

# HIGHLAND RIM HEAD START 2016-2017 RECRUITMENT APPLICATION

Burns, Charlotte, and Dickson  
119 West Broad Street  
Dickson TN 37055  
615-446-2576 or 615-446-2821

Waverly, McEwen and Erin  
P.O. BOX 208 \* Erin, Tennessee 37061  
931-289-4135 or 615-763-0273

Stewart  
500 Williams Road  
Big Rock TN 37023  
931-232-7965

## CHILD INFORMATION

Child's Legal Name (Last)		(First)	
Middle Name		Child's Social Security #	
(Circle all that apply) Race:    Black            Native Asian/Pacific    White            Unspecified	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Language: Primary: _____ Secondary: _____
		Ethnicity:	

## FAMILY INFORMATION

Parent/Guardian: \_\_\_\_\_

Address: _____	City _____	State _____	Zip _____
Phone: _____	_____	_____	_____
Home/Cell	Work	Message	

Parental Status:    One            Two            Foster            Non-Parent            Other Arrangement

Are any family members receiving Families First \_\_\_\_\_ or SSI \_\_\_\_\_ ?

## ADULT

First and Last Name Enter Primary Adult First	Date of Birth	Sex	Note: Occupation, School, etc.
A01		M    F	
A02		M    F	

<b>Education (Circle all that apply):</b>  Grade 9 or less                      Grade 10 Grade 11                                  High School Graduate GED    Associate's Degree Bachelor's Degree                      Master's Degree Technical Degree	<b>Employment Status (Circle all that apply)</b>  F = Full Time                      U = Unemployed P = Part Time                        R = Retired S = Seasonal                        T = Training/School B = Work/Training                    M = Military	<b>NOTES:</b>  _____ _____ _____
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## CHILDREN

First and last name of children in home	Date of Birth	Sex	Related to	How Related
C01----- <i>(program applicant)</i> -----				
C02		M F		
C03		M F		
C04		M F		
C05		M F		
C06		M F		

<b>Related to Codes:</b> B12 = Both Adults    A02 = Second Adult    A01 = Primary Adult	<b>How Related:</b> C = Natural Child    F = Foster    O = Other G = Grand Child    N = Niece/Nephew
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**DISABILITY INFORMATION**

INFORMATION ON SPECIAL SCREENING OR SPECIAL NEEDS:

\_\_\_\_SPEECH                      \_\_\_\_HEARING                      \_\_\_\_MENTAL  
\_\_\_\_HEALTH IMPAIRMENT                      \_\_\_\_VISUAL                      \_\_\_\_EMOTIONAL  
\_\_\_\_MOTOR FUNCTION                      OTHER (SPECIFY): \_\_\_\_\_

Child has disability or special need. No Suspected Yes

Has Child been professionally diagnosed? No Yes (If yes) By Whom?

**ATTACH A COPY OF THE DIAGNOSTIC PAPERWORK**

**OTHER INFORMATION**

How did you hear about our program so we can thank them?

Was child referred to the program? No Yes (If yes) By Whom? Reason?

Any specific family need or crisis? No Yes (If yes, describe)

Which Head Start Center will best suit your needs? (Circle one)

Burns      Charlotte      Dickson      Stewart      McEwen      Houston      Waverly

*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's Signature:**

**Date**

**REQUIRED INFORMATION**

\_\_\_\_In order to determine eligibility, proof of age and income documentation **MUST BE PROVIDED WITH THIS APPLICATION.** Please attach your child's birth certificate or other proof of age as well as proof of gross family income.

**IF YOUR FAMILY IS ELIGIBLE THE FOLLOWING DOCUMENTS MUST BE PROVIDED PRIOR TO ENROLLMENT:**

- \_\_\_\_ Proof of Age (Mother's Copy, Immunization Certificate signed by physician, or Insurance Card)
- \_\_\_\_ Up-To-Date Shot Record (On State Form)
- \_\_\_\_ Insurance Card
- \_\_\_\_ Physical - completed within the last year
- \_\_\_\_ Dental

Verifying Staff Member:

Date