

# El Grito Early Learning

303 S. Cooper St./P.O. Box 2137 Silver City, NM 88062 Ph: 575-538-5459 Fax: 575-538-3607

## Eligibility Application

Child or Pregnant Applicant				
First Name		Middle Name		Last Name
Nickname			Birthdate <i>(please provide proof)</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Health Insurance		OHP Eligibility <i>(choose one)</i>	Doctor/Clinic	Pregnant Only
		<input type="checkbox"/> Not Eligible <input type="checkbox"/> Applying <input type="checkbox"/> On Medicaid/OHP #:	<input type="checkbox"/> Active Duty Military <input type="checkbox"/> Veteran	Due Date: High Risk Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Dentist/Clinic	

Adult Listings				
Adult-1				
First Name		Middle Name		Last Name
Nickname		<input type="checkbox"/> Active Duty Military <input type="checkbox"/> Veteran	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Adult's Relationship to Applicant		<input type="checkbox"/> Bio/Adopted <input type="checkbox"/> Grandparent	<input type="checkbox"/> Step Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Foster Parent
Race		Hispanic	English Proficiency	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Custody
<input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher: _____ <input type="checkbox"/> Other Training/Certificates: _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared
Check all that apply:				
		<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Subsidized		
Home Address		City	State	Zip
Mailing Address <i>(if different than living)</i>		City	State	Zip
Phone Numbers		Type <i>(check one)</i>		Opt in for text messages
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:				

<b>Adult-2</b>					
First Name		Middle Name		Last Name	
Nickname	<input type="checkbox"/> Active Duty Military <input type="checkbox"/> Veteran		Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Adult's Relationship to Applicant		<input type="checkbox"/> Bio/Adopted <input type="checkbox"/> Grandparent	<input type="checkbox"/> Step Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Foster Parent	
<b>Race</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<b>Hispanic</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>English Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<b>Other Language</b>	<b>Other Language Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Highest Grade Completed</b> <input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher: _____ <input type="checkbox"/> Other Training/Certificates: _____		<b>Employment Status</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled		<b>Custody</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	<b>Check all that apply:</b> <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Subsidized
Living Address		City	State	Zip	County
Mailing Address (if different than living)		City	State	Zip	County
Phone Numbers		Type (check one)		Opt in for text messages	
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:					

**NOTE:**  
Please list all children living at this address including Foster Children.

First & Last Name	Date of Birth	Gender	How Related to Applicant

<b>Income Information</b>				
<input type="checkbox"/> Income for the past 3 months (pay stubs) <input type="checkbox"/> Income from recent Income Tax Return		TANF Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF but not at this time Child Support: <input type="checkbox"/> Yes <input type="checkbox"/> No    SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No    Other: _____		
Parental Status <input type="checkbox"/> One <input type="checkbox"/> Two	Homeless Family <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by Child Welfare Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving SNAP <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No WIC ID:
Are you currently receiving assistance from any other Agency? <input type="checkbox"/> Food Stamps <input type="checkbox"/> Subsidized Housing (Low income, Section)				

Emergency Contacts			
Name	Relationship to Applicant	Can Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	Zip
Phone Number 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number 3 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Name	Relationship to Applicant	Can Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	Zip
Phone Number 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number 3 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Name	Relationship to Applicant	Can Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	Zip
Phone Number 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number 3 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	

Diagnosed Medical or Biological Issues		
Please indicate any diagnosed medical or biological issues currently affecting you child. <i>(check all that apply)</i>		
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Traumatic brain injury	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Asthma	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eczema (requiring medication)	<input type="checkbox"/> Seizure disorder (requiring medication)
<input type="checkbox"/> Anemia	<input type="checkbox"/> High lead level	<input type="checkbox"/> Other:

Identified Disabilities		
To provide the best placement for your child, please indicate any disabilities that have been diagnosed for which your child is receiving Early Childhood Special Education Services. <i>(check all that apply)</i>		
<input type="checkbox"/> Autism	<input type="checkbox"/> Development delay	<input type="checkbox"/> IEP
<input type="checkbox"/> Communication Disorder	<input type="checkbox"/> Orthopedic impairment	<input type="checkbox"/> IFSP

**Certification:** I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subjected to legal actions. I also understand that the information in this application will be held within the agency and is accessible to me during normal business hours.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_