



# Texas Neighborhood Services

A Community Action Agency providing Services to Children, Families, Individuals and the Community!

*Helping People. Changing Lives.*

Erath County ★ Hood County ★ Jack County ★ Johnson County ★ Navarro County  
Palo Pinto County ★ Parker County ★ Somervell County ★ Wise County

[www.txns.org](http://www.txns.org)

## Application for Program Participation

*\* Pregnant women should complete all \*starred\* sections on this page and the next page \**

### \* PARTICIPANT INFORMATION: Fill out information about the child or woman applying to the program \*

Last:		First/Middle:		Preferred:	
Applying as an Expecting Mother: <input type="checkbox"/> Yes <input type="checkbox"/> NO			Estimated due date:		
Birth Date:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Parental Status: <input type="checkbox"/> One <input type="checkbox"/> Two	
Living Address:					
City:			State:		Zip

### Program Options/Location

Are you interested in:	<input type="checkbox"/> EHS Center-based services (Birth-3 years)	<input type="checkbox"/> HS Center-based services (3-5 years)
	<input type="checkbox"/> EHS Pregnant Women	<input type="checkbox"/> Double Session AM <input type="checkbox"/> Double Session PM

County in which the child resides: \_\_\_\_\_

Location:  Azle  Alvarado  Alvarado South  Lillian  Cleburne  Stephenville  Glen Rose  
 Granbury  Mineral Wells  Weatherford  Boyd  Decatur  Bridgeport  Corsicana

### \*DEMOGRAPHICS: Fill out information about your child or woman applying to the program\*

Race (check all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	Language	Primary Language?	Proficiency	
	English	Yes <input type="checkbox"/> No <input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	
	Spanish	Yes <input type="checkbox"/> No <input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/>	

### FAMILY INFORMATION: Fill out information about parents/guardians and family

<b>PARENT/GUARDIAN</b> Name:				Primary Adult? <input type="checkbox"/> Yes <input type="checkbox"/> NO
Relationship to Child:	Birth Date:			
Living Address:				
City		State		Zip
E-mail Address:				
Phone Number		Primary Phone?	Phone Type (Work, Home, Cell)	Notes (when not to call, etc.)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Teen Parent: <input type="checkbox"/> Yes <input type="checkbox"/> NO (18 or younger):	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> NO	Lives with Child: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Child's Relationship to Adult:	English Level:	Education Level:	Employment Status:
<input type="checkbox"/> Natural/Adopted/Step-Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Child <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Some College <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's <input type="checkbox"/> BA <input type="checkbox"/> Master's Degree	<input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> <Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12
		<input type="checkbox"/> Full Time (35+hours) <input type="checkbox"/> Part Time <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed

<b>PARENT/GUARDIAN</b> Name:				Primary Adult? <input type="checkbox"/> Yes <input type="checkbox"/> NO
Relationship to Child:	Birth Date:			
Living Address:				
City		State		Zip
E-mail Address:				
Phone Number		Primary Phone?	Phone Type (Work, Home, Cell)	Notes (when not to call, etc.)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> NO (18 or younger):	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> NO	Lives with Child: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child's Relationship to Adult:	English Level:	Education Level:	Employment Status:		
<input type="checkbox"/> Natural/Adopted/Step-Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Child <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Some College <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's <input type="checkbox"/> BA <input type="checkbox"/> Master's Degree	<input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> <Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12	<input type="checkbox"/> Full Time (35+hours) <input type="checkbox"/> Part Time <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed

**\*ADDITIONAL MEMBERS who live with the family and are supported by parent/guardian's income:**

Name:	Relationship to Child:	Date of Birth	Currently/Previously Enrolled In HS/EHS: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Name:	Relationship to Child:	Date of Birth	Currently/Previously Enrolled In HS/EHS: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Name:	Relationship to Child:	Date of Birth	Currently/Previously Enrolled In HS/EHS: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Name:	Relationship to Child:	Date of Birth	Currently/Previously Enrolled In HS/EHS: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Name:	Relationship to Child:	Date of Birth	Currently/Previously Enrolled In HS/EHS: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Name:	Relationship to Child:	Date of Birth	Currently/Previously Enrolled In HS/EHS: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Name:	Relationship to Child:	Date of Birth	Currently/Previously Enrolled In HS/EHS: <input type="checkbox"/> Yes <input type="checkbox"/> NO

Total # of people (including the child and adults listed on front, and all listed above) who 1) Living in the family's household AND 2) Supported by the parent/guardian's income AND 3) Related to the parent/guardian by blood, marriage or adoption OR authorized/legal caregiver : \_\_\_\_\_

**CHILD'S NEEDS \*\***

Does your child have a disability (diagnosed by a doctor or specialist)?  Yes  NO Does she/he have an IEP or IFSP?  Yes  No

If yes, please list the specific disability: \_\_\_\_\_

Do you have any concerns about your child in any of the areas listed below? *If yes, please check appropriate item(s).*

Hearing  Vision  Obesity  Allergies  Asthma  Dental problems  
 Other medical problems - *Please describe:* \_\_\_\_\_  Other development concerns - *Please describe:* \_\_\_\_\_  
 Speech or language development  Physical development **\*please provide medical documentation of concerns if available\***  
 Behavior or emotional problems (e.g. tantrums) - *Please describe:* \_\_\_\_\_

**\*SERVICES: What services is your family receiving?\***

Family is currently receiving services or has received services in the past 12 months from DFPS

Food Stamps  Unemployment  Utility/Energy Assistance  
 Foster Care/Adoption Subsidy  Public Housing  Child Support  
 Health/Mental Health Services  Section 8 Vouchers  Private Health Insurance  
 State Health Insurance/Medicaid  TNS Community Services  
 Emergency/Crisis Intervention  Social services from other agency Which agency?: \_\_\_\_\_  
**DO YOU HAVE: TANF?**  Yes  No **SSI?**  Yes  No **WIC?**  Yes  No

**\*LEGAL ISSUES\***

Is your family currently dealing with legal issues such as family court, divorce, probation, custody, restraining orders, etc.?  Yes  No

If yes, please clarify: \_\_\_\_\_

**Additional Information**

Has your child previously been enrolled in Head Start or another preschool program?  Yes  No

If yes, what program? \_\_\_\_\_

How did you hear about our program?  Word of mouth (friend, family)  Referred by agency (WIC, child support services, child care subsidy, etc.)  
 Saw/received a flyer *Please specify:* \_\_\_\_\_  
 Saw/passed the center  Other  
 Know someone who works here *Please specify:* \_\_\_\_\_

Is at least one parent/guardian a veteran of the United States military?  Yes  No

Is at least **one** parent/guardian a member of the United State military on **active duty**?  Yes  No

I or another adult in my family have access to the Internet: *Mark one of the following:*  Every day  Several times per week  Once a week  
 Several times per month  Rarely or never

**PLEASE SIGN HERE to verify that you have completed this application and provided true information.**

*\*For pregnant women under 18, a parent/guardian should sign here.*

Signature of Parent/Guardian:

Print Name:

Date:



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## Supplement to Application for Program Participation

Household Members	Relationship to applicant	Race	Sex	Veteran	Disabled Y or N	Last 4 of SSN	Date of Birth	Education (see below)	Insurance Y or N
1.	SELF								
2.									
3.									
4.									
5.									
6.									
7.									

**\*\*Education-** a) 0-8, b) 9-12 non Grad, c) 12+ Some Post-Secondary, or d) 2 or 4 year College Grade.

### Utility Information for All Utility Vendors

Electric Service Vendor: \_\_\_\_\_ Account #: \_\_\_\_\_

Natural Gas Vendor: \_\_\_\_\_ Account #: \_\_\_\_\_

Propane Company Vendor: \_\_\_\_\_ Account #: \_\_\_\_\_

Tank: own  - lease

**Housing Information:**  Private Home  Mobile Home  Apartment

• Do you own?  Yes  No Mortgage/Month? \_\_\_\_\_

• Do you rent?  Yes  No Rent/Month? \_\_\_\_\_

Subsidized or Public Housing:  Yes  No

### I am seeking assistance with:

- |   |  |
|---|--|
| <input type="checkbox"/> Food                         | <input type="checkbox"/> Weatherization            |
| <input type="checkbox"/> Utility bills                | <input type="checkbox"/> Information and referrals |
| <input type="checkbox"/> Other, please indicate _____ | <input type="checkbox"/> Household items           |

### Indicate your job situation:

- I am employed full time or part time
- I am not employed
- I am not employed now but have worked within the past 30 days
- I am unemployed and receiving unemployment
- I receive child support or TANF
- I receive Social Security/ SSI/ Pension

For Office Use Only:

# in Family: \_\_\_\_\_ Calc. Yearly Income: \_\_\_\_\_ Fed. Poverty Level: \_\_\_\_\_