Data Entry Exercise - Application
**Applicant & Family Member Information**

<table>
<thead>
<tr>
<th>Applicant</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
<th>SSN</th>
<th>Alt ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phineas</td>
<td>Flynn</td>
<td></td>
<td></td>
<td></td>
<td>12/06/12</td>
<td>M</td>
<td></td>
<td></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Hispanic</th>
<th>English Proficiency</th>
<th>Other Language</th>
<th>Other Language Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Yes</td>
<td>Little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>No</td>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>None</td>
<td>Profficient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
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</table>

Primary Health Coverage: Private BCBS

Dental Coverage: First Smiles

<table>
<thead>
<tr>
<th>Dental Coverage #</th>
<th>Expiration</th>
<th>Provider Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Fulton Pediatric</td>
</tr>
</tbody>
</table>

**Primary Adult**

| Linda | Flynn |        |      |        | 06/06/71 | F        |        |     |       |

<table>
<thead>
<tr>
<th>Race</th>
<th>Hispanic</th>
<th>English Proficiency</th>
<th>Other Language</th>
<th>Other Language Proficiency</th>
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</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Yes</td>
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</tr>
<tr>
<td>Other</td>
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</table>

Highest Grade Completed: Grade 9

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Child’s Relationship</th>
<th>Custody</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time</td>
<td>Biological/Adopted</td>
<td>Yes</td>
</tr>
<tr>
<td>Full Time &amp; Training</td>
<td>Adopted/Step</td>
<td></td>
</tr>
<tr>
<td>Part Time</td>
<td>Other</td>
<td>No</td>
</tr>
<tr>
<td>Part Time &amp; Training</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Seasonal</td>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>Training or School</td>
<td>Other Relative</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>Foster</td>
<td></td>
</tr>
<tr>
<td>Retired or Disabled</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Check all that apply:
- Lives with Family
- Provides Financial Support
- Teen Parent

Email Address: PerryThePlatyPus@yahoo.com

**Secondary or Other Adult**

| Lawrence | Fletcher |        |      |        | 12/04/65 | M        |        |     |       |

<table>
<thead>
<tr>
<th>Race</th>
<th>Hispanic</th>
<th>English Proficiency</th>
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</tr>
<tr>
<td>Other</td>
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</table>

Highest Grade Completed: Bachelor's

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Child’s Relationship</th>
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</tr>
<tr>
<td>Retired or Disabled</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Check all that apply:
- Lives with Family
- Provides Financial Support
- Teen Parent

Email Address: Lawrence.Fletcher@gmail.com

**Additional Child (Non-Applicant)***

| Candace | Flynn |        |      |        | 03/14/98 | F        |        |     |       |

<table>
<thead>
<tr>
<th>Race</th>
<th>Hispanic</th>
<th>English Proficiency</th>
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</table>

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.
### Applicant & Family Member Information

**Applicant**

<table>
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<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
<th>SSN</th>
<th>Alt ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>FERB</td>
<td></td>
<td>FLETCHER</td>
<td></td>
<td></td>
<td>03/14/16</td>
<td>M</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Race**
- [ ] Asian
- [ ] American Indian/Alaska Native
- [ ] Black
- [ ] Hawaiian/Pacific Islander
- [ ] White
- [ ] Multi-Racial
- [ ] Other:

**Primary Health Coverage**
- [ ] Other Coverage
- [ ] Insurance #
- [ ] Medicaid Eligibility
- [ ] Medicaid #
- [ ] Doctor/Medical Home

**Private BCBS**
- XBY45281

**Dental Coverage**
- [ ] Dental Coverage #
- [ ] Dentist/Dental Home

**PRIVATE BCBS**
- XBY45281

**First Smiles**

**Primary Adult**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthday</th>
<th>Gender</th>
<th>SSN</th>
<th>Alt ID</th>
</tr>
</thead>
</table>

**Race**
- [ ] Asian
- [ ] American Indian/Alaska Native
- [ ] Black
- [ ] Hawaiian/Pacific Islander
- [ ] White
- [ ] Multi-Racial
- [ ] Other:

**Highest Grade Completed**
- [ ] Associate’s
- [ ] Bachelor’s
- [ ] College Degree/Train
- [ ] Col or Adv Train
- [ ] GED

**Employment Status**
- [ ] Full Time
- [ ] Part Time
- [ ] Unemployed

**Child’s Relationship**
- [ ] Biological/Adopted/Step
- [ ] Grandchild
- [ ] Foster
- [ ] Other Relative
- [ ] Other

**Check all that apply:**
- [ ] Lives with Family
- [ ] Provides Financial Support
- [ ] Teen Parent

**If teen parent, subsidized?**
- [ ] Yes
- [ ] No

**Secondary or Other Adult**

<table>
<thead>
<tr>
<th>First</th>
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- [ ] Foster
- [ ] Other Relative
- [ ] Other

**Check all that apply:**
- [ ] Lives with Family
- [ ] Provides Financial Support
- [ ] Teen Parent

**If teen parent, subsidized?**
- [ ] Yes
- [ ] No

### Additional Child (Non-Applicant) *

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
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<th>Gender</th>
<th>SSN</th>
<th>Alt ID</th>
</tr>
</thead>
</table>

**Race**
- [ ] Asian
- [ ] American Indian/Alaska Native
- [ ] Black
- [ ] Hawaiian/Pacific Islander
- [ ] White
- [ ] Multi-Racial
- [ ] Other:

**Additional Child (Non-Applicant) ***

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
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<th>Nickname</th>
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<th>Alt ID</th>
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**Race**
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- [ ] Black
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- [ ] White
- [ ] Multi-Racial
- [ ] Other:

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**Race**
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- [ ] American Indian/Alaska Native
- [ ] Black
- [ ] Hawaiian/Pacific Islander
- [ ] White
- [ ] Multi-Racial
- [ ] Other:

*If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.
### Family Information, Income & Contacts

#### Family Information

<table>
<thead>
<tr>
<th>Family Living Address</th>
<th>Address Line 2</th>
<th>ZIP</th>
<th>City</th>
<th>State</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>3500 PEACHTREE RD N.E.</td>
<td>30326</td>
<td>ATLANTA</td>
<td>GA</td>
<td>FUL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Mailing Address</th>
<th>Mailing Address</th>
<th>Address Line 2</th>
<th>ZIP</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as living?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number(s)</th>
<th>Type (check one)</th>
<th>Note (extension or best time to call)</th>
<th>Opt In for Text Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>555.496.4997</td>
<td>Cell</td>
<td>Cell</td>
<td>Yes</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Parental Status (check one)</th>
<th>Primary Language at Home</th>
<th>Homeless Family</th>
<th>Active Duty Military</th>
<th>Referred by Child Welfare Agency</th>
<th>Receiving</th>
<th>SNAP</th>
<th>WIC</th>
<th>WIC ID (if applicable)</th>
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<tbody>
<tr>
<td>One</td>
<td>ENGLISH</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Amount</th>
<th>Per (for example: week, month, year)</th>
<th>Annual Amount</th>
<th>Description (for example: SSI, Job, Child Support)</th>
<th>Verification (for example: W2, check stub)</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINDA</td>
<td>AUNT</td>
<td>$5,000</td>
<td>YEARLY</td>
<td>$5,000</td>
<td>W2</td>
<td>SINGER</td>
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<tr>
<td>LAWRENCE</td>
<td>BI-WEEKLY</td>
<td>$807</td>
<td>$20,198</td>
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<td>CHECK STUB</td>
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#### Emergency Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>ZIP</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty Fletcher</td>
<td>AUNT</td>
<td>3434 PEACHTREE RD</td>
<td>30326</td>
<td>ATLANTA</td>
<td>GA</td>
</tr>
<tr>
<td>MARCH ANCHILLO</td>
<td>UNCLE</td>
<td>275 RIVERSIDE PARKWAY</td>
<td>30168</td>
<td>AUSTELL</td>
<td>GA</td>
</tr>
</tbody>
</table>

Certification: I certify that this information is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature: [Signature] Date: 7/7/2016
Applicant Eligibility & Enrollment Information

**Eligibility**

<table>
<thead>
<tr>
<th>Program Term</th>
<th>Agency</th>
<th>Initial Status</th>
<th>Status Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS 2016 - 2017</td>
<td>LBC</td>
<td>☑ New</td>
<td></td>
</tr>
</tbody>
</table>

Releases Signed: Yes ☐, No ☑

Date Signed: 07/07/16

Location Preference Priority: Site

1st: FAITH HOUSE CENTER

2nd

3rd

Enrollment Notes

**Application Date**

07/07/2016

**Application Status**

☑ Complete & Verified

**Application Number**

 Participation Year 1

**Eligibility Date**

07/07/2016

**Number in Family**

5

**Eligibility Income**

$25,983.00

**CACFP Date**

07/07/2016

**CACFP Income**

Per (for example, year, month, other)

**CACFP Status**

☑ Free (full reimbursement)

☑ Paid (minimum reimbursement)

☑ Reduced price (reduced reimbursement)

**Child eligible to participate in program**

☑ Yes

☐ No

**Type of eligibility interview**

In-person ☑, Telephone ☐

**Income Status**

☑ Over Income

☑ Public Assistance

☑ Eligible (Below 100%)

☑ Foster child

☑ Homeless

**Documentation used to determine eligibility**

☑ Income Tax Form 1040

☑ W-2

☑ TANF Documentation

☑ Pay stub or pay envelopes

☑ Unemployment

☑ Written statements from employers

☑ Foster care reimbursement

☑ SSI Documentation

☑ Other

**Eligibility Criteria**

To set up your program’s eligibility criteria on this form: Type or print each of the program’s eligibility questions in the spaces provided below. Then, for each question, list each of the possible answers (along with their corresponding point values). To complete this form: Circle the applicable answer and print the number of eligibility points it represents in the Points column. We’ve included the following example to help you get started.

**Disability?**

Diagnosed (50 pts), Suspected (25 pts), None (0 pts) 25

**Eligibility Question**

**Possible Answers**

**Points**

TWO PARENTS

CONCERN SUSPECTED

10

80

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Applicant Eligibility & Enrollment Information

Eligibility

Program Term
EHS 2016-2017

Agency
LBC

Initial Status
☐ New  ☐ Accepted  ☐ Waitlisted

Status Date
Child will transition to

Releases Signed

Date Signed
07/07/16

Location Preference Priority
1st

Site

2nd

3rd

Classroom
C

Enrollment Notes

Application Date
07/07/16

Application Status
☑ Complete & Verified  ☐ Incomplete, info not returned  ☐ Other - specify in notes

Application Number
1

Participation Year

Eligibility Date
07/07/16

Number in Family
5

CACFP Date

Number in Family

Eligibility Income
$25,982.00

CACFP Income

Per (for example, year, month, other)

CACFP Status:
☑ Free (full reimbursement)  ☐ Paid (minimum reimbursement)  ☐ Reduced price (reduced reimbursement)

Type of eligibility interview

Income Status

Documentation used to determine eligibility

☑ In-person  ☐ Telephone

☐ Over Income  ☐ Public Assistance  ☐ Eligible (Below 100%)

☐ Foster child  ☐ Homeless

☐ Income Tax Form 1040  ☐ W-2  ☐ TAFSE Documentation

☐ Pay stub or pay envelopes  ☐ Unemployment  ☐ Written statements from employers

☐ Foster care reimbursement  ☐ SSI Documentation  ☐ Other

Documentation of No Income

Eligibility Criteria

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To complete this form: Circle the applicable answer and print the number of eligibility points it represents in the Points column. We've included the following example to help you get started.

Disability?

Diagnosed (50 pts). Suspected (25 pts), None (0 pts)

25

Eligibility Question

Possible Answers

Points

TWO PARENTS

10

CONCERN SUSPECTED

20

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Data Entry Exercise - Enrollment

directions

Use the appropriate enrollment method to complete the tasks listed below. Assume all applicants have applied to the Faith House Center.

1. Accept the Head Start applicants below with a date of 9/19/2016.
   - Harland Cho
   - Jasmine Kilgore
2. Put these applicants on the waitlist as of 9/19/2016.
   - Trista Gorski
   - Jewell Scheel
3. Give the accepted children a site/classroom assignment of Faith House Center, Classroom B.
4. Enroll the accepted children as of 9/21/2016.
5. Drop Harland Cho 10/12/2016 because his family moved to Portland, Oregon.
6. Transfer Jasmine Kilgore to Happy Hearts Center, Classroom B. Her last day in the old classroom was 10/19/2016.