THE OHIO STATE UNIVERSITY

EHS-CC
EARLY HEAD START
CHILD CARE

Applicant

Child

First	Middle	Last	Suffix	Nickname	Birthday	Gender

Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian	☐ American Indian/Alaska Native	☐ Yes	☐ None		☐ Little
☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Little		☐ Moderate
☐ White	☐ Multi-Racial		☐ Moderate		☐ Proficient
☐ Other: _____			☐ Proficient		

Primary Health Coverage	Other Coverage	Medicaid Eligibility	Doctor/Medical Home	Dental Coverage	Dentist/Dental Home
☐ Medicaid	☐ Medicaid	☐ Not Eligible		☐ Medicaid	
☐ Private	☐ Private	☐ On Medicaid		☐ Private	
☐ None	☐ None	☐ Potentially Eligible		☐ None	

How did you hear about the OSU – EHS Program?

☐ Friend ☐ Family ☐ Physician ☐ Sibling at center ☐ Website ☐ Other: _____

Birth History

Was the child born: ☐ More than 3 weeks early ☐ More than three weeks late ☐ Child was full term

Child's birth weight: _____

Were there problems at the hospital for mother/child? ☐ Yes ☐ No

If yes, please explain: _____

Special Needs

Does your child have any special needs or disability? ☐ Yes ☐ No

Type: _____

Has the disability been professionally diagnosed? ☐ Yes ☐ No

If no, do you have any concerns about your child? _____

Does your child have an Individualized Family Service Plan (IFSP)? ☐ Yes ☐ No

Are you involved with Help Me Grow? ☐ Yes ☐ No

Has your doctor or other medical professional referred you to Help Me Grow? ☐ Yes ☐ No

Medical History

Is your child taking any medication? ☐ Yes ☐ No

If yes, medication/dosage: _____

Has your child had a condition diagnosed by a physician? ☐ Yes ☐ No

If yes, details: _____

Has your child ever had surgery? ☐ Yes ☐ No

If yes, dates/details: _____

Has your child ever been hospitalized for asthma? ☐ Yes ☐ No

If yes, dates/details: _____

Does your child have: ☐ Seasonal allergies ☐ Anemia ☐ Eczema ☐ Asthma ☐ High lead
☐ Sickle cell ☐ Sickle cell trait ☐ N/A ☐ Other: _____

Nutrition

Is your child breastfed? ☐ Yes ☐ No How many times do they nurse in 24 hours? _____

Does your child currently take a bottle? ☐ Yes ☐ No

How many ounces of formula does the child drink in 24 hours? _____ What type? _____

What type of milk do you give the child? _____

Is your child's height and weight good for their age? ☐ Yes ☐ No

If no, please specify: _____

Is your child on any special diet given by a doctor? ☐ Yes ☐ No

If yes, please specify: _____

Does your child have any food allergies? ☐ Yes ☐ No

If yes, what foods: _____

Does your child have any food intolerances? ☐ Yes ☐ No

If yes, what foods: _____

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Family Information

Is any family member receiving counseling? ☐ Yes ☐ No

Specific agency: _____

Is anyone currently pregnant? ☐ Yes ☐ No

Receiving prenatal care? ☐ Yes ☐ No

Where are they receiving prenatal care? _____

Does anyone have any difficulty reading or writing? ☐ Yes ☐ No

Who: _____

Are you involved with Community Properties of Ohio (CPO)?

☐ Resident ☐ Affiliation ☐ None

Moms2B participant? ☐ Yes ☐ No

Is your house/apartment subsidized? ☐ Yes ☐ No

If not, do you: ☐ Own ☐ Rent

Are you receiving PFCC (title 20)? ☐ Yes ☐ No

Is at least one parent/guardian a veteran of the United States military? ☐ Yes ☐ No

Parent(s)/guardian has insurance? ☐ Yes ☐ No

Family Member Information

Primary Adult

First	Middle	Last	Suffix	Nickname	Birthday	Gender

Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ Black ☐ White ☐ Other: _____	☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Multi-Racial	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ Little ☐ Moderate ☐ Proficient

Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:
☐ Associate's ☐ Bachelor's ☐ Col Deg/Train ☐ Col or Adv Train ☐ GED	☐ Grade 10 ☐ Grade 11 ☐ Grade 12 ☐ < Grade 9 ☐ HS Graduate ☐ Master's	☐ Full Time ☐ Part Time ☐ Seasonal ☐Unemployed	☐ Full Time & Training ☐ Part Time & Training ☐ Training or School ☐ Retired or Disabled	☐ Biological/Adopted /Step ☐ Grandchild ☐ Other Relative ☐ Foster ☐ Other _____	☐ Yes ☐ No	☐ Lives with Family ☐ Provides Financial Support ☐ Teen Parent If teen parent, subsidized? ☐ Yes ☐ No

Email Address:

Secondary or Other Adult

First	Middle	Last	Suffix	Nickname	Birthday	Gender

Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ Black ☐ White ☐ Other: _____	☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Multi-Racial	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ Little ☐ Moderate ☐ Proficient

Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:
☐ Associate's ☐ Bachelor's ☐ Col Deg/Train ☐ Col or Adv Train ☐ GED	☐ Grade 10 ☐ Grade 11 ☐ Grade 12 ☐ < Grade 9 ☐ HS Graduate ☐ Master's	☐ Full Time ☐ Part Time ☐ Seasonal ☐Unemployed	☐ Full Time & Training ☐ Part Time & Training ☐ Training or School ☐ Retired or Disabled	☐ Biological/Adopted /Step ☐ Grandchild ☐ Other Relative ☐ Foster ☐ Other _____	☐ Yes ☐ No	☐ Lives with Family ☐ Provides Financial Support ☐ Teen Parent If teen parent, subsidized? ☐ Yes ☐ No

Email Address: Relationship to Primary Adult:

Additional Child (Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender

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☐ Asian ☐ Black ☐ White ☐ Other: ______	☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Multi-Racial	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ Poor ☐ Moderate ☐ Proficient

Additional Child (Non-Applicant) *

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☐ Asian ☐ Black ☐ White ☐ Other: ______	☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Multi-Racial	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ Poor ☐ Moderate ☐ Proficient

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** If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.*

Family Information, Income & Contacts

Family Information

Family Living Address

Started Living At Date	Living Address	Address Line 2	ZIP	City	State	County

Family Mailing Address

Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State
☐ Yes ☐ No						

Phone Number(s)	Type (*check one*)	Text Messages?	Note (*for example, an extension or best time to call*)
	☐ Cell ☐ Home ☐ Work ☐ Other	☐ Yes ☐ No	
	☐ Cell ☐ Home ☐ Work ☐ Other	☐ Yes ☐ No	
	☐ Cell ☐ Home ☐ Work ☐ Other	☐ Yes ☐ No	

Parental Status (*check one*)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC
☐ One ☐ Two		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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Family Income

Income Verified by	Verification Date	TANF Status	SSI
		☐ Yes ☐ No ☐ Formerly on TANF/Not now	☐ Yes ☐ No

Family Member	*Amount*	*Per (for example: week, month, year)*	*Annual Amount*	*Description (for example: SSI, Job, Child Support)*	*Verification (for example: W2, check stub)*	*Note*
	$		$			
	$		$			
	$		$			
	$		$			
	$		$			

Income Notes

Location Preferences

First	
Second	
Third	