

Grossmont Community College (GCC) Application for Child Development Services Head Start Signature Addendum Page

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Authorization, Interview Certification, and Signature

Child Name: _____ **DOB:** _____

STEP 1

To Be Reviewed with Parent by NHA Staff when Application is Received and Complete

I certify that information provided on this application is correct and true to the best of my knowledge and is subject to verification. I am aware that I may be subject to termination from the program if the information verified disqualifies me from eligibility.

I also certify I was not encouraged, advised or influenced to misrepresent, alter documentation or not be truthful about any of the following:

- my income
- my household size or living arrangements
- other situation that would impact my eligibility or preclude my participation in the program

Print Parent/Guardian Name

Parent/Guardian Signature

Acknowledgement Given: *Verbally (Although if signature of parent/guardian is unable to be obtained, they have verbally acknowledged the statement above)*

Signature of Staff

Date

STEP 2

Thank you for your time!

To Be Completed by NHA Staff conducting the Interview

I certify that I completed this application with the parent/guardian, recorded their information truthfully and to the best of my knowledge, and collected all necessary documentation.

Income

- Income Tax Form 1040
- W-2
- TANF Documentation
- Pay Stub or Pay Envelopes
- Unemployment
- Child Support Documentation
- Adoption Assistance Program
- Other INCOME source: _____

- Combined Income Tax Form 1040
- Foster Care Reimbursement
- SSI Documentation
- SNAP Documentation
- Self-Declaration**
- Zero Income Declaration**
- 3rd Party Verification
- Homeless Verification**

Age

- Birth Certificate
- Baptism Record
- Medi-Cal Card
- Passport
- CWS Form 04-100
- Immunization Record
- Hospital Letter
- Adoption Record
- Immigration Certificate

Print Name of Staff Completing Application

Title

Staff Signature

Date

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STEP 3

To be completed by NHA Staff after the Authorization, Interview Certification, and Signature portion has been completed.

Parent A Name: _____ Parent B Name: _____ not applicable

Parent A DOB: _____ Parent B DOB: _____

Parent A Gender: Male Female Non-Binary Other Parent B Gender: Male Female Non-Binary Other

Parent A Ethnicity: _____ Parent B Ethnicity: _____

Parent A Race: _____ Parent B Race: _____

Family Composition (check only one):

- Two parent family
- Single parent family (mother figure only)
- Single parent family (father figure only)
- Guardianship
- Foster family

Marital Status:

- Married
- Separated
- Divorced
- Single
- Widowed
- Joint Custody

Child's Ethnicity: _____

Child's Primary Language: _____

Does child have IFSP or IEP? yes if yes, 1st and signature page must be attached no

Does child have any health concerns? *Be Specific* _____

Check type of insurance for this child:

- Medicaid/CHIP (Medi-Cal)
- State Funded (CHDP)
- Private
- Tri-Care
- No Coverage

Check type of services Received:

- TANF/CALWORKS
- WIC Program
- CALFRESH /SNAP (Food Stamps) Program
- Public Housing
- Energy Assistance
- Other: _____

Parent Employment Status:

- Parent A**
- Full time employment (Date: _____)
 - Part time employment
 - Active US Military
 - Retired US Military (Date: _____)
 - Attending school
 - Disabled
 - Unemployed w/benefits
 - Unemployed w/out benefits
 - Homemaker

- Parent B** not applicable
- Full time employment (Date: _____)
 - Part time employment
 - Member of US Military
 - Retired US Military (Date: _____)
 - Attending school
 - Disabled
 - Unemployed w/benefits
 - Unemployed w/out benefits
 - Homemaker

Highest level of education: Parent A _____ Parent B _____
 (Enter GRADE Completed)