



# Recruitment Information

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Center: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## **Documents Needed:**

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Parent Identification
- \_\_\_\_\_ Proof of Income
- \_\_\_\_\_ Proof of Address
- \_\_\_\_\_ Shot Record
- \_\_\_\_\_ Medicaid or Private Insurance Card

## **Does your family receive any of the following services?**

- \_\_\_\_\_ Medicaid or CHIP
- \_\_\_\_\_ TANF
- \_\_\_\_\_ SSI
- \_\_\_\_\_ Subsidized Housing
- \_\_\_\_\_ WIC
- \_\_\_\_\_ Therapy from another agency?

## **Is this child in...?**

- \_\_\_\_\_ Foster Care
- \_\_\_\_\_ Kinship Care

**Is your family Homeless?**     Yes     No

**Are you enrolled in public school?**     Yes     No

**Are any of the parents in active duty military?**     Yes     No

**Does your child have an IEP or IFSP in place?**     Yes     No

**Does your child have any health conditions?**     Yes     No

**If yes explain:**

\_\_\_\_\_

\_\_\_\_\_

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