

Change of Status Form

(Submit this form immediately to update child/family information)

Date: ___/___/___ Program: _____ Program Year: _____ Filled Out By: _____

Child's Program: Head Start Early Head Start

Reason for Form: Dropped Transferred End of Enrollment Year Update Info

Child: _____ / _____ / _____
 (Last Name) (First Name) (DOB)

Applicant (EHS only): _____ / _____ / _____
 (Last Name) (First Name) (DOB)

Section 1 - Enrollment Status

Dropped	Transferred
From (Program): _____ Last Date Attended: ___/___/___ Drop Date: ___/___/___ Reason for Dropping (Please Circle): Funding Change <input type="checkbox"/> Move <input type="checkbox"/> Other (explain) _____ Graduated (EHS only) <input type="checkbox"/> HS Transitioned (EHS only) <input type="checkbox"/>	Transfer to (Program): _____ Date Starting New Program: ___/___/___ <i>(Receptionist: Please give yellow copy to Fiscal if status changes)</i> <input type="checkbox"/> Fiscal Notified of Status Change

****PIR INFO - Must fill out for Dropped Children & "At End of Enrollment Year"*****

Primary Health Insurance for Child: <input type="checkbox"/> Badger Care/MA <input type="checkbox"/> Private Ins.(Company) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None	Medical Home: Ongoing source of routine, preventive and acute health care. <i>(ie: family doctor, health clinic, HMO, etc...):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Clinic: _____ Doctor: _____	Dental Home: Ongoing source of routine, preventive dental care under supervision of dentist: <input type="checkbox"/> Yes <input type="checkbox"/> No Clinic: _____
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A. Single-Parent Family (only fill out this section (A))	B. Two-Parent Family (fill out both sections (A & B))
Parent/Guardian Name: _____ Sex (Please Circle): Male Female Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No In School/Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Name: _____ Sex (Please Circle): Male Female Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No In School/Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 - Homeless Families

Date Homeless: ___/___/___ Living at (Please Circle): Friends Relatives Shelter SOS Other _____

If acquired permanent housing, Date Acquired: ___/___/___

Section 5 - Personal Information

Name Change: Child Parent/Guardian

From: _____ To: _____

Previous Address/Phone

Previous Address: _____ Previous Phone: () _____ - _____

New Address/Phone

New Address: _____ New Phone: () _____ - _____

Other emergency card changes: _____