



# GOODWILL HOMES COMMUNITY SERVICES, INC. HEAD START PROGRAM

4590 Goodwill Road Memphis, TN 38109  
(901) 789-1636 (office) (901) 789-2142 (fax)  
Website address: www.goodwillhomesheadstart.org

Date Received \_\_\_\_\_  
Received by \_\_\_\_\_  
Family Seq.# \_\_\_\_\_  
Application # \_\_\_\_\_

## Pre-Enrollment Form

PRIMARY ADULT \_\_\_\_\_  
Last First

D.O.B. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ SEX \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
Last First

D.O.B. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ SEX \_\_\_\_\_

RELATIONSHIP TO PRIMARY ADULT \_\_\_\_\_ RACE \_\_\_\_\_ LANGUAGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ # IN FAMILY \_\_\_\_\_ # OF CHILDREN \_\_\_\_\_ # CHILDREN 0-3 \_\_\_\_\_ # CHILDREN 4-5 \_\_\_\_\_

HOW WILL CHILD GET TO SCHOOL? \_\_\_\_\_ DOES CHILD HAVE A DISABILITY OR SPECIAL NEED? \_\_\_\_\_  
Bus, Walk, Parent Other Yes or No

IF YES, EXPLAIN \_\_\_\_\_

WAS CHILD REFERRED TO HEAD START?  YES  NO IF YES, BY WHOM? \_\_\_\_\_

HAS CHILD BEEN ENROLLED IN HEAD START PREVIOUSLY?  YES  NO IF YES, WHAT YEAR? \_\_\_\_\_

CENTER NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

### INCOME AND ELIGIBILITY INFORMATION

DO YOU RECEIVE TANF?  YES  NO FAMILIES FIRST PARTICIPANT?  YES  NO

### CIRCLE EACH LETTER THAT APPLIES AND INDICATE THE MONTHLY INCOME RECEIVED

A. Wages \$ \_\_\_\_\_ B. TANF \$ \_\_\_\_\_ C. SSI \$ \_\_\_\_\_ D. Retirement \$ \_\_\_\_\_ E. V.A. \$ \_\_\_\_\_  
F. Social Security \$ \_\_\_\_\_ G. Self Employed \$ \_\_\_\_\_ H. Child Support \$ \_\_\_\_\_ I. Other \$ \_\_\_\_\_

### POINTS

Parent Status \_\_\_\_\_ Disability \_\_\_\_\_ Income \_\_\_\_\_ Age \_\_\_\_\_ Other \_\_\_\_\_ Total Elig Rating \_\_\_\_\_

### **OFFICE USE ONLY - TOTAL MONTHLY AMOUNT:**

I CERTIFY THAT THIS INFORMATION IS TRUE. IF ANY PART IS FALSE, MY PARTICIPATION IN THIS AGENCY'S PROGRAM MAY BE TERMINATED AND I MAY BE SUBJECT TO LEGAL ACTION. I ALSO UNDERSTAND THAT THE INFORMATION OBTAINED IN THE APPLICATION PROCESS WILL BE HELD IN STRICT CONFIDENCE WITHIN THE AGENCY AND IS ACCESSIBLE TO ME DURING NORMAL BUSINESS HOURS.

GOODWILL HOMES COMMUNITY SERVICES, INC. HEAD START PROGRAM DOES NOT DISCRIMINATE BASED ON RACE, COLOR, CREED, NATIONAL ORIGIN, SEX, AGE, DISABILITY, POLITICAL OR RELIGIOUS AFFILIATION.

PRIMARY ADULT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_