

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Please list all family members in the household:

Name	Age	Relation (example: son, daughter, spouse, grandchild)

Please select your work or school situation, and include location:

- Yes – part time, location: _____
- Yes – full time, location: _____
- Unemployed , because: _____

Please select your spouse’s work or school situation, and include location:

- Yes – part time, location: _____
- Yes – full time, location: _____
- Unemployed , because: _____

Have you received holiday assistance through SCCAP Head Start in the past?

- Yes, when: _____
- No

Please list any special circumstances you want known that impact your current situation:

I understand that this application does not guarantee my family will be selected to receive holiday assistance through SCCAP Head Start. I understand that I will be notified by phone by November 15, 2017 if my family is selected. I also attest that the information listed above is accurate and true.

Signed: _____ Date: _____