



EPISCOPAL
COMMUNITY
SERVICES

CHILD AND FAMILY SERVICES
ECS Head Start / Early Head Start
Contact Information Form
(This is not an application)



Child Information		
Last Name	First Name	DOB
Disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently Have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Information: <input type="checkbox"/> House/Apartment <input type="checkbox"/> Community Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Vehicle		
Parent / Guardian Information		
Last Name	First Name	Currently Pregnant?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #	Cell Phone #	Zip Code:
Parental Status: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Teen Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian		
Working? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of People in the Family:
Monthly Income \$		Services: <input type="checkbox"/> TANF <input type="checkbox"/> SSI
Are you or your spouse involved in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attending School? <input type="checkbox"/> Yes <input type="checkbox"/> No		Enrolled at: <input type="checkbox"/> MAAC <input type="checkbox"/> Job Corps
Staff Use Only		
Center: _____	Staff Name _____	Date _____
Send completed form to the Eligibility Office as soon as possible.		