

INCA COMMUNITY SERVICES, INC.

INCA HEAD START/EARLY HEAD START RECRUITMENT WORKSHEET

Center/County:		Date:		Recruiter Name:	
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NOTE:This is **NOT AN OFFICIAL ENROLLMENT APPLICATION**. It is important to update this information if you move or change telephone numbers so that we can contact you to complete an application. Children with the most needs will be given first priority. If you have any questions, please contact your Area Supervisor/Family Engagement Manager.

Family Name:	Email:
Home Phone:	Cell Phone:
Address:	

The best way to contact me is by:	<input type="checkbox"/> Email	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Text Message	<input type="checkbox"/> Mail
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Names of Adults in Household	Birthdate	Age	Sex	Race	Language	Disability (Specify)
Names of Children in Household Ages 0-2	Birthdate	Age	Sex	Race	Language	Disability (Specify)
Names of Children in Household Ages 3-4	Birthdate	Age	Sex	Race	Language	Disability (Specify)
Names of Children in Household Ages 5+	Birthdate	Age	Sex	Race	Language	Disability (Specify)

Primary Guardian's Place or Employment/College/Training:	
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Work Schedule(Hours):	_____Monday	_____Tuesday	_____Wednesday	_____Thursday	_____Friday
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Please check all that apply to your family:	<input type="checkbox"/> Homeless	<input type="checkbox"/> Receiving Public Assistance	<input type="checkbox"/> Head Start Age Foster Child	<input type="checkbox"/> Pregnant Mom
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Estimated Annual Family Income:		Number Supported by this Income:	
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<i>For Staff Use Only:</i>	
Number of Children 0-2	
Number of Children 3-4	
Is family income eligible?	
Eligibility Category (if applicable)	