



## SCHOOL READINESS PROGRAM APPLICANT AND HOUSEHOLD MEMBER INFORMATION

### SECTION 1: APPLICANT INFORMATION

**Adult Applicant** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **SSN** \_\_\_\_\_ **Sex** \_\_\_\_\_  
**Physical Address**  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Mailing Address**  Same as above  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Email Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Where do you live?**  Apartment  With family or friends  House  Shelter      **Marital Status**  Never Married  Married  Separated  Divorced  Widowed  
**Race** \_\_\_\_\_ **Ethnicity**  Hispanic  Non-Hispanic      **Language Spoken In Home** \_\_\_\_\_  
**Are you a Migrant?**  Yes  No      **Are you enrolled in school?**  Yes  No      **Name of School** \_\_\_\_\_  
**Employer Name** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_  
**Employer Address**  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Hours Worked** \_\_\_\_\_ **Days of the week worked**  Vary  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

### SECTION 2: OTHER ADULT HOUSEHOLD MEMBER INFORMATION (spouse or partner):

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **SSN** \_\_\_\_\_ **Sex** \_\_\_\_\_  
**Is this household member enrolled in school?**  Yes  No      **Name of School** \_\_\_\_\_  
**Employer Name** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_  
**Employer Address**  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Hours Worked** \_\_\_\_\_ **Days of the week worked**  Vary  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

### SECTION 3: MINOR HOUSEHOLD MEMBER INFORMATION

Name of Child	Relationship to Applicant	Date of Birth	SSN	Race	Sex M/F	Both Parents in the Home?	Applying for Childcare?
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 4: HOUSEHOLD SIZE:** Based on the information provided above, please indicate the total number of individuals in your family:

**SECTION 5: REQUIRED DOCUMENTS:** Please see the enclosed ELPOP 400.01: Notice of Required Documents for a list of documents that must be attached.  
**THE ELCNC WILL NOT ACCEPT THIS FORM WITHOUT ALL REQUIRED DOCUMENTS ATTACHED.**

**SECTION 6: FAMILY NEEDS ASSESSMENT:** The ELCNC will provide community resources for each area of family need indicated below.

<input type="checkbox"/> Food	<input type="checkbox"/> Health Insurance (child)	<input type="checkbox"/> Financial	<input type="checkbox"/> Adult Medical	<input type="checkbox"/> Adult Education _____ (specify)
<input type="checkbox"/> Clothes	<input type="checkbox"/> Counseling	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Adult Dental	<input type="checkbox"/> Child Support Enforcement Services
<input type="checkbox"/> Housing	<input type="checkbox"/> Child Behavior	<input type="checkbox"/> Parent Workshops	<input type="checkbox"/> Employment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing			<input type="checkbox"/> <b>NO NEEDS</b>

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**CLIENT SATISFACTION SURVEY**  
(Optional)

**Today's Date:** \_\_\_\_\_

**What County do you live in?** \_\_\_\_\_

How did you hear about the Early Learning Program? <input type="checkbox"/> Phone Book <input type="checkbox"/> Newsletter <input type="checkbox"/> Mailing <input type="checkbox"/> Another agency <input type="checkbox"/> Internet <input type="checkbox"/> Word of mouth	RATINGS						COMMENTS OR SUGGESTIONS  Please use this space for additional responses. Use back of page if necessary
	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1	N/A	
1. From my choice of child care sites, I feel comfortable that my child is safe and placed in a supportive child care setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The Terms and Conditions of the program were clearly stated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The Eligibility Specialist answered all of my questions and possessed a thorough knowledge of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The office environment was neat and clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. I received the assistance I requested and the information was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. I was offered an appointment time convenient with my schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. My phone calls were answered quickly and my messages were returned within 72 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. If I had a complaint, it was handled well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. The Eligibility Specialist provided information about other community services (if needed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Overall, I am satisfied with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What do you like about the Early Learning Program?							
What changes would you recommend?							
Name		Phone Number				Best time to reach me	
Name of Eligibility Specialist		Date Returned					