Applicant Name:_____

Crossroads Head Start / Early Head Start
Interview/Questionnaire

(Look over the application for Incomplete Areas (Date of Birth, Education Level, Employment)) Question any area that is missing information, if there are parent separations – ask about child support, joint custody, etc.:

Previous Childcare (Daycare, Sitter, Stay at Home Parent, etc):_____
Does the Family:
☐ Rent ☐ Own ☐ Live with_____ ☐ Homeless (Staying at?):_____
*If Homeless, have applicant fill out Homeless Verification

Receive any Public Assistance: Tanf, how long?_____SNAP?_____SSI for disability, who receives?_____

Does your child have an IEP or IFSP or attend/receive Special Services? _____

Does your child have a history of any medical conditions that we need to know about?(i.e.: food allergies, mental health/behavioral health conditions, respiratory issues, seizures, major surgery, severe injuries or any other medical diagnoses or conditions of a severe or potentially severe nature:
_____

Does your child have a medical home, who? _____When was your child's last physical? _____

Does your child have a dental home, who? _____When was your child's last dental? _____

If answer is no, give family a copy of the physical and/or dental forms.

(Check Application for Military/Deployment)
If in the Military ☐ Full Time ☐ Part Time/Reserves
Deployed? Where/How Long/ Who is Caretaker:_____

Household Income
Employment Income:_____ How often do you get paid?_____
Unemployed – Unemployment Benefits:_____
How long Unemployed?_____
Pension/Retirement: ☐ Yes ☐ No
Child Support: ☐ Yes ☐ No
School Grants: ☐ Yes ☐ No
General Assistance: ☐ Yes ☐ No If yes, what kind?_____
Other:_____

Other Comments and/or Family Needs:_____

Was this Interview completed:
☐ In Person ☐ Over the Phone, reason:_____

Interviewed by: (sign)_____Title: _____

Print Name:_____Date:_____

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