



Prenatal, Early Head Start, 3 Year Old

On behalf of the Fayette County Child Development, Inc., we want to thank you for allowing us the opportunity to begin this educational adventure with you and your family. Please find enclosed the Fayette County Child Development Application.

Application must be completely filled out before returning to the following address:

Fayette County Child Development, Inc.

102 Hunter Street
Oak Hill, WV 25901
304-465-5613
Contact Person: Dianna Thompson

Please be sure to include with your application the following documentation:

- **Proof of Income** (e.g. check stubs, W-2, Tax return) If submitting check stubs, please submit your 2 most current check stubs. Please provide verification of all income received by the household. If you are a foster parent or a guardian please provide income that you receive for providing care for the child who you are applying for.
- **Official birth certificate from the Vital Registration Office** (from the state where child was born)
- **Complete immunization records**
- **Health Insurance Card**
- **Verification of Well Child/Preventive Health Exam**
- **Proof of dental exam**
- **Proof of residency** (e.g. utility bill, lease agreement, tax statement)
- **Any court documentation or custody paperwork**

Your application **cannot** be processed until we receive all the information listed above.

Thank you and please feel free to contact Dianna Thompson, 304-465-5613, if you should have any questions.

Fayette County Child Development, Inc. Program Application

Please check appropriate applications: Prenatal Application Early Head Start 3 Year Old

Applicant							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	Home County
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient				
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home	
				<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially			
Dental Coverage		Dental Coverage #		Dentist/Dental Home			

Primary Adult							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient				
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		If teen parent, subsidized?	
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Master's						

Email Address: _____

Secondary or Other Adult							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient				
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		If teen parent, subsidized?	
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Master's						

Email Address: _____

Family Living Address						
Started Living at Date	Living Address	Address Line 2	ZIP	City	State	County

Family Mailing Address						
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Phone Number(s)		Type (check one)	Note (extension or best time to call)		Opt In for Text Messages	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you are a prenatal applicant, please complete this section:

When is your due date? _____ Who is your OB/GYN? _____

Are you considered a high risk pregnancy? _____

Are you involved with Right from the Start? _____ MIHOW? _____

Additional Child/Adult (Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			

Additional Child/ Adult(Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			

Additional Child/Adult (Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			

Additional Child/Adult (Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			

Additional Child/ Adult (Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			

Additional Child / Adult(Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient		
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient				

Family Income & General Information

Family Information							
Parental Status <i>(check one)</i>	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID <i>(if applicable)</i>
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Family Income							
Income Verified by				Verification Date	TANF Status		SSI
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note	
	\$		\$				
	\$		\$				
	\$		\$				

Income Notes

General Information
Has your child received Birth to Three services? ___ YES ___ NO
Is your child receiving services from outside agencies? ___ YES ___ NO
Does your child have an IEP? ___ YES ___ NO
Do you have any concerns about your child's development? ___ YES ___ NO. If yes, please explain: _____ _____

- My child must attend the Early Head Start/ Head Start regularly in accordance with the Head Start Performance Standards attendance policy.
- Transportation to and from school is **not** guaranteed.
- Application process is **NOT COMPLETE** until all required documentation is submitted.
- Fayette County Early Head Start/Head Start is available to children who reside in **Fayette County**.

To the best of my ability and knowledge, the information on this form is correct. I understand that it is my responsibility to report any changes to this information immediately.

Please sign to indicate you understand and agree to the above statements:

Parent/Guardian Signature: _____ Date: _____

Signature of Staff Completing the application: _____ Date: _____

Emergency Contacts

Contact 1	Name		Relationship		Emergency Contact		Release To	
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			ZIP		City		State
Contact 2	Phone Number 1		Phone Number 2		Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
	Name		Relationship		Emergency Contact		Release To	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			ZIP		City		State	
Contact 3	Phone Number 1		Phone Number 2		Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
	Name		Relationship		Emergency Contact		Release To	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			ZIP		City		State	
Phone Number 1		Phone Number 2		Phone Number 3				
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				

Are you interested in Homebased Services? _____

What Head Start sites are you interested in? _____

For Office Use Only:

Date application was received: _____

- ___ FCCDI Application
- ___ Birth Certificate
- ___ Proof of Residence
- ___ Income Verification
- ___ Immunization Records
- ___ Health Check Form
- ___ Health History Form
- ___ Proof of Dental Exam

Site Assigned to: _____

Additional Notes:

Persons in Family	Income Guideline
2	\$23,803 or below
3	\$29,939 or below
4	\$36,075 or below
5	\$42,211 or below
6	\$48,347 or below
7	\$54,483 or below
8	\$60,619 or below

For households/families with more than eight people add \$4720 for each additional person