

# PARENT INFORMATION REQUEST FORM

## Child's Information

## Parent/Guardian Information

## General Information

Child's Name: _____  Birth date: ____ / ____ / ____  Does Child have a Disability?    Y    N  Does Child receive MO Health Net/Medicaid?    Y    N  <div style="text-align: center;"> <b>Age Eligibility Guidelines</b>  <b>HS</b>            8/1/2012 – 7/31/2013 (4yr olds)            8/1/2013 – 7/31/2014 (3yr olds)         </div> <div style="text-align: center;"> <b>EHS</b>            8/1/2014 – 7/31/2015 (2yr olds)            8/1/2015 – 7/31/2016 (Toddler)            8/1/2016 – 7/31/2017 (Infant)         </div> Four year olds have priority; however as a follow up to this request a Family Advocate will contact you with additional information.	Parent/Guardian: _____  Address: _____   Home Phone # _____  Message/Work # _____  Please indicate name of person at message # _____  Number in household _____ Are you presently working or going to school?    Y    N Do have transportation?    Y    N Are you interested in full-day care?    Y    N Location of employment/school? _____  Do you prefer a center close to home or work? Please list work address: _____	The following information will be necessary in order for the Family Advocate to do and enrollment: <ul style="list-style-type: none"> <li>Proof of child's age.</li> <li>Proof of total gross income for the past 12 months or past calendar year.</li> <li>Social security numbers for all family members.</li> <li>Child's MC+/Medicaid/MO Health Net or private insurance card (including military)</li> <li>Child's Immunization Records</li> <li>Custody papers (if applicable)</li> </ul> <div style="background-color: #cccccc; padding: 5px;"> <b>How did you learn about the Head Start Program?</b> </div> <div style="background-color: #cccccc; padding: 5px;"> <b>When would be a good time to call and set up an appointment?</b>          ___:___ am pm          (Time, day off, etc.)       </div>
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*Attention Receptionists: When a request is being taken, please do not try to discuss the family's income or situation. The family Advocate has a list of requirements regarding income; therefore, it is not necessary and less confusing for the family if you do not discuss the income with them. Hopefully this will save you time when you are answering the phone. Before ending the conversation with the perspective parent, please let them know this is not an enrollment nor does this call place their child on a waiting list. They must, be contacted by a Family Advocate and enrollment taken in person at the center. After the enrollment is completed it must then be approved. We never stop taking enrollments. We are always enrolling for the wait list in both Head Start and Early Head Start.*

**Family Advocate: sign/date when you contact this family** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_\_