Applicant & Family Member Information

Ozark Opportunities, Inc. www.ozarkopp.org Early Head Start Head Start ABC

Applica	ent									
First		Middle	Last	Suffix	Nicknan	ne Birt	hday Gend	ler SS	N Alt ID	
							, , , , , , , , , , , , , , , , , , , ,			
Race			Hispanic	English Prof	iciency	Other Language		Other Language Proficiency		
☐ Asian			□ Yes	☐ Little				☐ Little		
□ Black		an/Pacific Island	er	□ No	☐ Moderate				☐ Moderate	
☐ White ☐ Other: _	☐ Multi-R	aciai			□ None□ Proficient				□ None□ Proficient	
	Health Cove	rage Other	Coverage	Insurance #		id Eligibility	/ Medio	aid #	Doctor/Medical Hon	nρ
1 minary	i loaitii oovo	rage Other	Ooverage	modrance n	□ Not I		Wican	ala II	Dootoi/Woaloai Flori	
						Vedicaid				
					☐ Pote	entially				
Dent	tal Coverage	9	Dental Cove	erage #			Dentist/De	ental Home		
Primary										
First		Middle	Last	Suffix	Nicknan	ne Birt	thday Gen	der SS	N Alt ID	
Race				Hispanic	English Prof	icionav	Other Lenguege		Other Language Proficier	201/
□ Asian	□ Americ	an Indian/Alaska	Native	□ Yes	Little	iciency	Other Language		☐ Little	Юу
□ Black		ian/Pacific Island		□ No	☐ Moderate				☐ Moderate	
□ White	☐ Multi-F	Racial			☐ None				☐ None	
☐ Other: .			-		☐ Proficient				☐ Proficient	
Highest G	Grade Compl	eted		Employment Statu		Child's Re	elationship	Custody	Check all that apply:	
☐ Associa		☐ Grade 10	□ Full Tim		e & Training		cal/Adopted/Step	□ Yes	☐ Lives with Family	
☐ Bachel		☐ Grade 11	□ Part Tim		e & Training	☐ Grando		□ No	☐ Provides Financial Sup	oport
☐ Col De		☐ Grade 12 ☐ < Grade 9	☐ Seasona ☐Unemplo	3		☐ Other F☐ Foster	Relative		☐ Teen Parent	
□ GED	rav mani	☐ HS Graduate		yea <u> </u>	or Bloablea	☐ Other			If teen parent, subsidi	ized?
		☐ Master's								□ No
Phone N	lumber:			Employ	er Name:					
1 Hone IV	diliber.			Linploy	er ivanie.					
Second	lary or O	ther Adult								
First		Middle	Last	Suffix	Nicknan	ne Birt	hday Gend	ler SSI	N Alt ID	
Dana				Llianania	English Doof	!=!===:	Other Leaven		Other Leavene Proficien	
Race Asian	□ Americ	an Indian/Alaska	Native	Hispanic ☐ Yes	English Prof ☐ Little	iciency	Other Language		Other Language Proficier Little	icy
□ Black		an/Pacific Island		□ No	☐ Moderate				☐ Moderate	
□ White	☐ Multi-F	Racial			☐ None				☐ None	
□ Other: .			_		☐ Proficient				☐ Proficient	
-	Grade Compl			Employment Statu			elationship	Custody	11.7	
☐ Associa		☐ Grade 10	□ Full Time		0		cal/Adopted/Step	☐ Yes	☐ Lives with Family	
□ Bachelor's□ Col Deg/Train		☐ Grade 11 ☐ Grade 12	☐ Part Tim ☐ Seasona		e & Training	☐ Grando		□ No	☐ Provides Financial Sup☐ Teen Parent	port
	☐ Col or Adv Train ☐ < G		□Unemplo			☐ Foster	Relative		L reenraient	
□ GED	1011 110111									
		☐ HS Graduate	9			□ Other			If teen parent, subsidi	zed?
		☐ HS Graduate ☐ Master's	9			□ Other				zed? No
Phone N	lumber:			Employ	/er Name:	☐ Other				
		☐ Master's		Employ	/er Name:	□ Other				
Additio		□ Master's	eant) *				-		☐ Yes □	
		☐ Master's			ver Name:	□ Other Nickname	Birthday	G		
Additio		□ Master's	eant) *				Birthday	G	☐ Yes □	
Additio First	nal Child	□ Master's I (Non-Applic Middle	cant) * Last	Hispanic	Suffix English Pro	Nickname	Birthday Other Language	G	☐ Yes	□ No
Additio First Race Asian	nal Child	☐ Master's I (Non-Applic Middle an Indian/Alaska	cant) * Last	Hispanic □ Yes	Suffix English Pro	Nickname	·	G	Gender SSN Other Language Proficien	□ No
Additio First Race Asian Black	nal Child ☐ Americ ☐ Hawaii	☐ Master's I (Non-Applic Middle an Indian/Alaska an/Pacific Islanda	cant) * Last	Hispanic	Suffix English Pro	Nickname	·	G	Sender SSN Other Language Proficien Little Moderate	□ No
Additio First Race Asian	nal Child	☐ Master's I (Non-Applic Middle an Indian/Alaska an/Pacific Islanda	cant) * Last	Hispanic □ Yes	Suffix English Pro	Nickname oficiency	·	G	Gender SSN Other Language Proficien	□ No
Addition First Race Asian Black White Other:	□ Americ □ Hawaii □ Multi-R	☐ Master's I (Non-Applice Middle an Indian/Alaska an/Pacific Islande acial	Last Native	Hispanic □ Yes	Suffix English Pro	Nickname oficiency	·	G	Sender SSN Other Language Proficien Little Moderate None	□ No
Additio First Race Asian Black White Other: Additio	□ Americ □ Hawaii □ Multi-R	☐ Master's I (Non-Applic Middle an Indian/Alaska an/Pacific Islanda acial	Last Native er	Hispanic Yes No	Suffix English Pro Little Moderate None Proficien	Nickname oficiency e	Other Language		Other Language Proficien Little Moderate None Proficient	□ No
Addition First Race Asian Black White Other:	□ Americ □ Hawaii □ Multi-R	☐ Master's I (Non-Applice Middle an Indian/Alaska an/Pacific Islande acial	Last Native	Hispanic Yes No	Suffix English Pro	Nickname oficiency	Other Language		Sender SSN Other Language Proficien Little Moderate None	□ No
Additio First Race Asian Black White Other: Additio	□ Americ □ Hawaii □ Multi-R	☐ Master's I (Non-Applic Middle an Indian/Alaska an/Pacific Islanda acial	Last Native er	Hispanic Yes No	Suffix English Pro Little Moderate None Proficien	Nickname oficiency e	Other Language		Other Language Proficien Little Moderate None Proficient	□ No
Additio First Race Asian Black White Other: Additio First Race	□ Americ □ Hawaii □ Multi-R	☐ Master's I (Non-Applio Middle an Indian/Alaska an/Pacific Islande acial I (Non-Applio Middle	Native er Last Last Last Last	Hispanic ☐ Yes ☐ No Hispanic	Suffix English Pro Little Moderate None Proficien Suffix English Pro	Nickname oficiency e nt	Other Language		Other Language Proficien Little Moderate None Proficient Sender SSN Other Language Proficien	□ No
Additio First Race Asian Black White Other: Additio First Race Asian	□ Americ □ Hawaii □ Multi-R	☐ Master's I (Non-Applio Middle an Indian/Alaska an/Pacific Islando acial I (Non-Applio Middle an Indian/Alaska	Native ear Last Native Last Native	Hispanic Yes No Hispanic Yes	Suffix English Pro Little Moderate None Proficien Suffix English Pro	Nickname oficiency e Nickname	Other Language Birthday		Other Language Proficien Little Moderate None Proficient Sender SSN Other Language Proficien Little	□ No
Additio First Race Asian Black White Other: Additio First Race	□ Americ □ Hawaii □ Multi-R	☐ Master's I (Non-Applic Middle an Indian/Alaska an/Pacific Islandacial I (Non-Applic Middle an Indian/Alaska an/Pacific Islandacian)	Native ear Last Native Last Native	Hispanic ☐ Yes ☐ No Hispanic	Suffix English Pro Little Moderate None Proficien Suffix English Pro	Nickname oficiency e Nickname	Other Language Birthday		Other Language Proficien Little Moderate None Proficient Sender SSN Other Language Proficien	□ No

Ozark Opportunities, Inc. www.ozarkopp.org Early Head Start Head Start ABC

Additio	nal Child (Non-Applic	cant) *						
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN
Race			Hispanic	English I	Proficiency	Other Language	Other La	anguage Proficiency
□ Asian	☐ American Indian/Alaska	Native	□ Yes	☐ Little	,	0 0	☐ Little	,
☐ Black	☐ Hawaiian/Pacific Islande	er	□ No	☐ Mode	rate		☐ Mode	rate
□ White	☐ Multi-Racial			☐ None			☐ None	
☐ Other: _		_		☐ Profic	ient		☐ Profic	cient
A -1-1:4: -		4\ *						
	nal Child (Non-Applic			C. Hiv	Nielmane	Dieth day	Condon	CCN
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN
Race			Hispanic		Proficiency	Other Language		anguage Proficiency
□ Asian	□ American Indian/Alaska		☐ Yes	☐ Little			☐ Little	
☐ Black	☐ Hawaiian/Pacific Islande	er	□ No	☐ Mode	rate		☐ Mode	
□ White	☐ Multi-Racial			☐ None			☐ None	
☐ Other: _		_		☐ Profic	ient		☐ Profic	cient
Additio	nal Child (Non-Applic	ant) *						
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN
Race			Hispanic	English I	Proficiency	Other Language	Other La	anguage Proficiency
Racc								
☐ Asian	☐ American Indian/Alaska		□ Yes	☐ Little			☐ Little	
☐ Asian ☐ Black	☐ Hawaiian/Pacific Islande		□ Yes □ No	☐ Little☐ Mode	rate		☐ Little ☐ Mode	
☐ Asian ☐ Black ☐ White				☐ Little ☐ Mode ☐ None			☐ Little ☐ Mode ☐ None	
☐ Asian ☐ Black	☐ Hawaiian/Pacific Islande			☐ Little☐ Mode			☐ Little ☐ Mode	
☐ Asian ☐ Black ☐ White ☐ Other: _	☐ Hawaiian/Pacific Islande☐ Multi-Racial	er -		☐ Little ☐ Mode ☐ None			☐ Little ☐ Mode ☐ None	
☐ Asian ☐ Black ☐ White ☐ Other: _	☐ Hawaiian/Pacific Islande	er -		☐ Little ☐ Mode ☐ None		Birthday	☐ Little ☐ Mode ☐ None	
☐ Asian ☐ Black ☐ White ☐ Other: ☐	☐ Hawaiian/Pacific Islande☐ Multi-Racial mal Child (Non-Applic	er 		☐ Little☐ Mode☐ None☐ Profic	ient	Birthday	☐ Little☐ Mode☐ None☐ Profic	ient
☐ Asian ☐ Black ☐ White ☐ Other: ☐	☐ Hawaiian/Pacific Islande☐ Multi-Racial mal Child (Non-Applic	er 		☐ Little☐ Mode☐ None☐ Profic	ient	Birthday Other Language	☐ Little☐ Mode☐ None☐ Profic	ient
☐ Asian ☐ Black ☐ White ☐ Other: ☐ Additio First	☐ Hawaiian/Pacific Islande☐ Multi-Racial mal Child (Non-Applic	- cant) * Last	□ No	☐ Little☐ Mode☐ None☐ Profic	ient Nickname	, , , ,	☐ Little☐ Mode☐ None☐ Profic	sient
□ Asian □ Black □ White □ Other: □ Additio First	□ Hawaiian/Pacific Islande □ Multi-Racial nal Child (Non-Applic Middle	cant) * Last	□ No	□ Little □ Mode □ None □ Profic Suffix	Nickname Proficiency	, , , ,	☐ Little☐ Mode☐ None☐ Profice☐ Gender Other La	SSN anguage Proficiency
□ Asian □ Black □ White □ Other: □ Additio First Race □ Asian	□ Hawaiian/Pacific Islande □ Multi-Racial nal Child (Non-Applic Middle □ American Indian/Alaska	cant) * Last	□ No Hispanic □ Yes	□ Little □ Mode □ None □ Profic Suffix English I □ Little	Nickname Proficiency	, , , ,	Gender Other La	SSN anguage Proficiency
Asian Black White Other: Sirst Race Asian Black	☐ Hawaiian/Pacific Islande☐ Multi-Racial mal Child (Non-Applic Middle ☐ American Indian/Alaska☐ Hawaiian/Pacific Islande	cant) * Last	□ No Hispanic □ Yes	Little Mode None Profic Suffix English I Little Mode	Nickname Proficiency rate	, , , ,	Gender Other La	SSN anguage Proficiency
Asian Black White Other: Additio First Race Asian Black White	☐ Hawaiian/Pacific Islande☐ Multi-Racial mal Child (Non-Applic Middle ☐ American Indian/Alaska☐ Hawaiian/Pacific Islande	cant) * Last	□ No Hispanic □ Yes	Little Mode None Profic	Nickname Proficiency rate	, , , ,	Gender Other La Little None Profice	SSN anguage Proficiency
Asian Black White Other: Additio First Race Asian Black White	☐ Hawaiian/Pacific Islande☐ Multi-Racial mal Child (Non-Applic Middle ☐ American Indian/Alaska☐ Hawaiian/Pacific Islande	cant) * Last	□ No Hispanic □ Yes	Little Mode None Profic	Nickname Proficiency rate	, , , ,	Gender Other La Little None Profice	SSN anguage Proficiency
Asian Black White Other: Additio First Race Asian Black White	☐ Hawaiian/Pacific Islande☐ Multi-Racial mal Child (Non-Applic Middle ☐ American Indian/Alaska☐ Hawaiian/Pacific Islande	cant) * Last	□ No Hispanic □ Yes	Little Mode None Profic	Nickname Proficiency rate	, , , ,	Gender Other La Little None Profice	SSN anguage Proficiency
Asian Black White Other: Additio First Race Asian Black White	☐ Hawaiian/Pacific Islande☐ Multi-Racial mal Child (Non-Applic Middle ☐ American Indian/Alaska☐ Hawaiian/Pacific Islande	cant) * Last	□ No Hispanic □ Yes	Little Mode None Profic	Nickname Proficiency rate	, , , ,	Gender Other La Little None Profice	SSN anguage Proficiency

Any additional children or comments below:

Email Address: _____

Family Information, Income & Contacts Ozark Opportunities, Inc

www.ozarkopp.org Family Information **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 ☐ Yes ☐ No Phone Number(s) Type (check one) Note (extension or best time to call) Opt in for Text Messages □ Cell □ Home □ Work □ Other ☐ Yes ☐ No □ Cell □ Home □ Work □ Other ☐ Yes ☐ No □ Cell □ Home □ Work □ Other ☐ Yes ☐ No Referred by Child WIC Parental Primary Relationship Acquired/learning Homeless Active Military Receiving another language in Duty Welfare Agency SNAP Status Language to Family Veteran (check one) at Home Participant(s) addition to English Military ☐ Yes ☐ One ПΝο П № □ No П № □ No П № □ No □ Two Has child attended a state-funded pre-k (ABC) program before? YES NO If so, where? Will child be concurrently enrolled in an ABC center and HIPPY or PAT program? YES NO If so, where? **Family Income** Income Verified by Verification Date **TANF Status** SSI □ Yes \square No ☐ Yes ☐ Formerly on TANF/Not now □ No Family **Amount** Per (for example: Annual Description (for example: Verification (for example: Note SSI, Job, Child Support) Member week, month, year) **Amount** W2, check stub) \$ \$ \$ \$ \$ \$ Income Notes **Emergency Contacts** Name Relationship **Emergency Contact** Release To ☐ Yes □ No ☐ Yes □ No Contact ZIP Address City State Phone Number 1 Phone Number 2 Phone Number 3 ☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work **Emergency Contact** Release To Name Relationship 2 ☐ Yes □ No ☐ Yes □ No Contact Address ZIP City State Phone Number 1 Phone Number 2 Phone Number 3 ☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work **Emergency Contact** Name Relationship Release To m ☐ Yes □ No ☐ Yes □ No Contact ZIP Address City State Phone Number 1 Phone Number 2 Phone Number 3 ☐ Cell ☐ Home ☐ Work □ Cell □ Home □ Work ☐ Cell ☐ Home ☐ Work Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Date

© 2020 Management Information Technology USA, Inc. 09.21.2020

Parent/Guardian Signature

Ozark Opportunities, Inc.

Intake Form for EHS, HS & ABC

Other Family Information:

Do you need a Translator? Yes No If Yes, What language/style?
What School District do you currently live in? Family has moved 2 or more times in the past year? Yes No
Do you receive any HUD or Housing Assistance? Yes No Are you a Migrant Family? Yes No
Is child being raised by non-biological parent/guardian? Yes No Are you a Grandparent raising the child? Yes No
Are you raising a foster child? Yes No Do you receive any Childcare Vouchers? Yes No
Have you previously had a child enrolled in HS/EHS? Yes No Has applying child been enrolled in HS/EHS? Yes No
Does everyone in the family have health/dental insurance? Yes No If Yes, List who is covered.
Are there any housing concerns? (No utilities/water/plumbing, unsafe conditions, repairs needed) Yes No
Check any that apply directly to the child:
Child's parents are incarcerated or in rehabilitation Split Household (blended family, separated, divorced) Death of Parent Loss of home in the past year (fire, tornado, finances) Serious illness (cancer, diabetes, asthma, heart problems, etc.) Extreme medical expenses
In the past 12 months have any of the following been a concern:
In the past 12 months we worried if our food would run out before we got money to buy more. Yes No In the past 12 months there have been drug/alcohol concerns. Yes No In the past 12 months there have been domestic violence concerns. Yes No
Medical – Dental – Nutritional problem(s) or concern(s):
Describe and problems or concerns for anyone in the household. Including physical, mental or health disabilities. Such as pregnancy, depression, anxiety, PTSD, ADD, ADHD, substance abuse-drug or alcohol concerns.
Please list below: Name Problem/concerns Diagnosed or Suspected Are you receiving services? If yes what agency
Family Type (choose one) Single Parent/Female Single Parent/Male Multigenerational Other
Single Mother w/Partner Single Father w/Partner Two Parent Household
Housing (choose one) Own Rent Living with Friends/Family Shelter/Transitional Housing
Homeless Homeless (dwelling not fit for human habitation) Other