

Applicant									
General Information									
Applicant Type		First Name ^{Required}				Last Name ^{Required}			
<input type="checkbox"/> Child <input type="checkbox"/> Adult									
Nickname		Birthday ^{Required}		Gender		Alternate ID			
				<input type="checkbox"/> Male <input type="checkbox"/> Female					
Race ^{PIR}						Hispanic/Latino ^{PIR}			
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unspecified <input type="checkbox"/> Other: _____						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Family's Address									
Living Address		Mailing address the same as family's			Zip		City		
		<input type="checkbox"/> Yes <input type="checkbox"/> No							
State	County	Individual's Address		Homeless		Family Address Notes:			
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Languages									
Primary Language		Other Language				Other Language			
English Proficiency		Other Language Proficiency				Other Language Proficiency			
<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient				<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient			
Additional Information									
All releases signed		Date Signed				Child will transition to			
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Emergency Contact (Individual)									
Name		Relationship to applicant				Contact Type			
		<input type="checkbox"/> Foster Parents <input type="checkbox"/> Relative other than grandparents <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parents				<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release To <input type="checkbox"/> Do Not Release To			
Address		Zip		City		State			
Phone 1		Phone 1 Type		Phone 1 Notes:					
Phone 2		Phone 2 Type		Phone 2 Notes:					
Agency-Specific Information									

Applicant									
General Information									
Applicant Type		First Name ^{Required}				Last Name ^{Required}			
<input type="checkbox"/> Child <input type="checkbox"/> Adult									
Nickname		Birthday ^{Required}		Gender		Alternate ID			
				<input type="checkbox"/> Male <input type="checkbox"/> Female					
Race ^{PIR}						Hispanic/Latino ^{PIR}			
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unspecified <input type="checkbox"/> Other: _____						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Family's Address									
Living Address		Mailing address the same as family's			Zip		City		
		<input type="checkbox"/> Yes <input type="checkbox"/> No							
State	County	Individual's Address		Homeless		Family Address Notes:			
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Languages									
Primary Language		Other Language				Other Language			
English Proficiency		Other Language Proficiency				Other Language Proficiency			
<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient				<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient			
Additional Information									
All releases signed		Date Signed				Child will transition to			
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Emergency Contact (Individual)									
Name		Relationship to applicant				Contact Type			
		<input type="checkbox"/> Foster Parents <input type="checkbox"/> Relative other than grandparents <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parents				<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release To <input type="checkbox"/> Do Not Release To			
Address		Zip		City		State			
Phone 1		Phone 1 Type		Phone 1 Notes:					
Phone 2		Phone 2 Type		Phone 2 Notes:					
Agency-Specific Information									

Parents/Guardians				
General Information				
Adult Status PIR		First Name Required		Last Name Required
<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult				
Birthday Required		Relationship to applicant 1		Custody of applicant 1
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to applicant 2		Custody of applicant 2	Gender	Alternate ID
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Race PIR				Hispanic/Latino PIR
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unspecified <input type="checkbox"/> Other: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
Family's Address				
Edit family living address or family mailing address				
Languages				
Primary Language		Other Language		Other Language
English Proficiency		Other Language Proficiency		Other Language Proficiency
<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Phone Numbers				
Phone Type	Phone number with extension	Primary opt-in for texts	Email Address	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency-Specific Information				
Employment				
Employment status at enrollment PIR			Present employment status PIR	
<input type="checkbox"/> Full time and training <input type="checkbox"/> Full time <input type="checkbox"/> Seasonally employed <input type="checkbox"/> Part time <input type="checkbox"/> Part-time and training <input type="checkbox"/> Retired or disabled <input type="checkbox"/> Training or in school <input type="checkbox"/> Unemployed			<input type="checkbox"/> Full time and training <input type="checkbox"/> Full time <input type="checkbox"/> Seasonally employed <input type="checkbox"/> Part time <input type="checkbox"/> Part-time and training <input type="checkbox"/> Retired or disabled <input type="checkbox"/> Training or in school <input type="checkbox"/> Unemployed	
Education and Training				
Highest grade completed PIR				
<input type="checkbox"/> Grade 9 or less <input type="checkbox"/> College degree/Training certification <input type="checkbox"/> Associate's degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> College or advanced training <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> High school graduate <input type="checkbox"/> Master's degree <input type="checkbox"/> Grade 12 <input type="checkbox"/> General education diploma				

Parents/Guardians				
General Information				
Adult Status PIR		First Name Required		Last Name Required
<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult				
Birthday Required		Relationship to applicant 1		Custody of applicant 1
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to applicant 2		Custody of applicant 2	Gender	Alternate ID
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Race PIR				Hispanic/Latino PIR
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unspecified <input type="checkbox"/> Other: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
Family's Address				
Edit family living address or family mailing address				
Languages				
Primary Language		Other Language		Other Language
English Proficiency		Other Language Proficiency		Other Language Proficiency
<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Phone Numbers				
Phone Type	Phone number with extension	Primary opt-in for texts	Email Address	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency-Specific Information				
Employment				
Employment status at enrollment PIR			Present employment status PIR	
<input type="checkbox"/> Full time and training <input type="checkbox"/> Full time <input type="checkbox"/> Seasonally employed <input type="checkbox"/> Part time <input type="checkbox"/> Part-time and training <input type="checkbox"/> Retired or disabled <input type="checkbox"/> Training or in school <input type="checkbox"/> Unemployed			<input type="checkbox"/> Full time and training <input type="checkbox"/> Full time <input type="checkbox"/> Seasonally employed <input type="checkbox"/> Part time <input type="checkbox"/> Part-time and training <input type="checkbox"/> Retired or disabled <input type="checkbox"/> Training or in school <input type="checkbox"/> Unemployed	
Education and Training				
Highest grade completed PIR				
<input type="checkbox"/> Grade 9 or less <input type="checkbox"/> College degree/Training certification <input type="checkbox"/> Associate's degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> College or advanced training <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> High school graduate <input type="checkbox"/> Master's degree <input type="checkbox"/> Grade 12 <input type="checkbox"/> General education diploma				

Other Family Members

General Information

Adult or Child <small>Required and PIR</small>	First Name <small>Required</small>	Last Name <small>Required</small>
<input type="checkbox"/> Adult <input type="checkbox"/> Child		
Birthday <small>Required</small>	Gender	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <small>PIR</small>		Hispanic/Latino <small>PIR</small>
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unspecified <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

How is this person related to the Parents/Guardians?

Relationship	Supported by
<input type="checkbox"/> Blood, marriage or adoption <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____ <input type="checkbox"/> Boyfriend/girlfriend <input type="checkbox"/> Not related	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information for Applicants

Add Participation Record for:

Program Term <small>Required</small>	Agency <small>Required</small>	Initial Status <small>Required</small>
Status Begin <small>Required</small>		

Location Preferences

Priority	Site	Classroom	Funding
Priority	Site	Classroom	Funding

Enrollment Information

Enrollment

Eligibility

Application Date	Application Status	Participation Year <small>PIR</small>	CACFP Status	Eligible to Participate	Interview Type
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income Status	Eligibility Date	Number in family	Eligibility Income	Documentation Used	Documentation of no income

Selection Criteria

Parental Status	Diagnosed Disability	Risk Factors
Pregnant Mother	Returning	Adjustment
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Health

Health Information

Doctor	Dentist

PIR Health Coverage

Primary health coverage at enrollment <small>PIR</small>	Medicaid Eligibility	Medicaid Number
<input type="checkbox"/> Private insurance <input type="checkbox"/> Combined Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> No insurance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Medicaid	<input type="checkbox"/> Not eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially eligible	
Dental Coverage	Dental coverage number	Insurance Number
<input type="checkbox"/> Private insurance <input type="checkbox"/> Combined Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> No insurance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Medicaid		

Immunizations

Family Services

Homeless Family <small>PIR</small>	Referred by welfare agency <small>PIR</small>	Military service – Active duty at enrollment <small>PIR</small>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Public Assistance	TANF <small>PIR</small>	SSI <small>PIR</small>	WIC <small>PIR</small>	SNAP <small>PIR</small>	WIC ID
At Enrollment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
At end of enrollment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information for Applicants

Add Participation Record for:

Program Term <small>Required</small>	Agency <small>Required</small>	Initial Status <small>Required</small>
Status Begin <small>Required</small>		

Location Preferences

Priority	Site	Classroom	Funding
Priority	Site	Classroom	Funding

Enrollment Information

Enrollment

Eligibility

Application Date	Application Status	Participation Year <small>PIR</small>	CACFP Status	Eligible to Participate	Interview Type
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income Status	Eligibility Date	Number in family	Eligibility Income	Documentation Used	Documentation of no income

Selection Criteria

Parental Status	Diagnosed Disability	Risk Factors
Pregnant Mother	Returning	Adjustment
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Health

Health Information

Doctor	Dentist

PIR Health Coverage

Primary health coverage at enrollment <small>PIR</small>	Medicaid Eligibility	Medicaid Number
<input type="checkbox"/> Private insurance <input type="checkbox"/> Combined Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> No insurance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Medicaid	<input type="checkbox"/> Not eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially eligible	
Dental Coverage	Dental coverage number	Insurance Number
<input type="checkbox"/> Private insurance <input type="checkbox"/> Combined Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> No insurance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Medicaid		

Immunizations

Family Services

Homeless Family <small>PIR</small>	Referred by welfare agency <small>PIR</small>	Military service – Active duty at enrollment <small>PIR</small>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Public Assistance	TANF <small>PIR</small>	SSI <small>PIR</small>	WIC <small>PIR</small>	SNAP <small>PIR</small>	WIC ID
At Enrollment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
At end of enrollment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Family Information					
Family Composition					
Number in family		Parental Status PIR		Number in household	
		<input type="checkbox"/> One parent family <input type="checkbox"/> Two parent family			
Relationship to participant(s) PIR					
<input type="checkbox"/> Foster Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Parents <input type="checkbox"/> Relative other than grandparents <input type="checkbox"/> Other: _____					
Family Income					
Verification By	Verification Date	TANF Status PIR	SSI PIR	SNAP PIR	WIC PIR
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Source Family Member		Amount	Per	Verification	Notes:
Languages					
Primary language at home PIR			If primary language is English, is the applicant learning a language in addition to English?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Address					
Edit family living address or family mailing address					
Emergency Contacts (Family)					
Name		Relationship to family		Contact type	
				<input type="checkbox"/> Emergency contact <input type="checkbox"/> Release to <input type="checkbox"/> Do not release to	
Phone Number 1		Phone 1 Type	Phone 1 Notes:		
Phone Number 2		Phone 2 Type	Phone 2 Notes:		
Address			Zip	City	State