eckerd connects

ECKERD EARLY HEAD START
APPLICATION

Date of Application:	
Referral Source:	☐ Self ☐ Agency

CHILD INFORMATION		
Full Name:		
Date of Birth (Month/Day/Year):	Gender: ☐ Male ☐ Female	Race:
Hillsborough County Resident: ☐ Yes ☐ No		
Current Living Arrangement: ☐ Parent ☐ Relative ☐ Foster ☐ Other:		

FAMILY INFORMATION	
Parent(s)/Guardian(s) Name:	
Relationship to Child:	
Complete Address:	
Primary Phone:	Alternate Phone:
Email Address:	Preferred Language:
Number of Children 3 and Under:	Number of Family Members in Household:

CHECK EACH OF THE FOLLOWING INCOME THAT IS RECEIVED
☐ Child Support
☐ Employment
☐ Financial Aid Grant
☐ SSA
☐ SSD
☐ SSI
☐ TANF / SNAP
☐ Unemployment
☐ None

SCHOOL READINESS FUNDS
Do you receive school readiness funds? ☐ Yes ☐ No

INDIVIDUAL PROVIDING INFORMATION	
☐ **Parent**	
Name (Print):	Signature:
My signature acknowledges that I understand, once enrolled, my child is eligible to remain in the program until he/she is 3 years old (Center-Based) or 4 years old (FCCH). I further understand that this is a federally funded program; omission or false information is considered fraud and will result in withdrawal from the program.	
☐ **Agency (If Applicable)**	
Name:	
Agency Name:	
Phone:	Email Address:

INSTRUCTIONS

Once completed, please email this form to earlyheadstart@eckerd.org, fax to 1-888-947-6161, or drop off at one of our community sites for application processing. Thank you.