



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)



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

Last Name: <small>(Head of Household)</small>		First Name, MI:	Date of App:
Address:		City & ZIP:	Number in Family:
Phone:		Message #:	Housing: [] Own [] Rent [] Homeless
Email:		Cell #:	
County:	School District:	Primary Language Spoken in Home:	

Would You Like a Voter Registration Card Sent To You? [] Yes [] No

SOURCES OF INCOME OR ASSISTANCE

[] Salary/Wages	[] Self-Employment/Farming	[] Interest Income
[] Retirement/Pension	[] Veterans Benefits	[] Child Support/Alimony
[] Unemployment/Workers Comp.	[] SSD/Social Security	[] Foster Care/Adoption Subsidy
[] Medical Assistance	[] Food Support (SNAP)	[] Public Assistance (MFIP/TANF)
[] Housing Assistance	[] SSI	[] Daycare Assistance

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

Last	First	MI	Date of Birth	M/F	Race <small>(See codes below)</small>	Hispanic <small>(Y or N)</small>	Employed <small>(FT or PT)</small>	Education <small>(See codes below)</small>	Disability/Special Needs	Relationship to Head Start Applicant
1.										
2.										
3.										
4.										
5.										
6.										
7.										

RACE: 1 - American Indian/Alaska Native, 2 - Asian, 3 - Bi-Racial/Multi Racial 4 - Black or African American, 5 - White 6 - Native Hawaiian/Pacific Islander, 7 - Other (Please specify) _____	YEARS OF EDUCATION: 1 - BA or greater degree 2 - Associate Degree, Vocational School or Some College 3 - High School Graduate or GED 4 - Less than High School Graduate
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PARENT PREFERENCE FOR HEAD START CLASS (If an option): [] AM [] PM

FOR OFFICE USE ONLY

Gross Annual Income: \$ _____

CENSUS DATE	CHILDPLUS DATE
VISIONS DATE	DATE VOTER REG CARD SENT