



HEAD START ENROLLMENT APPLICATION West Central MN Communities Action, Inc.

411 Industrial Park Blvd.
Elbow Lake, MN 56531-0956
218-685-4486 OR 800-492-4805
218-685-6741 (Fax)



Last Name: <small>(Head of Household)</small>		First Name, MI:	Date of App:
Address:		City & ZIP:	Number in Family:
Phone:		Message #:	Would you like a Voter Registration Card sent to you? [] Yes [] No
Email:		Primary Language Spoken in Home:	
County:	School District:	Do You? [] Own [] Rent [] Homeless	
		Date Sent:	

SOURCES OF INCOME OR ASSISTANCE				DAYCARE:	
<input type="checkbox"/>	Salary/Wages	<input type="checkbox"/>	Medical Assistance	Does Your Child Attend Daycare: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Care: <input type="checkbox"/> Family Day Care <input type="checkbox"/> Child Care Center <input type="checkbox"/> Pre-School Program <input type="checkbox"/> Morris Area Child Care Center <input type="checkbox"/> In Child's Home or Home of Related or Unrelated Adult	
<input type="checkbox"/>	Self Employment/Farming	<input type="checkbox"/>	Food Stamps		
<input type="checkbox"/>	Interest Income	<input type="checkbox"/>	Public Assistance (MFIP/TANF)		
<input type="checkbox"/>	Retirement/Pension	<input type="checkbox"/>	Foster Care/Adoption Subsidy		
<input type="checkbox"/>	Veterans Benefits	<input type="checkbox"/>	Housing Assistance		
<input type="checkbox"/>	Child Support/Alimony	<input type="checkbox"/>	Daycare Assistance		
<input type="checkbox"/>	Unemployment/Workers Comp	<input type="checkbox"/>	SSI		
<input type="checkbox"/>	Social Security/SSD				

FAMILY DATA:

Single Parent
 2 Parent Family
 Living w/Relatives
 Foster Family
 Pregnant Parent

HOUSEHOLD MEMBERS

(List Head of Household First/Other Adults/Children Oldest to Youngest)

Last	First	MI	Date of Birth	Race	M/F	Relationship to Head Start Applicant	Disability/Special Needs	Employed PT or FT	Years of Ed	Medical Coverage (Type and #)
1.										
2.										
3.										
4.										
5.										
6.										
7.										

I certify that I have examined the following income documentation:

<input type="checkbox"/> Tax Form 1040	<input type="checkbox"/> W-2 Form	<input type="checkbox"/> Verified by Employer	Gross Annual Income \$
<input type="checkbox"/> Tax Form 1040A	<input type="checkbox"/> Pay Stubs	<input type="checkbox"/> Public Assistance	

Employee's Signature: _____ Date: _____

Eligible { } Categorically Eligible { } Over Income { }

CENSUS DATE	HSFIS DATE
VISIONS DATE	

Parent Preference: [] AM Class [] PM Class

Email us at: wcmca.org or visit our website at wcmca.org

E:\Head Start Forms & Systems\Eligibility, Recruitment, Selection, Enrollment and Attendance\HS 55 Application

5/5/09