

42 Hwy 26 • P.O. Box 1225
 Valley Springs, CA 95252
 (209) 772-3980 • 772-3984 Fax

HRC Calaveras Head Start/State Preschool
INITIAL CONTACT

Date _____
 Completed By _____

Enrollee First & Last Name		Male <input type="checkbox"/> Female <input type="checkbox"/>		Child's Birthdate (or Pregnancy Due Date)
		Foster Care <input type="checkbox"/>		
Parent/Legal Guardian's First & Last Name	Primary <input type="checkbox"/>	Birthdate	Primary Phone #	2 nd Phone #
Parent/Legal Guardian's First & Last Name	Primary <input type="checkbox"/>	Birthdate	Primary Phone #	2 nd Phone #
Mailing Address		Check if Homeless <input type="checkbox"/>	City	Zip Code
Physical Address <input type="checkbox"/>		Same as Above	City	Zip Code
Total # In Family	# of Adults	# of Children		
		Total #:	# Age 0-3:	# Age 3-5:
				# Over 5:

Select Program(s) of Interest & Rank Preferred Location(s) – 1st, 2nd, 3rd, Etc.

- Early Head Start (0-3Yrs) Full Day/Full Year ... ___ San Andreas ___ Valley Springs
- Early Head Start (0-3 Yrs) Homebase
- Preschool (3-5 Yrs) Full Day/Full Year..... ___ Angels Camp ___ San Andreas ___ Valley Springs
- Preschool (3-5 Yrs) Part Day ___ Copperopolis ___ Jenny Lind ___ Murphys ___ San Andreas ___ Valley Springs
 ___ West Point
- Preschool (3-5 Yrs) Homebase

PROGRAM CODES: O ___ K ___ T ___ H ___ PF ___

	POINTS																
INCOME: Gross/Pre-Tax Income \$ _____ Current Per [] Week [] Month [] Year \$ _____ [] Previous 12 months [] Past Year Income Sources: _____																	
AGE (by Compulsory School Age): <table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: right;">Notes</th> </tr> </thead> <tbody> <tr> <td>4 years, 6 months – compulsory school age</td> <td style="text-align: right;">[]</td> </tr> <tr> <td>4 years, 0 months through 4 years, 5 months</td> <td style="text-align: right;">[]</td> </tr> <tr> <td>3 years, 6 months through 3 years 11 months</td> <td style="text-align: right;">[]</td> </tr> <tr> <td>3 years, 0 months through 3 years, 5 months</td> <td style="text-align: right;">[]</td> </tr> <tr> <td>Birth through 8 months</td> <td style="text-align: right;">[]</td> </tr> <tr> <td>9 months through 18 months</td> <td style="text-align: right;">[]</td> </tr> <tr> <td>19 months through 36 months</td> <td style="text-align: right;">[]</td> </tr> </tbody> </table>		Notes	4 years, 6 months – compulsory school age	[]	4 years, 0 months through 4 years, 5 months	[]	3 years, 6 months through 3 years 11 months	[]	3 years, 0 months through 3 years, 5 months	[]	Birth through 8 months	[]	9 months through 18 months	[]	19 months through 36 months	[]	
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PARENTAL STATUS: Foster Parent [] Guardian [] One Parent [] Two Parent []																	

POINTS

OTHER FACTORS:

Notes

- CPS (Child Protective Services w/ written referral) []
- TANF []
- SSI []
- Child Eligible to Return []
- Transition from EHS []
- Pregnant Mother []
- Teen Mother or Pregnant Teen – age of mother _____ []
- Parent(s) Currently Employed (Both if Two Parents) []
- Parent(s) Participating in Active Job Search []
- Parent(s) Participating in School, Job Training or Welfare-to-Work []
- Parent(s) has a Medical or Psychiatric Need? Describe _____ []
- Child/Family is limited English Speaking []
- Child Lives out of Biological Home []
- Family Homeless & Seeking Permanent Housing []
- Past or Present Substance Abuse []
- Parent or Child in Therapy []
- Past Abuse or Neglect []
- Child at Risk of Abuse or Neglect []
- Mental Illness []
- Parent or Child has Serious Health Problem Specify: _____ []
- Mental Illness - Diagnosed? _____ Who? _____ []
- Disability of Parent – Verified? _____ []
- Terminal Illness? Who _____ []
- Recent Death in Family – Who? _____ []
- Parent Incarcerated []

DISABILITY:

- Diagnosed with IEP []
- Diagnosed with no IEP []
- Suspected Disability []
- No Disability []
- Child Birth to 3 eligible for Part C with IFSP []

Reviewed By _____ **Date** _____ **TOTAL POINTS** _____

How did you hear about our program? _____

For Internal Use Only

Data Entered by _____

Forward to Family & Community Services Manager

Data Entered On _____