

Elkhart & St. Joseph Counties Head Start Consortium

INCOMPLETE APPLICATION INTAKE CHECKLIST

2021-2022 School Year

Fax: 574-283-8108 or email enrollment@headstartesj.com

Application Date: _____ Date of Birth: _____

Last Name: _____ First Name: _____

(Child's Name/Please Print Clearly)

Parent/Guardian: _____ Phone number: _____

Please place a on the line next to the item to indicate what is needed from the parent to complete the application.

- Birth Certificate
- Immunization/Shot Records/Physical
 - Please remember that your child(ren)'s application is NOT complete without a current physical and up to date immunization/shot record
- Medical Card (Medicaid/Private)
- Parent Income (must have copy of 12 months of income)
 - 2020 Federal 1040
 - 2020 W2 Forms
 - Child Support
 - Written Statement of employment
 - Self Declaration
 - TANF Letter (Cash Issuance)
 - SSI Letter
 - Foster Child Letter

Your application will not be processed until the documents are received. Please fax the information as soon as possible so your application can be processed. La aplicación no se procesará hasta que se reciban la los documentos. Envíe por fax la información tan pronto como sea posible para que su solicitud pueda ser procesada.

Parent: _____ Date: _____

FACS: _____ Date: _____

FACS Phone #: _____

White – Grantee

Yellow – FACS

Pink - Parent

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