



# Application for School Readiness Services Waiting List



County of Residence: \_\_\_\_\_ Language Used in Home: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Gender:** Male Female **Ethnicity:** Hispanic Non-Hispanic **DOB:** \_\_\_/\_\_\_/\_\_\_

**Marital Status:** Single Married Divorced Separated Widowed **Race:** \_\_\_\_\_

**Social Security Number** (optional- helps in duplication of records): \_\_\_\_\_

**Are you employed?** Yes No **At least 20 hours per week?** Yes No

**Are you a student?** Yes No **How many credit hours?** \_\_\_\_\_

**Where do you live?** Apartment Friends/Family House Shelter

**Are you a migrant?** Yes No

**Do you have a diploma or GED?** Yes No

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Other Number** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Secondary Parent:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Gender:** Male Female **Ethnicity:** Hispanic Non-Hispanic **DOB:** \_\_\_/\_\_\_/\_\_\_

**Social Security Number** (optional- helps in duplication of records): \_\_\_\_\_

**Are you employed?** Yes No **At least 20 hours per week?** Yes No

**Are you a student?** Yes No **How many credit hours?** \_\_\_\_\_

**Where do you live?** Apartment Friends/Family House Shelter

**Are you a migrant?** Yes No

**Would you like to have your child(ren)'s hearing and vision checked?** Yes No

**Employment Information:**

List all Adults in Household	Employer Name	Phone Number	Rate of Pay	Pay Frequency	# of Hours Worked

**Other Household Income:**

Income Type	Amount Received	Frequency	Paid To Whom
Child Support			
Alimony			
Other (SSI, SSA, Unemployment, Etc)			

**Children Information:**

Child Name	SS#	DOB	Gender	Birth Child	Early Learning Program Choice

If you are the parent/guardian of the child(ren) listed, do you receive cash assistance? Yes      No

Are you a Work and Gain Economic Self Sufficiency (WAGES) participant? Yes      No

Has any of the child(ren) listed above been diagnosed with a special need or disability? Yes      No

Are any of the child(ren) listed above suspected to have a special need or disability? Yes      No

Do you have any concerns for your child(ren)'s health or development? Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that the information provided is true and correct. If there are any changes concerning my status, it is my responsibility to contact the Early Learning Coalition of the Big Bend Region, Inc. I understand the information given on this application will be shared for eligibility determination and service referrals to programs operated through the local school district, Head Start, Early Care and Education Providers, Big Bend, DCF, and the Children's Home Society. I understand that this application is not complete until I have received resource and referral services and then determined eligible based on information given on this application, and that the completion of this form does not guarantee placement.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

**For Office Use Only:**

If funding is available, application is screened, Parent Information packet is given, and appointment for placement is made. Do not enter on UWL if funding is available.

Placed on UWL            Yes      No            Date: \_\_\_\_\_            Staff Initials: \_\_\_\_\_

CCR&R Parent Information Packet Given            Yes      No            Date: \_\_\_\_\_            Staff Initials: \_\_\_\_\_

Parent Placed            Yes      No            Date: \_\_\_\_\_            Staff Initials: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_