

Applicant & Family Member Information

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

Applicant								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
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"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<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	SSN	Alt ID
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"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<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				
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other				
	<input type="checkbox"/> Master's							If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number:			Employer Name:					

Secondary or Other Adult								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
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"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<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				
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other				
	<input type="checkbox"/> Master's							If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number:			Employer Name:					

Additional Child (Non-Applicant) *								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
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<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient		

Email Address: _____

Any additional children or comments below:

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
<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			
			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parental Status (check one)	Primary Language at Home	Relationship to Participant(s)	Acquired/learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC			
<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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 HIPPIY or PAT program? YES NO If so, where?

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							

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	
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				
Contact 2	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				
Contact 3	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				

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.

Parent/Guardian Signature _____ Date _____

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 ___