

HOUSEHOLD INFORMATION

Family Type:

Single Parent/Male
Single Parent/Female
Two Parent

Foster Parent
Grandparent
Other:

Dual Custody

Please list any other individuals living in your household (not previously listed):

Name	D.O.B.	Relationship to child

Child's Race: African American Asian Native American White Other

Is Child: Hispanic or Latino? Yes No

Highest Education Level achieved by all Household Members:

0-8	9-12(non-grad)	HS Grad or GED
12+(some college)	2or 4 yr college grad	Masters

FINANCIAL INFORMATION

Source of Income:

Employment (\$ _____ **please circle one:** weekly, monthly, yearly)

SSI (Supplemental Security Income)

TANF (including Public Assistance, Food Stamps, Medicaid, Daycare Subsidy)

Other: _____

Directions to home: _____

Parent/Guardian's Signature

Date

Referred by: _____

* Please mail or bring this completed application form to: **CAPCO Head Start/Early Head Start
32 North Main Street
Cortland, NY 13045
OR CALL (607) 753-6781**

Application Updated for Re-Enrollment