

MIDDLE KENTUCKY HEAD START  
TEMPORARY RECRUITMENT FORM

Name of Child: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Age of Child: \_\_\_\_\_

Family's Physical Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

Is your child currently being treated for a disability? If so, please describe:

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Has your child received services from an early intervention program such as First Steps? If so please describe:

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Household size: \_\_\_\_\_

Mailing Address (if different from physical address)

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Do you have proof of child's age: \_\_\_\_\_

Do you have proof of your annual income: \_\_\_\_\_

Is child a foster child? \_\_\_\_\_

Does your family situation meet the definition of Homeless? Please explain:

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