



**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



Pre-Application Screening Form for Head Start

Early Head Start and State Child Development Programs for children 0-5 years of age

Parent/Primary Caregiver Information:

Date: _____
 Name: _____ DOB: _____ Primary Language: _____
 Address: _____ Phone: _____
 Street City Zip

Employment Status:

Employed/In Training Name of Employer/School: _____
 Seeking Employment
 Incapacitated
 Gross Monthly Income: \$_____ Source of Income: _____

Parent/Secondary Caregiver Information: (if applicable)

Name: _____ DOB: _____ Primary Language: _____
 Address: _____ Phone Number: _____

Employment Status:

Employed/In Training Name of Employer/School: _____
 Seeking Employment
 Incapacitated
 Gross Monthly Income: \$_____ Source of Income: _____

Family/Household Information:

Number in Household: _____ Number of Family Living at Home: _____

Tell us about your child(ren) needing child care/pre-school services:

Child's Name	Date of Birth	Gender (Male/Female)	Days/Hours Needed
1)			
2)			
3)			
4)			

How did you hear about us:

Flyer Friend Website Agency (please name): _____
 Other: _____

Thank you for your interest in our program. We will contact you within three days of receipt by our office.

For Office Use Only:	
Site Preferences: 1st _____ 2nd _____ 3rd _____	TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No CPS Case: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Special Need: _____ Follow-up Handled By: _____ Date: _____ Comments: _____