

## Contra Costa County EHSD Community Services Bureau



Mail To: 1470 Civic Court, Suite 200, Concord, CA 94520 Attn. Enrollment Unit Or Fax To:(925) 313-8302; OR E-mail To: CSB-Eligibility@ehsd.cccounty.us Or if completed on site: Turn in to one of our staff upon completion

## <u>Pre-Application Screening Form for Head Start</u> <u>Early Head Start and State Child Development Programs for children 0-5 years of age</u>

	Information:		
Date:			
Name:	DOB:	Primar	/ Language:
Street	City		Phone:
Employment Status:  Employed/In Training  Seeking Employment  Incapacitated	Name of Employe	er/School:	
Gross Monthly Income: \$	Source	of Income:	
Parent/Secondary Caregiv			
Name:	DOB:	DOB: Primary Language:	
			ne Number:
Employment Status:	Name of Employe	er/School:	
Family/Household Informa			
Number in Household:	Number o	of Family Living at	Home:
Tell us about your child(re	en) needing child o	care/pre-school s	ervices:
Child's Name	Date of Birth	Candan	Days/Hours Needed
Office 5 Hallic	Date of Birtin	Gender (Male/Female)	Days/Hours Needed
1)	Date of Birtin		
1)			Days/Hours Needed
1)		(Male/Female)	Days/Hours Needed
1)		(Male/Female)	Days/Hours Needed
1) 2) 3) 4)  How did you hear about u  Flyer Friend Other:	s:	(Male/Female) gency (please nan	ne):
1) 2) 3) 4)  How did you hear about u  Flyer Friend Other: Thank you for your interest in c	s:	(Male/Female) gency (please nan	
1) 2) 3) 4)  How did you hear about u  Flyer Friend Other: Thank you for your interest in c	s:  Website Acour program. We will	gency (please nan	nree days of receipt by our office.
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1) 2) 3) 4)  How did you hear about u Flyer Friend Other: Thank you for your interest in comparts of the compart of the comparts of the compart of the compa	s:  Website Acour program. We will	gency (please nance)  contact you within the CPS Case:	ne):nree days of receipt by our office.  Yes □ No eed: