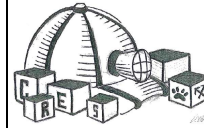


Early Childhood Enrollment Application



Head Start Tri-County
Community Action Partnership
Little Falls Office
501 LeMieur St.
Little Falls, Minnesota 56345
Phone: Voice/TTY 320-632-3691



Cuyuna Range Elementary
School School Readiness
509 Sixth Street NE
Crosby MN 56441
218-545-8800 ext. 6959

Thank you for your interest in our Early Childhood Programs.

Please remember, in completing this application, you are applying for all the above programs.

Completing your application does not necessarily mean you have been accepted into any of these programs.

Please list your preference for your child's participation in programming:

Please complete and return the following items:

Steps	Name of Document to be Completed	Action Required
1.	Tennessee Warning	Read carefully, sign, date & return.
2.	Application for Enrollment Is there a preferred Educational Service:	Print clearly, completely fill-in, use legal names, sign, date & return.
3.	Income Verification (<i>An interview with parent(s) will be conducted</i>) a) <input type="checkbox"/> Public Assistance – provide statement showing cash payments b) <input type="checkbox"/> Foster Care – provide placement letter c) <input type="checkbox"/> Supplemental Security Income (SSI) – provide award letter d) <input type="checkbox"/> Homeless – provide Housing Questionnaire with third party verification e) <input type="checkbox"/> Income Tax Return or W2 – provide copy of most recent year f) <input type="checkbox"/> Pay Stub copies – provide for last 12 months g) <input type="checkbox"/> Unemployment print-out of payments h) <input type="checkbox"/> Child Support / Alimony/ College Scholarship or Grants - provide documentation. i) <input type="checkbox"/> Award Letter from Social Security / Pension / Veteran’s Benefits / Private Disability – provide documentation j) <input type="checkbox"/> Self Employment - provide documentation. k) <input type="checkbox"/> No Financial Resources - provide a personal, written letter that is signed and dated from each adult who is supporting the applicant, stating they have no income & explain how family is being supported. Third party verification required.	Return copies of all income sources from each Parent providing financial support for applicant.
4.	Immunization Record for each applicant	This is required for children who received their immunizations Out-of-State.
5.	Birth Certificate for each applicant	State or Hospital issued, or other legal doc that would confirm age.

Thank you for mailing or delivering your fully completed application to one of the addresses below:

Head Start Tri-County Community Action Partnership	218.320-632-3691 Fax: 320-632-3695	Little Falls Office 501 LeMieur St. Little Falls, Minnesota 56345	Serving residents of Tri-County Head Start Region
Tammy Novak Little Rangers Family Center Coordinator	218-545-8800 ext. 6959	509 6th Ave. NE Crosby, MN 56441	Serving residents of ISD 182 and surrounding areas.

After your application is processed, we will contact you. Our Application process takes 45 days. Thank you for applying.

Upon request, this information will be made available in alternate formats, such as Braille, audiotape, computer disk or large print. We are both Equal Opportunity Provider's and Employer's.

Tennessean Warning

Your Privacy Rights

This sheet tells you about your rights under the Minnesota Government Data Practices Act ("the Act"). This Act protects your privacy, but also lets us give information about you to others if a law requires it AND we tell you before we do it. The information below tells why and when we will ask for and give information about you. Under the Act, information about individuals is divided into four categories.

What kind of information do we collect?

- Public Information: Information about you that is available to anyone.
- Private Data: Information about you that can be shared only if you give us your permission or if a law allows or requires us to share the information.
- Confidential Information: Information about you that cannot be shared about you.
- Summary Information: Information about you that does NOT identify you personally, which may be shared with others, generally for reporting purposes.

Generally, we only ask for two types of information from you, public and private information. We use summary information for reports but it does not identify you or anyone else by name or other identifying information.

Why do we ask you for this information?

We ask this information so we can:

- Enroll your child in an Early Childhood Education Program.
- Tell you apart from other persons with the same or similar name.
- Decide if you can receive services from us, and what or how much you can receive.
- Help you obtain financial or social services from other agencies or companies.
- Make reports, do research, audits and evaluate our programs.
- Collect money from the government for help we give you.

Do you have to answer the questions we ask? What will happen if you do not answer the questions we ask?

Generally, you do not have to give us information. However, if you do not provide us the information, we may not be able to determine whether we can help you, or get help for you from other agencies.

Who else may see this information?

A third-party entity will evaluate the effectiveness of the ECE Scholarships program for the Minnesota Department of Education. That entity is bound by Minnesota's data practices and privacy laws and may not share your data with any other private entities but will share its evaluation with the Minnesota Department of Education. We may also give the data you've provided to the Legislative Auditor, the Minnesota Department of Human Services and any law enforcement agency or other agency with the legal authority to access the information, and anyone authorized by a court order.

How else may this information be used?

We can use or release this information only as stated in this notice unless you give us your written permission to release the information for another purpose or to release it to another individual or entity. The information may also be used for another purpose should the United States Congress or the Minnesota Legislature pass a law allowing or requiring us to release the information or to use it for another purpose.

You have the right to copies of information we have about you.

- You may ask if we have any information about you.
- If we have information about you, you may ask for copies.
- You may give other people permission to see and have copies of private data about you.
- If you do not understand the information, you may ask to have it explained to you.
- You may ask for and receive a copy of the agency's Data practices policy.

How long will my data be kept?

Your data will be maintained for up to nine years.

How do you appeal if you think information is not accurate or complete?

State your objection in writing and sent to [Tammy Novak](#). You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, please call Crosby-Ironton's Family Center at 218-545-8800 ext. 6959.

If you have any questions about the information on this form, please call the Early Childhood Education Program listed above.

Student Applicant Last Name

Student Applicant First Name

Student Middle Name

Parent / Guardian Signature

Date

Please
**SIGN &
DATE**

Early Childhood • Enrollment Application

FC Homeless MFIP SSI

Office Use only → → Date/Time App Rec'd _____ Age by Sept 1 ____ yrs ____ mo IRScore _____ RFScore _____

Staff initials _____ Head Start School Readiness _____ Annual Gross Income Verified by _____ Date _____

STUDENT APPLICANT INFORMATION

<u>Student Applicant Last Name</u>	<u>Student Applicant First Name</u>	<u>Middle Name</u>	<u>Suffix</u> <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/>	<u>Student Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Mom's 1st Name</u>	<u>Dad's 1st Name</u>

<u>Student Street Address</u>	<u>P.O. Box</u>	<u>City</u>	<u>County</u>	<u>State</u> MN	<u>Zip Code</u>
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<u>Student Date of Birth</u>	<u>Last 4 Digits of Social Security #</u>	<u>Is Student a US Citizen?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Student has a Disability?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Student Language</u> 1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English	<u>Student Health Insurance Type</u> <input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicare <input type="checkbox"/> HMO <input type="checkbox"/> Indian Health <input type="checkbox"/> Private <input type="checkbox"/> None
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Does Student have an IEP? Yes No Does Student receive mental health services? Yes No

<u>Mom/Guardian Home/Cell #</u>	<u>Mom/Guardian Work #</u>	<u>Dad/Guardian Home/Cell #</u>	<u>Dad/Guardian Work #</u>
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<u>Additional Contact Person Name</u>	<u>Phone Number</u>	<u>Relationship to Student Applicant</u>
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Student Applicant Concerns (please place an "x" by ALL concerns)

- Premature/Low Birth Weight High Risk Pregnancy Birth Defects/Chronic Illness Medical Speech/Language Behavior
Separation Anxiety Child with no Group Experience Development Concerns Other

PRIMARY ADULT INFORMATION

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Suffix</u> <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/>	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Ethnicity</u> Latino or Non-Latino	

<u>Relationship to Student Applicant</u> <input type="checkbox"/> Mom/Guardian <input type="checkbox"/> Dad/Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other	<u>Marital Status</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never Married	<u>Vet Status</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active Duty	<u>Housing Type</u> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Shelter <input type="checkbox"/> Living with Extended Family	<u>Family Type</u> <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Foster Grandparent/Child <input type="checkbox"/> Non-Custodial Care Giver Child lives with _____ % of time.
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<u>Date of Birth</u>	<u>Last 4 Digits of Social Security #</u>	<u>US Citizen?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Disability</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Highest Level of Education</u> <input type="checkbox"/> If less than high school diploma highest grade completed _____ <input type="checkbox"/> High school/GED <input type="checkbox"/> Some College <input type="checkbox"/> Degree Currently Pursuing	<u>Health Insurance Type</u> <input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicare <input type="checkbox"/> HMO <input type="checkbox"/> Private <input type="checkbox"/> Indian Health <input type="checkbox"/> None
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<u>Employment</u> Weekly Work Hrs _____ Average _____ <input type="checkbox"/> Unemployed, Seeking Employment <input type="checkbox"/> Unemployed, NOT Seeking Employment	<u>Language</u> 1 st Language <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language <input type="checkbox"/> Other _____ <input type="checkbox"/> English	<u>Does Family Receive CCAP Funds?</u> (Child Care Assistance Program thru Itasca County) <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Email Address</u>
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Family Concerns (please place an "x" by ALL concerns)

- English is not primary language Medical/Health Issues Living with extended family Adult Disability History of Chemical Abuse
Recent Divorce/Loss Homeless/Transitional Transportation Unemployment Teen Parent Parent absent for extended period

ADDITIONAL FAMILY MEMBERS INFORMATION

<u>Additional Family Last Name</u>	<u>Additional Family First Name</u>	<u>Middle Name</u>	<u>Suffix</u> <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/>	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Mom's 1st Name</u>	<u>Dad's 1st Name</u>

<u>Relationship to Head of Family (HOF)</u> <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Foster Child <input type="checkbox"/> Other _____	<u>Marital Status</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never Married	<u>Vet Status</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active Duty	<u>Additional Family Member Language</u> 1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English	<u>Health Insurance Type</u> <input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicare <input type="checkbox"/> HMO <input type="checkbox"/> Indian Health <input type="checkbox"/> Private <input type="checkbox"/> None
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<u>Date of Birth</u>	<u>Last 4 Digits of Social Security #</u>	<u>US Citizen?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Disability?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Highest Level of Education</u> <input type="checkbox"/> If less than high school diploma highest grade completed _____ <input type="checkbox"/> High school/GED <input type="checkbox"/> Some College <input type="checkbox"/> Degree Currently Pursuing: _____	<u>Employment</u> <input type="checkbox"/> Average Weekly Work Hrs _____ <input type="checkbox"/> Unemployed, Seeking Employment <input type="checkbox"/> Unemployed, NOT Seeking Employment
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Please insert Additional Family Members on Back. Thank you.

I certify there are a total of _____ members of my household dependent upon the income I submitted.
 I certify the above information is true and correct and that Early Childhood staff may verify the information.

Parent / Guardian Signature

Date



ADDITIONAL FAMILY MEMBERS DEMOGRAPHICS

<u>Additional Family Last Name</u>		<u>Additional Family First Name</u>		<u>Middle Name</u>		<u>Suffix</u> <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/>		<u>Race</u>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Mom's 1st Name</u>		<u>Dad's 1st Name</u>		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander	
<u>Relationship to Head of Family (HOF)</u>		<u>Marital Status</u>		<u>Vet Status</u>		<u>Additional Family Member Language</u>		<u>Health Insurance Type</u>	
<input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Foster Child <input type="checkbox"/> Other _____		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never Married		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active Duty		1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English		<input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicare <input type="checkbox"/> HMO <input type="checkbox"/> Indian Health <input type="checkbox"/> Private <input type="checkbox"/> None	
<u>Date of Birth</u>	<u>Last 4 Digits of Social Security #</u>	<u>US Citizen?</u>	<u>Disability?</u>	<u>Highest Level of Education</u>				<u>Employment</u>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If less than high school diploma highest grade completed _____ <input type="checkbox"/> High school/GED <input type="checkbox"/> Some College Degree Currently Pursuing _____				<input type="checkbox"/> Trade School <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate/professional degree	
								<input type="checkbox"/> Average Weekly Work Hrs _____ <input type="checkbox"/> Unemployed, Seeking Employment <input type="checkbox"/> Unemployed, NOT Seeking Employment	

ADDITIONAL FAMILY MEMBERS DEMOGRAPHICS

<u>Additional Family Last Name</u>		<u>Additional Family First Name</u>		<u>Middle Name</u>		<u>Suffix</u> <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/>		<u>Race</u>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Mom's 1st Name</u>		<u>Dad's 1st Name</u>		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander	
<u>Relationship to Head of Family (HOF)</u>		<u>Marital Status</u>		<u>Vet Status</u>		<u>Additional Family Member Language</u>		<u>Health Insurance Type</u>	
<input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Foster Child <input type="checkbox"/> Other _____		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never Married		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active Duty		1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English		<input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicare <input type="checkbox"/> HMO <input type="checkbox"/> Indian Health <input type="checkbox"/> Private <input type="checkbox"/> None	
<u>Date of Birth</u>	<u>Last 4 Digits of Social Security #</u>	<u>US Citizen?</u>	<u>Disability?</u>	<u>Highest Level of Education</u>				<u>Employment</u>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If less than high school diploma highest grade completed _____ <input type="checkbox"/> High school/GED <input type="checkbox"/> Some College Degree Currently Pursuing _____				<input type="checkbox"/> Trade School <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate/professional degree	
								<input type="checkbox"/> Average Weekly Work Hrs _____ <input type="checkbox"/> Unemployed, Seeking Employment <input type="checkbox"/> Unemployed, NOT Seeking Employment	

ADDITIONAL FAMILY MEMBERS DEMOGRAPHICS

<u>Additional Family Last Name</u>		<u>Additional Family First Name</u>		<u>Middle Name</u>		<u>Suffix</u> <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/>		<u>Race</u>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Mom's 1st Name</u>		<u>Dad's 1st Name</u>		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander	
<u>Relationship to Head of Family (HOF)</u>		<u>Marital Status</u>		<u>Vet Status</u>		<u>Additional Family Member Language</u>		<u>Health Insurance Type</u>	
<input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Foster Child <input type="checkbox"/> Other _____		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never Married		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active Duty		1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English		<input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicare <input type="checkbox"/> HMO <input type="checkbox"/> Indian Health <input type="checkbox"/> Private <input type="checkbox"/> None	
<u>Date of Birth</u>	<u>Last 4 Digits of Social Security #</u>	<u>US Citizen?</u>	<u>Disability?</u>	<u>Highest Level of Education</u>				<u>Employment</u>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If less than high school diploma highest grade completed _____ <input type="checkbox"/> High school/GED <input type="checkbox"/> Some College Degree Currently Pursuing _____				<input type="checkbox"/> Trade School <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate/professional degree	
								<input type="checkbox"/> Average Weekly Work Hrs _____ <input type="checkbox"/> Unemployed, Seeking Employment <input type="checkbox"/> Unemployed, NOT Seeking Employment	

ADDITIONAL FAMILY MEMBERS DEMOGRAPHICS

<u>Additional Family Last Name</u>		<u>Additional Family First Name</u>		<u>Middle Name</u>		<u>Suffix</u> <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/>		<u>Race</u>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<u>Mom's 1st Name</u>		<u>Dad's 1st Name</u>		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander	
<u>Relationship to Head of Family (HOF)</u>		<u>Marital Status</u>		<u>Vet Status</u>		<u>Additional Family Member Language</u>		<u>Health Insurance Type</u>	
<input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Foster Child <input type="checkbox"/> Other _____		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never Married		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active Duty		1 st Language - <input type="checkbox"/> English <input type="checkbox"/> Other _____ 2 nd Language - <input type="checkbox"/> Other _____ <input type="checkbox"/> English		<input type="checkbox"/> MA-IM Care/MN Care <input type="checkbox"/> Medicare <input type="checkbox"/> HMO <input type="checkbox"/> Indian Health <input type="checkbox"/> Private <input type="checkbox"/> None	
<u>Date of Birth</u>	<u>Last 4 Digits of Social Security #</u>	<u>US Citizen?</u>	<u>Disability?</u>	<u>Highest Level of Education</u>				<u>Employment</u>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If less than high school diploma highest grade completed _____ <input type="checkbox"/> High school/GED <input type="checkbox"/> Some College Degree Currently Pursuing _____				<input type="checkbox"/> Trade School <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate/professional degree	
								<input type="checkbox"/> Average Weekly Work Hrs _____ <input type="checkbox"/> Unemployed, Seeking Employment <input type="checkbox"/> Unemployed, NOT Seeking Employment	