



Application date: \_\_\_\_\_

Application for: (check all that apply)

\_\_\_\_\_ **MLK Location**      \_\_\_\_\_ **4<sup>th</sup> St. Location**      \_\_\_\_\_ **Home-Based**      \_\_\_\_\_ **Evening Care**

**Applicant & Family Member Information**

Please complete all parts of this application, including information about everyone who is part of your household. A separate application must be completed for each child who is applying.

Applicant							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
<b>Race</b>		<b>Hispanic</b>		<b>English Proficiency</b>		<b>Other Language</b>	<b>Other Language Proficiency</b>
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes		<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
<b>Primary Health Coverage</b>		<b>Other Health Coverage</b>		<b>Insurance #</b>	<b>Medicaid</b>	<b>Medicaid #</b>	<b>Doctor</b>
					<input type="checkbox"/> Not Eligible		<b>Dentist</b>
					<input type="checkbox"/> On Medicaid		
					<input type="checkbox"/> Potentially Eligible		

Does your child receive services from Early Stages or Strong Starts? \_\_\_\_\_ Does your child have an IEP or IFSP? \_\_\_\_\_

\*\*Bright Beginnings accepts children with disabilities or suspected disabilities.\*\*

Parents or guardians are encouraged to provide information about their child's specific disabilities so that their needs can be accommodated.

Adult 1							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
<b>Race</b>		<b>Hispanic</b>		<b>English Proficiency</b>		<b>Other Language</b>	<b>Other Language Proficiency</b>
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes		<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
<b>Highest Grade Completed</b>		<b>Employment Status</b>		<b>Child's Relationship</b>		<b>Custody</b>	<b>Check all that apply:</b>
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Natural/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew			<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			
		<input type="checkbox"/> Master's					
<b>E-mail Address:</b> _____							

Adult 2							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
<b>Race</b>		<b>Hispanic</b>		<b>English Proficiency</b>		<b>Other Language</b>	<b>Other Language Proficiency</b>
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes		<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			
<b>Highest Grade Completed</b>		<b>Employment Status</b>		<b>Child's Relationship</b>		<b>Custody</b>	<b>Check all that apply:</b>
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Natural/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew			<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			
		<input type="checkbox"/> Master's					
<b>E-mail Address:</b> _____							



**Applicant & Family Member Information, cont.**

<b>Additional Child (Non-Applicant)*</b>								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	
<b>Race</b>			<b>Hispanic</b>	<b>English Proficiency</b>	<b>Other Language</b>	<b>Other Language Proficiency</b>		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient				
<b>Additional Child (Non-Applicant)*</b>								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	
<b>Race</b>			<b>Hispanic</b>	<b>English Proficiency</b>	<b>Other Language</b>	<b>Other Language Proficiency</b>		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient				
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First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	
<b>Race</b>			<b>Hispanic</b>	<b>English Proficiency</b>	<b>Other Language</b>	<b>Other Language Proficiency</b>		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient				
<b>Additional Child (Non-Applicant)*</b>								
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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate		
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<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient				
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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient				



## Family Information & Income

Family Information							
Living Address		Address Line 2	Zip	City	State	Ward	
Mailing Address (if different)		Address Line 2	Zip	City	State	Ward	
Phone Numbers		Type (check one)		Note (for example, an extension or best time to call)			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (if applicable)
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Income							
TANF		Supplemental Security Income					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly		<input type="checkbox"/> Yes <input type="checkbox"/> No					

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Name of Program \_\_\_\_\_

Case Manager Phone: \_\_\_\_\_

Name of Case Manager \_\_\_\_\_

Case Manager Email: \_\_\_\_\_

May we contact your case manager about your application?    Yes    No

### Family Circumstances

- Are you or your child a survivor of domestic violence?    Yes    No
- Are you a homeless veteran?    Yes    No
- Are you eligible for a DC Childcare Subsidy (voucher)?    Yes    No
- Do you already have a childcare voucher for the applying child?    Yes    No
- Are you involved with Child Protective Services?    Yes    No
- Do you have another child already enrolled in a Bright Beginnings program?    Yes    No

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_