

**STEP Head Start Office**  
**2138 Boyd Street, Williamsport, PA 17701**  
**(570) 326-0587**

**Eligibility/Recruitment Form**

**This information is used to determine eligibility for participation in the STEP Head Start Program**

Which Head Start program are you interested in?	<input type="checkbox"/> Head Start (3-5 years old) <input type="checkbox"/> Early Head Start (Prenatal – 2 years old)
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Primary Caregiver					
First Name:		MI:		Last Name:	
Gender	Receiving WIC			Receiving Food Stamps	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Language					
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:					
Ethnicity	Race				
<input type="checkbox"/> Latino <input type="checkbox"/> Non-Latino	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Bi-racial/Multi-racial		
	<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White		
	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Other:			
Employer/School Name:					
Phone (home):		Phone (mobile):		Phone (work):	
Home Address:					
City:		State:		Zip:	
Current Housing (select one)			Family Income (select all that apply)		
<input type="checkbox"/> Homeless	<input type="checkbox"/> Rent	<input type="checkbox"/> TANF (Cash <input type="checkbox"/> SSI (Not SSD) <input type="checkbox"/> No Income			
<input type="checkbox"/> Own	<input type="checkbox"/> Other:		<input type="checkbox"/> Employment Wages <input type="checkbox"/> Unemployment		

Could you transport if selected?	Are there other children ages 0-5?	How did you hear about Head Start?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Alternate Contact		
Name:		Relationship:
		Phone:

Child's Data		
First Name:		Last Name:
Date of Birth	Unborn	Estimated Due Date
/    /	<input type="checkbox"/>	/    /

**Please submit your information using one of the following options:**

- Option 1:** Print and mail form to **Donna Flick**, Enrollment Specialist, STEP Head Start, 2138 Boyd St. Williamsport, PA 17701
- Option 2:** Complete and email form to [dflick@stepcorp.org](mailto:dflick@stepcorp.org)
- Option 3:** Complete and fax form to (570) 322-3137
- Option 4:** Call (570) 601-9601 to complete by phone