</i>	Gender	Ethnicity	Birth Date <i>(mm / dd / yyyy)</i>	Gender	Ethnicity
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race <i>(mark all applicable)</i>			Race <i>(mark all applicable)</i>		
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Black / African-American		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unspecified	<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Black / African-American		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unspecified
Primary Language		English Ability		Primary Language	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		<input type="checkbox"/> None <input type="checkbox"/> Well <input type="checkbox"/> Little <input type="checkbox"/> Very Well		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Diagnosed Disabilities			Diagnosed Disabilities		
<input type="checkbox"/> Disabled Child <input type="checkbox"/> Not Disabled			<input type="checkbox"/> Disabled Child <input type="checkbox"/> Not Disabled		
Medical Insurance Coverage			Medical Insurance Coverage		
<input type="checkbox"/> None <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicaid <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Military Health Care <input type="checkbox"/> Medicare		<input type="checkbox"/> None <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicaid <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Military Health Care <input type="checkbox"/> Medicare			
Relation to Primary Adult		Relation to Secondary Adult		Relation to Primary Adult	



Living, Mailing and Contact Information *(Please provide as much as you can & keep us up-to-date!)*

Living Address			Mailing Address		
Street Number and Name			Street Number and Name		
Unit / Space	City	Zip Code	Unit / Space	City	Zip Code
<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo / Townhouse <input type="checkbox"/> Duplex / Triplex / 4-plex		<input type="checkbox"/> Mobile Home / Trailer <input type="checkbox"/> Motel / Hotel <input type="checkbox"/> Shelter / Transitional Housing <input type="checkbox"/> No Housing	Mark which one below best fits your family's situation... <input type="checkbox"/> Own housing <input type="checkbox"/> Rent housing <input type="checkbox"/> Other permanent housing <input type="checkbox"/> Homeless		
Phone Numbers					
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message () -		Ok to text? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message () -		Ok to text? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message () -		Ok to text? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message () -		Ok to text? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail Address of Primary Adult in Home			E-mail Address of Secondary Adult in Home		

Household Members & Family Size *(The following info pertains only to those living in the home)*

Parent / Guardian Type in the Home	Specify How Many People are Living in the Home <i>(example: Mother: 1, Father: 1, Your Children: 3, Other Adults: 0, Other Children: 0)</i>					
<input type="checkbox"/> Two Parent Family <input type="checkbox"/> Single Parent • Mother Figure Only <input type="checkbox"/> Single Parent • Father Figure Only	Mother ↓	Father ↓	Your Children ↓	OTHER Adults ↓	OTHER Children ↓	Household Total ↓

Specify the 'OTHER Adults' and 'OTHER Children' Living in the Home

Specify who they are & their relation to you:

Other Services Your Family Receives

Mark all that apply to your family.

- WIC SNAP Energy Assistance Program (EAP) Section 8 HUD Housing Childcare Subsidies
 NONE

Program Referral

Specify how you heard about our programs.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Department of Social Services | <input type="checkbox"/> Brochure by Mail | <input type="checkbox"/> Newspaper or Digital Ad | <input type="checkbox"/> Phone Book |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Flyer or Door Hanger | <input type="checkbox"/> Internet Website | <input type="checkbox"/> Friend or Family |
| <input type="checkbox"/> Division of Child and Family Services | <input type="checkbox"/> Community Event | <input type="checkbox"/> Radio or Television | <input type="checkbox"/> Past Parent |

- CSA Internal Referral: _____ Outside Agency Referral: _____



Screenings and Observations Notification

The program conducts a variety of education, health, mental health and social-emotional screenings and observations throughout the school year. These will be performed by program staff in conjunction with other community healthcare, mental health and school district special education consultants. By signing below, you consent to screenings, which will allow us to meet your child's needs. Consent to screenings may be withdrawn at any time and if you have any questions or concerns, please let us know.

Personally Identifiable Information Notification

CSA Head Start has established policies to ensure the confidentiality of all personally identifiable information (PII) for all families and children. All staff are required to abide by signed confidentiality statements. Disclosure of PII requires parental consent with the exceptions outlined in the Federal Head Start Performance Standards, which all Head Start Programs are required to abide by. Pages 67-70 of the Head Start Performance Standards, which discuss PII requirements of the Head Start Performance Standards, are provided to all Head Start applicants upon request.

Applicant Disclosure Notification

I hereby declare that the information contained in this application for program services is true and correct to the best of my knowledge and understanding. No false or misleading statements have been made by me or anyone representing me. The acceptance of the application DOES NOT guarantee that services will be performed under any program, and that services are dependent on many things including accurate applications, availability of funding and determination that the applicant qualifies for the program.

I hereby release, discharge, and exonerate Community Services Agency, their agents and representatives and any person furnishing information or examining information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns. I additionally authorize Community Services Agency and their agents and representatives to use the information that I have provided and aggregated with other customers and clients of Community Services Agency for any and all reporting and funding purposes.

Community Services Agency, its agents, partners and funding sources do not discriminate on the basis of color, sex, age, religion, national origin, disability, marital status, sexual orientation, ancestry, or any other consideration made unlawful by the applicable discrimination laws. The USDA is an equal opportunity provider and employer.

Parent / Guardian Signature: _____

Parent / Guardian Name (please print): _____

Today's Date: _____

Be sure to provide all documentation needed to complete your application!