COMMUNITY SERVICES OFFICE

Office Phone: 501-624-5724 • Fax: 501-624-1645 • Email: headstartdirector@csoarkansas.org

Mailing Address: P.O. Box 1175, Hot Springs, AR 71902

Head Start / Early Head Start Pre-Application

Note: You do not need to supply all required documents before contacting Community Services Office. Our staff can help you complete the Head Start / Early Head Start eligibility process.

Child's Information

Child's name: _____ _____ _____
First Middle Last

Date of birth: _____ / _____ / _____ Parent / Guardian name: _____

Primary phone number: _____ Alternative phone number: _____

Email: _____ Zip code: _____

Preferred language: _____

Preferred method of contact: ☐ Call ☐ Text ☐ Email

Which program are you interested in? ☐ Head Start ☐ Early Head Start ☐ Not Sure

Do any of the following apply to your current situation?

(Check any that apply)

- ☐ We receive SNAP.
- ☐ We receive TANF.
- ☐ Someone in our family receives SSI.
- ☐ My child is in foster care.
- ☐ We do not have a permanent place to live.
- ☐ We are staying with friends/relatives because we lost housing/cannot afford housing.
- ☐ Our income is low.
- ☐ Our income recently decreased.
- ☐ My child has an IEP, IFSP, disability, developmental delay, or special health need.
- ☐ Transportation may make it difficult for us to participate.
- ☐ I am not sure whether we qualify.

What would make finishing the application process easier for you?

- ☐ Someone to call me
- ☐ Help with documents
- ☐ Help understanding eligibility
- ☐ Interpreter
- ☐ Referral for transportation assistance
- ☐ Other (please explain): _____

Parent / Guardian Signature

Signed: _____ Date: _____ / _____ /_____

Thank you for taking the time to fill this application. A staff member will contact you to assit with the remaining eligibility process.