



Early Childhood Opportunities Northwest Head Start/ECEAP/Early Head Start Initial Application

Today's Date _____ Child's Birthdate _____

Child's Legal Name _____ M F Ethnicity _____
(Optional)

Mailing Address _____ Home Phone _____
Street/P.O. Box City Zip (Message)

Email Address _____

Street Address _____ Work Phone _____
Street City Zip

Is your housing sponsored by the Bellingham Housing Authority (low-income housing or Section 8)? Yes No

Parent/Guardian _____ Birthdate _____ Address (if different than above) _____ Ethnicity _____
(Optional)

Parent/Guardian _____ Birthdate _____ Address (if different than above) _____ Ethnicity _____
(Optional)

Child lives with: Parents Mother Only Father Only Guardian Foster Parents

If child lives with foster parents _____
Name of foster parent

Language(s) spoken by child _____ Language(s) spoken by parent(s) _____

Income & Child Care Information

In my family there are _____ adults and _____ children.

Please list other children in your household:

Name: _____ **Birthdate:** _____

Source of income: TANF Work
SSI Other (please explain) _____

Does your child attend child care? Yes No If so, where: _____
Do you need child care? Yes No Comments: _____

Please complete items on back.....

Health and Social Services Information

My child regularly receives health care at: _____ Clinic/Office
Clinic or Doctor's Name

If you feel your child has special needs, please explain briefly: _____

Does your child currently have an Individual Education Plan (IEP)? Yes No
If yes, with which school district? _____

Does your child currently have an Individual Family Service Plan (IFSP)? Yes No
If yes, who is your Family Resource Coordinator? _____

Are you receiving services through any other agencies? (eg. Health Department, Opportunity Council, Brigid Collins). Please list:

Please share your concerns and challenges:
Check all that apply to you or your family:

<input type="checkbox"/> unemployed	<input type="checkbox"/> medical concerns (parents)	<input type="checkbox"/> premature birth
<input type="checkbox"/> disability of adult	<input type="checkbox"/> Mother has less than 10th grade education	<input type="checkbox"/> medical concerns (child)
<input type="checkbox"/> no transportation	<input type="checkbox"/> Father has less than 10th grade education	<input type="checkbox"/> live in foster home
<input type="checkbox"/> parent in school	<input type="checkbox"/> involved in criminal justice system	<input type="checkbox"/> single parent
<input type="checkbox"/> teen parent	<input type="checkbox"/> domestic violence issues	<input type="checkbox"/> child abuse/neglect issue
<input type="checkbox"/> no support system	<input type="checkbox"/> maternal depression	
	<input type="checkbox"/> homeless	

Other circumstances that you would like to share _____

How did you hear about this program? _____

Parent or Guardian Signature _____

Please return completed application to:
Early Childhood Opportunities Northwest
220 Unity St., Ste. 102
Bellingham, WA 98225
734-8396

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