



More Opportunities Reaching Early Learners

MORE Network Coordinated Application 2018-2019

ONE – Eligibility

STUDENT INFORMATION					
CHILD'S NAME					
	First Name	MI	Last Name # 1		Last Name # 2
DATE OF BIRTH	___/___/___		SSN	___-___-___	
				GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
AGE		PHONE NUMBERS	EMAIL		
Race	<input type="radio"/> Caucasian American		<input type="radio"/> African American		<input type="radio"/> other: _____
PHYSICAL ADDRESS	Street				
	City		State	Zip	
MAILING ADDRESS	Street				
	City		State	Zip	
PERSON CHILD RESIDES WITH	_____		RELATIONSHIP TO CHILD	_____	
Does child receive Special Education Services?(IEP)			Does child receive Speech Services? (IEP)		
YES		NO	YES		NO
Does child receive Early Intervention Services? (IFSP)			Has child been referred by Psychological services?		
YES		NO	YES		NO
Does child have a suspected disability?			If YES, what is the disability?		
YES		NO			



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TWO – Application

FAMILY INCOME INFORMATION			
Number of Adults	<input type="text"/>	Number of Adults Contributing to Income	<input type="text"/>
		Number of Children	<input type="text"/>
			<input type="checkbox"/> Approved for USDA/CACFP Eligibility Determination
Adult Name	Employer Name		Total Income
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Total Family Income			<input type="text"/>

*Ranking a program 1st or 2nd DOES NOT guarantee enrollment. Enrollment can be limited by factors including availability of seats and preferences for siblings/residential area.

CHILD'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	MI	Last Name # 1	Last Name # 2
<i>Please rank the programs below in order of preference. Put a "1" for your first choice,"2" for your second choice, and so on. Only rank programs for which you are eligible.</i>				
RANKING	PROGRAM			TYPE
<input type="text"/>	Anna's Lollipop Lane			Child Care
<input type="text"/>	Beekman Charter School			Charter School
<input type="text"/>	HV Adams			Public School
<input type="text"/>	Little Ones			Child Care
<input type="text"/>	Little Angels			Child Care
<input type="text"/>	MCIO Head Start - Bastrop/Mer Rouge			Head Start
<input type="text"/>	Morehouse Magnet School			Public School
<input type="text"/>	Our House Child Care Center			Child Care
<input type="text"/>	Pine Grove Elementary School			Public School
<input type="text"/>	Prep Center			Child Care



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If child has any siblings currently attending any program above, please list below:

Program	Siblings

If child has any siblings currently applying to any program above, please list below:

Program	Siblings

I, the undersigned, understand that only ONE application needs to be filled out for my child, and I hereby give my permission for the information provided here to be shared with programs (the choices I designated above) in the MORE Community Network.

Print Name of Parent/Guardian:

Date of Birth:

Parent/Guardian Signature

Date

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THREE – Head Start Supplement

THIS PAGE IS ONLY REQUIRED IF HEAD START IS 1ST OR 2ND CHOICE.



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Answer these questions **ONLY** if you are applying to Head Start.

Teen Parent	YES	NO	Homeless in the last year		YES	NO
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Person's role in household	<input type="checkbox"/> Mother/Mother Figure <input type="checkbox"/> Father/Father Figure <input type="checkbox"/> Household member <input type="checkbox"/> Resides outside the home		
Family type	___ Two parent family ___ Foster family		One parent family ___ (mother figure only) ___ Other: _____		One parent family ___ (father figure only)	
Primary Occupational Status (check only one)	Paying Job: ___ Full Time (more than 34 hrs per week) ___ Part Time ___ Seasonal – non- Agricultural ___ Seasonal - Agricultural ___ Employed and in school		In School Full Time and Employed Part Time: ___ Towards high school diploma/GED ___ Towards trade/business qualification ___ Towards college degree ___ Other ___ In school and employed		Employed Full Time and In School Part Time ___ Towards high school diploma/GED ___ Towards trade/business qualification ___ Towards college degree ___ Other ___ Employed and in school	
	Other: ___ In job training program ___ Homemaker ___ Unable to work due to disability ___ Retired ___ Unemployed		Highest level of education (check only one)			
			___ No school completed ___ Some K-12 school (no diploma) ___ High School graduate/GED ___ Some college (no degree)		___ Associate degree ___ Bachelor's degree ___ Master's degree ___ Doctorate degree	
Was child referred to Head Start?			If YES, by whom:			
YES	NO	Public School System	Community Agency	Other: _____		
Income Verification: Staff Only						
___ Individual Tax Form		___ W-2 Form		___ Pay Stubs		___ Written Employer Statement
___ Public Assistance		___ Unemployment		___ Documentation of No Income		
___ Other: _____				___ Staff Signature: _____		