



BERKSHIRE COUNTY HEAD START CHILD DEVELOPMENT PROGRAM, INC.

1 Meadow Lane Pittsfield, MA 01201 Main office 413-499-0137 Fax 413-499-0186 berkhs.org

2022-2023 APPLICATION

Child and Parent Information				
Eligible Child's Full Name:		Child's DOB:		Child's SSN:
Child's Birthplace		Child's Gender:		
Parent/Guardian's Name: (Head of Household)		Parent/Guardian's DOB:		Relationship to Child:
Parent/Guardian's Name:		Parent/Guardian's DOB:		Relationship to Child:
<i>Contact information for child and Head of Household:</i>				
Address:				
Mailing Address if different than above:				
Phone Numbers/Email:	Primary:	Cell:	Work:	Email:
Person(s) we can call if we cannot reach the parent/guardian (we MUST have working numbers to reach families):				
Name:		Number:		
Name:		Number:		
Other Household Members:				
Name:	DOB:	Gender:	Relationship to Child:	
Name:	DOB:	Gender:	Relationship to Child:	

Child Data	
Child's Race:	Is the child Latino or Hispanic?
Child's English Fluency:	<input type="checkbox"/> Not at all <input type="checkbox"/> Not Well <input type="checkbox"/> Well <input type="checkbox"/> Very Well
What is the primary language spoken at home:	
<i>Please answer yes or no to the following questions:</i>	
Was the child previously enrolled in Head Start:	Has the child previously applied or been on the waiting list:
Does the child have an IFSP/IEP (or disability):	Do you have concerns about your child's health and/or development: If yes, please describe below:
<i>Please check all that apply to you below:</i>	
<input type="checkbox"/> Active military deployment <input type="checkbox"/> Family member smokes in the household <input type="checkbox"/> Language spoken at home other than English <input type="checkbox"/> Moved more than once in the last 12 months <input type="checkbox"/> Family member with a disability	<input type="checkbox"/> Parental developmental disability <input type="checkbox"/> Poverty <input type="checkbox"/> Suspected child abuse or neglect <input type="checkbox"/> Family social disorganization <input type="checkbox"/> Maternal education <8 th grade <input type="checkbox"/> Parent with less than a high school education <input type="checkbox"/> Teen mother
<input type="checkbox"/> Biological mother <17 years old <input type="checkbox"/> Recent immigration to the US <input type="checkbox"/> Documented child abuse or neglect <input type="checkbox"/> Parent(s) unemployed <input type="checkbox"/> Parental substance abuse <input type="checkbox"/> Serious health issue <input type="checkbox"/> Family in the military <input type="checkbox"/> Family member currently in Head Start	

Parent type: (check one)	Family type: (check one)	Types of services or Financial Assistance Received:
<input type="checkbox"/> Two parent family <input type="checkbox"/> Single parent family (mother figure only) living with partner <input type="checkbox"/> Single parent family (mother figure only) <input type="checkbox"/> Single parent family (father figure only) living with partner <input type="checkbox"/> Single parent family (father figure only)	<input type="checkbox"/> Biological <input type="checkbox"/> DCF Supportive (two parent) <input type="checkbox"/> DCF Slot (foster) <input type="checkbox"/> DCF Supportive Slot (single) <input type="checkbox"/> Foster Family <input type="checkbox"/> Other family type <input type="checkbox"/> Other relative(s)	<input type="checkbox"/> Childcare subsidies <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Foster Care/Adoption subsidy <input type="checkbox"/> Public housing assistance <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> WIC <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Mass Health <input type="checkbox"/> Public Assistance/Welfare <input type="checkbox"/> SNAP – Food Stamps <input type="checkbox"/> Unemployment Insurance
Health Insurance:	Doctor:	Dentist:
<p>Is your family Homeless: Have you been homeless in the past 12 months:</p> <p>For the purpose of this form, your family is considered homeless if you are living with others because of financial need.</p> <p>How did you hear about Head Start?</p>		

Household Finances					
<i>Family employment and income information for the person(s) supporting eligible child:</i>					
Number of Adults in household:		Number of children in household:		Number of adults contributing financially to the household:	
<p>Please submit income information. Attach current paystubs or proof of income to this application. If you do not have an income, select no income below and provide a letter explaining how you support yourself and family.</p> <input type="checkbox"/> No income					
Head of Household Name:			Current Employer:		

Childcare					
<p>Berkshire County Head Start offers a childcare option in Pittsfield, North Adams, and Great Barrington. We can provide childcare before and/or after the morning program. We also offer a full day/full year childcare option. There are fees for childcare. Parents who are income eligible for Head Start may be eligible to apply for a childcare subsidy to help with childcare costs if funding is available.</p>					
Do you need childcare: <i>Please indicate either full day or before/after care.</i>		Full Day:		Before/After:	
Do you have a childcare voucher: <i>We can assist you in obtaining one.</i>					

Statement of Parent/Guardian	
<p>I certify that information provided is correct to the best of my knowledge and is subject to verification. I am also aware that I may be subject to termination from the program if the information verified disqualifies me from eligibility. By signing this application I authorize Head Start to provide services: Vision, Blood Pressure, Hearing, Height and Weight, Speech and Language, Development (fine motor, gross motor, cognitive/verbal) and to release my child's records to the local school system.</p>	
Signature: _____	Date: _____

<p>For Office Use Only Eligibility Determination Statement: I have examined the documents (checked) below and certify that the family is income-eligible in accordance with Head Start and Eligibility-Selection-Enrollment-Attendance Policies.</p> <p>Signature & Date: _____</p>
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