

WASHTENAW COUNTY HEAD START
HEAD START FAMILY DEMOGRAPHICS FORM

ELIGIBLE CHILD INFORMATION

Child Name: _____
First name *M.I* *Last name(s)*

Date of Birth: _____ Gender: M F

Race/Ethnicity, If Desired Specify Sub-Category (mark all that apply):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Bi-racial or Multi-racial
- Other _____

Language(s) Spoken: Primary _____ Secondary _____

FAMILY COMPOSITION AND RESOURCES

Family Type: Two parent family Single Parent Family Other Family Type (Please Specify) _____

Is Family Currently receiving Public Assistance: Yes No

If Yes, What type? FIP Child Care Subsidy WIC Work-First Food Stamps

Type of Housing: House Mobile home/ trailer Homeless/no housing Migrant Housing
 Apartment Community Shelter Hotel/motel room other _____

Is family currently living with friend(s) or relative(s)? Yes No

Homeless in Past 12 Months (including currently homeless): Yes No
If Yes, Length of time homeless: _____

Child Previously Enrolled in Head Start or Other Preschool Program: Yes No
If Yes, where? _____

Child is Cared For By Someone Other Than the Parent/Legal Guardian in Addition to Participating in Head Start:

- Home Based Child Care
- At Home or Another Home with a Relative or Unrelated Adult
- Other Child Care Center or Classroom
- Other: Specify _____

Other children in The Household:

Child Name: _____ D.O.B. ____ / ____ / ____

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PARENT /GUARDIAN(HEAD OF HOUSEHOLD)

Parent/Guardian Name: _____ email _____
First name M.I. Last name(s)

Person is a Supporting Adult in the Child(ren)'s Life: Yes No

Person resides in the same household with the Head of Household:
 Yes, all of the time Yes, some of the time No, never

Parent/Guardian Date of Birth: _____ Gender: M F

Parent/Guardian Language(s) Spoken: Primary: _____ Secondary: _____

Person is Currently Pregnant: Yes No Due Date: _____ Not Applicable

Primary Occupational Status (mark all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> <u>Employed</u> | <input type="checkbox"/> <u>In School</u> | <input type="checkbox"/> <u>Other</u> |
| <input type="checkbox"/> Full-time (more than 32 hours weekly) | <input type="checkbox"/> Towards high school diploma/GED | <input type="checkbox"/> In job training program |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Towards college degree | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Employed and in school | <input type="checkbox"/> Towards postgraduate degree | <input type="checkbox"/> Unable to work due to disability |

Highest Level of Education completed: _____ Date Completed: _____

Person is willing to pursue additional education, i.e. GED classes, literacy tutoring, parent education classes:
 Yes No

Person is willing to pursue Job Training, i.e. WorkFirst, Michigan Works: Yes No

Parent/Guardian's Signature _____

Date _____

OTHER ADULT INFORMATION

Person's Name: _____ email _____
First Name M.I. Last Name(s)

Person resides in same household with head of household: Yes No Relationship to child: _____

If No, please share the following:

Address: _____
Street Apartment Number City State Zip Code

Telephone: _____ Date of Birth: _____ Gender M F

Language(s) Spoken: Primary: _____ Secondary: _____

Person is Currently Pregnant: Yes No Due Date _____ Not Applicable

Primary Occupational Status (mark only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> <u>Employed</u> | <input type="checkbox"/> <u>In School</u> | <input type="checkbox"/> <u>Other</u> |
| <input type="checkbox"/> Full-time (more than 32 hours weekly) | <input type="checkbox"/> Towards high school diploma/GED | <input type="checkbox"/> In job training program |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Towards college degree | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Employed and in school | <input type="checkbox"/> Towards postgraduate degree | <input type="checkbox"/> Unable to work due to disability |

Highest Level of Education completed: _____ Date Completed: _____

Washtenaw County Head Start will not discriminate against any individual or group because of race, gender, religion, age, national origin, color, marital status, sexual orientation, political beliefs or disability.