



Siskiyou Early Head Start provides child development services to income eligible children ages 0 to 3 years and their families at no cost.

Parent Interest Form

Parent/Caregiver name: _____

Mailing address: _____

City, State, Zip: _____

Phone #: _____

Services requesting: Center Based Home Based Prenatal

Name of child: _____

Child's date of birth: _____

Expected due date (prenatal): _____

Upon receipt of this form, you will be contacted by the SEHS Family Service Worker to begin the application process. During the application process, the following will be required:

- **Proof of Income** (Examples include – Income tax form 1040, W-2, Unemployment, Written statements from employers, TANF documentation, 12 months of pay stubs or pay envelopes, Foster care reimbursement, SSI documentation, Documentation of no employment)
- **Birth record** (Examples include – Birth certificate, immunization records, hospital records, court documents, or TANF documentation)

Please return the interest form too:

Siskiyou Early Head Start
Attn: Family Service Worker
1 Childs Way
Yreka, CA 96097
Phone: (530) 842-8493
Fax: (530) 842-8477

Date Received: _____