

**INSTRUCTIONS FOR COMPLETING THE**

**HEAD START CHILD AND FAMILY DEVELOPMENT PROGRAM**

**CLIENT INTAKE**

**ONE** application must be completed for **EACH** child, who is applying for a program.

Please note that for GSRP if the family has joint custody and neither parent receives child support, an application must be done with both parents.

* Applications should be taken in person rather than over the phone. During an in person interview, sensitive information may be shared from the family. This will also help to build a strong relationship foundation for appropriate services for children and families. During COVID-19, over the phone interviews and electronic signatures have been approved.
* Agency Policy: Staff who intentionally violate eligibility rules would be in violation of the NMCAA Standards of Conduct and are subject to discipline up to and including termination.
* Applications should not be sent to the verifying Manager unless every item is complete on the application and all income is verified (no incomplete applications). Note: Applications can now be processed even if you are having trouble documenting the age of the child.

**Program 1st and 2nd Choice:** write in parents preference of location

**School District:** write school district the child/family currently lives in.

**Age**: child’s age by September 1st of program year for HS and GSRP. EHS compute the age of the applicant based on date of application.

**GSRP Eligible**: if the applicant is age eligible for GSRP, check Y

**Early Entry:** if the applicant will be 4 between 9/2-12/1, they are GSRP Early Entry and cannot be enrolled until after 9/1.

**Eligibility Factor:** number of eligibility factors based on GSRP criteria on page 2.

**Refer to EHS/HS:** if family was referred to EHS or HS check Y.

**Box 1** Child’s legal name: Last/First as it appears on the birth certificate.

**Box 2** Child’s date of birth: Age can be verified using a certified birth certificate, hospital birth certificate, MCIR Record, MDHHS Documents, or Court Documents.

**Box 3** Phone numbers: (include area code). Please write the name of the person whose phone number it is. Check Y if they would accept text messaging.

**Box 4** Parent/Guardian/Foster name(s): A01-parent completing the application, A02-secondary parent in home. NOTE: EHS pregnant mom is the EHS applicant. A new intake will be completed for newborn.

**Box 5** List street **address**, **city**, **zip code** and **county**: If a P.O. Box is used for mailing be sure to list it in the **PO Box** box. NOTE: Applicant must live in Michigan to apply.

**Box 6** Child’s Health Insurance and Number: print health insurance provider and policy numbers if applicable. If the child is on Medicaid, write Medicaid and the number here.

Child’s Medical Home/Physician’s Name: if the child has an established medical home and/or physician, write the name of the practice or doctor’s name.

Dental Insurance and Number: If the child has dental insurance print the name of the insurance provider and the number if applicable. If the child is on Medicaid, write Medicaid and the number here.

Child’s Dentist name: Ask the family if the child has been to the dentist, if so then write which dentist they have been to, if they have not, then write in “not at this time”.

**Box 7** Child’s Primary Language in home: write in the child’s primary language at home.

Secondary Language: write in the child’s secondary language at home. If English is the Second Language, check ESL in Box 19.

Does anyone in the home speak or are acquiring another language: check Y if anyone in the home speaks or is learning a different language then the child. Be sure to specify the language.

**Box 8** Is the child related to an employee of NMCAA: if the child has a family relationship (parent, grandparent, aunt, uncle, etc.) check Y and write the relationship.

**Box 9** Ethnicity Hispanic/Latino: check Y if child is Hispanic/Latino, check N if they are not.

Race: check the code letter for race; you may check more than 1 if biracial

* AI/AN-American Indian or Alaska Native
* Asian-Asian
* B/AA-Black or African American
* NH/OPI-Native Hawaiian or Other Pacific Islander
* W-White

**Box 10** Gender**:** Check M for male; F for female.

**Box 11** Program year for EHS, HS and GSRP child: Check the program year (1st, 2nd, 3rd) that the applicant would enter if enrolled.

Transition from EHS - Transitioning EHS child, check Y and write in the current EHS home visitor.

**Box 12** Parental Status: Check the appropriate parental status. Foster Care Children and Children placed in Kinship care by MDHHS are considered a family of one.

# Of People In Family: the number of persons in the applicant’s immediate family (by blood, marriage, or adoption).

Note: **EHS** intakes can include the unborn baby in the family number if app is for the pregnant mother. For EHS - Once the baby is born a Change of Status needs to be done to drop the mother and add the baby to EHS. Also a new application needs to be done for the baby. **Head Start/GSRP** applications do not count the unborn baby; but once the baby is born staff will do a change of status to add to family.

# Of Children In Family: indicate the total number of children in the family.

Birth-3 years: the number of children in the family who are 0-3 years old.

4-5 years: the number of children in the family who are 4-5 years old.

**Box 13**  Early On/ISD Diagnosed Disability: If the child has a current IEP or IFSRP from Early On or local ISD check Y and describe the disability.

Suspected Disability: Does the parent/guardian suspect a disability? Check Y and describe the suspected disability.

Special Accommodations Needed: If the child needs any accommodations in the classroom check Y and describe the need. Example: child will need a special chair, a ramp to get into the school, or help in some way to accommodate the child.

**Box 14** Medically Diagnosed Allergies: Indicate any diagnosed allergies. Example: eggs, milk, wheat.

Chronic / Serious Health and/or Dental Concerns? If there are any chronic health and/or dental concerns for the applied child describe. If this Health Concerns is a serious child health problem (for the applied child) or a Fetal Health Risk for the pregnant mom (applying for the unborn baby)—please check HLTH or FETAL HLTH in Box 19.

**Box 15** Was child professionally referred to program: If the child was referred to the program from an agency/professional outside of EHS/HS, check Yand indicate the agency and why.

How did you hear about us: select the best answer, or type in the response if not listed

**Box 16**  MDHHS Case #: write MDHHS case number if they have one.

Food Assistance (FAP): If the family currently receives Food Stamps/Snap, check Y.

MDHHS Child Care Subsidy: If the family currently receive Child Care Subsidy, check Y.

Healthy Families America: If the family currently is enrolled in the Healthy Families America program, check Y.

Women Infant Children (WIC): If the family currently is enrolled in WIC, check Y.

Maternal Infant Health Program (MIHP): If the family currently is enrolled in MIHP, check Y.

50/50 Custody without Child Support: If the family has 50/50 custody without either family receiving child support, check Y. An application must be completed with both families. Describe any custody arrangements, example, week on week off.

**Box 17** Pregnant Mother/Expecting Dad: if the mother or father of the applicant is currently pregnant or expecting a child, check Y and write in the due date.

**Box 18** Veteran: if anyone in the family is a Veteran, check Y.

Active Military: if anyone in the family is Active Military, check Y.

**Box 19** Any specific family need/crisis or changes: If the child/family have any specific needs/crisis or changes, check Yand describe. Also indicate Other Social Services needs from the priority criteria, check **ALL** that apply:

* H-High social service need
* M-Medium social service need
* HiRisk-high risk family
* HLTH-Serious child health problem (applied child only)
* FETAL HLTH RISK-Serious child fetal health risk (preg. mom)
* ESL-English as a Second Language

\*Please do not write anything in this Box that you would not want the parent to see. For EHS and HS applications you must check the above choices so that priority points will be given to the family. Additional comments regarding income and clarification can be written on the Family Income Status/Staff Documentation Form.

**Box 20** First and Last name of Parent/Guardian/Foster in family: In this box, enter information about one or two adults in the family (related to the child by blood, marriage or adoption) whose income you are using on the intake. Print their first and last names, date of birth (MM/DD/YY), and gender by M or F.

Code the next two columns from the following:

**Education Level Completed:**

|  |  |
| --- | --- |
| * G9: Grade 9 or less | * CTG: Vocational or Trade School |
| * G10: Grade 10 | * COL: Some college or advanced training |
| * G11: Grade 11 | * AD: Associates Degree |
| * G12: Grade 12 | * BD: Bachelor’s Degree |
| * HSG: High School Graduate | * MD: Master’s Degree |
| * GED: General Educational Development |  |

**Present Employment Status:**

|  |  |
| --- | --- |
| * F: Full Time (35 or more hours per week) | * P: Part Time (Less than 35 hours per week) |
| * U: Unemployed (homemaker) | * S: Seasonally employed |
| * R: Retired or disabled | * T: In training or school |

Write in homemaker if the person is a stay at home parent or Guardian and does not receive income or unemployment in the last year. If an adult is in school but also is working full or part time, check all that apply.

**Box 21** First and last name of children in the family (additional children listed on page 2): In this box enter information about any children living in the home (must include first and last names, date of birth, and gender). The applicant is considered C01 (child #1) you do not need to re-enter information about this child that’s already shown on the application. For the applying child, do check the appropriate code in the last two columns (see the appropriate codes below). For all other children in the home, fill in the name, birthdate and gender as well. Check the appropriate codes in the last two columns; according to the following:

**Related to:**

B12: Child is related to both adults listed in Box 20. This would include step parents and foster parents.

A01: Child is related only to the first adult listed.

A02: Child is related only to the second adult listed.

**How related:**

C: Natural or adopted child (includes stepchild)

F: Foster Child R: Relative

G: Grandchild O: Other

**Box 22** Income (list by family member) Gross Income (Total Income) before any deductions are taken. List income by family member. Please see the *HS Definition of Income*  or the  *GSRP Eligibility Guidance*. Military and Homeless income also have additional guidance.

If you are using pay stubs to calculate the family income you will need to show your math on the proof of income. If you need more space, use a separate sheet of paper. Please remember that we **do** count overtime.

Income must go back the last 12 months from the date of application—or use last years Income Tax. Current income can be annualized if the family has had a job loss or significant loss of income. You must use the gross income amount. For families that are self-employed - staff will take the total income and subtract line 23 on the second page of 1040 from Total Income on the first page of1040.

Enter the annual (yearly) income of family. Indicate where the family member worked under source/employer. Add up all income from each family member and write in the Total Yearly Income box.

Write all the clarifying notes to make income calculations and proof of income very clear. If an income document is not real recent, but the family is still receiving the same amount, have the family write that they are still receiving this amount and have them sign their name.

**You must attached a copy of all proof of income to the application.**

For EHS/HS check **E** = Eligible (at or below 100% FPL) or **O** = Over-income (over 100% FPL). For GSRP check **E** (at or below 250% FPL) or **O** (over 250% FPL).

Check Returning 2nd Year Income Eligible if the applying child attended the previous year and was income eligible during that school year.

**Box 23** Eligibility Factors: Check Y for any that apply to the applicant; Foster/Kinship Care, FIP, Supplemental Security Care, Homeless.

**Middle Section of Page 2-check all the apply for all applying children for HS and GSRP**

There are seven program eligibility factors:

1. Low family income
2. Diagnosed disability or identified developmental delay
3. Severe or challenging behavior
4. Primary home language other than English
5. Parent(s) with low educational attainment
6. Abuse/neglect of child or parent
7. Environmental risk

When deciding whether a situation or condition should be considered an eligibility factor, the most important question to ask is whether and how the situation puts the child at risk for low educational attainment and how the risk factor will have a negative impact on the child’s development. If the situation or condition is not something that puts the child’s educational future at risk, then it is not an eligibility factor for that child. Each eligibility factor can only count for 1 point no matter how many risk factors are listed within that box.

**Release of Application Information**

Parent/Guardian/Foster Parent must sign this box to authorize the sharing of the application to other programs for the likelihood of benefiting from an educational experience. The child’s name and birthdate must be written in.

**Box 24** Certification: Ask parent to read the certification statement printed on the application. Parent must then sign and date the application.

Income Verified by: check all boxes that indicate how the information was verified.

Age Verified by: check a box to indicate how the information how age was verified. Please make a copy of supporting documents.

Signature of verifying staff member: As the verifying staff member, you sign the form here and write in the date when the information was verified.

**The Head Start/GSRP Eligibility Verification or Early Head Start Eligibility Verification**:

This form must be completed with each application. (Joint Custody GSRP applications have an additional Eligibility Verification form.)

Complete the top Box for enrolling year and GSRP Quintile percentage.

1. Child’s Name
2. Parent’s Name
3. Child’s Date of Birth
4. Preferred Site
5. Parent’s email address
6. Check Yes or No if interview was conducted in person
7. Check all that apply for eligibility
8. Check all documents used to determine eligibility. Reminder all documents must be attached to application.
9. Write favorite things about their family.
10. Family prefers 4 hour or 7 hour program
11. Transportation needs
12. What school do siblings attend
13. Staff Signature of person determining eligibility
14. Staff name of person determining eligibility
15. Verifying signature of person verify on documents, income and application

**Family Income Status/Staff Documentation and Third Part Documentation:**

Clarification comments on the Family Income Status form ensure that the status of child support, unemployment and any other income related information is documented.

Please use Third Party Documentation form as needed to obtain documentation from a person providing housing or daily expenses, or documentation from an employer.