



# TAP EARLY HEAD START/HEAD START/HOME BASED/PREGNANT WOMEN'S APPLICATION



(Rockbridge County) Birth and income verification must be attached to process the application.

Child's Legal Name: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: M F

Early Head Start (6 weeks to 3 years) Center \_\_\_\_\_ Home Based \_\_\_\_\_ Head Start (3 years to 5 years) Center \_\_\_\_\_ Home Based \_\_\_\_\_

Child's Legal Name: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: M F

Early Head Start (6 weeks to 3 years) Center \_\_\_\_\_ Home Based \_\_\_\_\_ Head Start (3 years to 5 years) Center \_\_\_\_\_ Home Based \_\_\_\_\_

Child's Legal Name: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: M F

Early Head Start (6 weeks to 3 years) Center \_\_\_\_\_ Home Based \_\_\_\_\_ Head Start (3 years to 5 years) Center \_\_\_\_\_ Home Based \_\_\_\_\_

# Parent(s) Child Lives With: (circle one) O = One parent T = Two parents F = Foster N = Not parent/guardian

Total # of persons: In Family ( ) # of children (18&younger): In Family ( ) How many of the children are: 0-3 ( ) 3-5( )

Mother/Guardian: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Email \_\_\_\_\_

(Or Pregnant Mom's Info)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Phone: Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Phone: Message ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ School/Company: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Email \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Phone: Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Phone: Message ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ School/Company: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

