

Head Start/ Early Head Start Program

APPLICATION



- Hillsborough County BOCC (Head Start /Early Head Start)
3639 W. Waters Ave., Suite 500 Tampa, FL. 33614 (813)272-5140
- Hillsborough County Public Schools (Head Start)
4350 E. Ellicott Street - Tampa, FL. 33610 (813)740-7870

- YMCA (Early Head Start)
110 E. Oak Ave.- Tampa, FL. 33602 (813)224-9622
- Lutheran Services Florida (Early Head Start)
3627 W. Waters Ave. #A-Tampa, FL 33614 (813)877-9303

I would like to apply for: **Head Start** **Early Head Start**

Application Date: _____

Enroll Date: _____

CHILD'S INFORMATION				Shaded Areas to be completed by Agency Staff			
School/Center		Teacher/Instructor		3 ___ 4 ___ W ___ R ___ EHS ___ VPK ___ TRANSFER ___			
Child's Legal Name (Last)			(First)		Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Social Security # (Optional)	Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other _____			Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Native Amer. <input type="checkbox"/> Asian/Pac. <input type="checkbox"/> Pacific Islander						
	Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____						

FAMILY INFORMATION						
First and Last Name	Date of Birth	Social Security# (optional)	Sex	Last Grade Completed	Hours Worked	Occupation
Mother			M F			
Father			M F			
Guardian			M F			
Relationship to Child: (Check One) _____ Foster _____ Aunt _____ _____ Grandfather _____ Grandmother Other _____						

Living Address: _____ City: _____ Zip Code: _____ Apt # _____ Lot # _____ Unit # _____

Mailing Address: _____ City: _____ Zip Code: _____ Apt # _____ Lot # _____ Unit # _____

My Living Address is: [] My own Residence [] Living with Relative/Friends [] Other _____ **Parent Military Deployment** Yes No

Mother's Phone #: _____ / _____ / _____ **Father's Phone #:** _____ / _____ / _____
Home Cell Other Home Cell Other

Mother/Guardian Employer's Name: _____ **Work #** _____ **City** _____ **Zip Code** _____

Father/Guardian Employer's Name: _____ **Work #** _____ **City** _____ **Zip Code** _____

Parent Status (in household): One Two Legal Guardian Foster **Marital Status:** Single Married Divorced Separated Widowed

Number in Family: _____ **Number of Family Members you Support:** _____ **Have you ever had a child in HS/EHS?** Yes No

OTHER MEMBERS IN HOUSEHOLD YOU SUPPORT

First and Last Name	Date of Birth	Sex	Relationship to Child	School/Center
		M F		
		M F		
		M F		
		M F		
		M F		

EMERGENCY CONTACT INFORMATION (Other than Parent)

Name of Adult	Address	Phone	Relationship

Person(s) Authorized to Pick up Child from the School/Center

Name of Adult	Address	Phone	Relationship

CHILD'S DISABILITIES INFORMATION

Disability Status: Diagnosed Suspected/Concern None Please provide documentation: IEP IFSP Evaluation/Doctors Note
 Does your child have concerns in the following areas: Vision Developmental Hearing Speech Other _____

CHILD'S MEDICAL INFORMATION

Medical Diagnosis: _____ Any prescribed medication(s)? _____
 Diagnosed Asthma Diagnosed Allergies (Food, Insect, Environmental) Other _____
 Medical Concern(s) _____ Nutrition Concern(s): Yes No Special Diet: _____
MEDICAID STATUS: Eligible Ineligible Applied Former Medicaid # _____ HMO Yes No
 Medical Insurance: Private S-Chip Dental Insurance: Yes No Name: _____

Was child referred to program by another agency? No Yes (If yes, describe)

Any specific family need or crisis? No Yes (If yes, describe)

PUBLIC ASSISTANCE

NON-CASH **FOOD STAMPS** Yes No **CASH** **Are you receiving Child Care Assistance?** Yes No
 Receiving WIC Yes No AFDC/WAGES Yes No SSI/SSD Yes No

INCOME (BEFORE TAXES AND LIVING IN THE HOME):**MOTHER/LEGAL GUARDIAN/RELATIVE CAREGIVER**

Employed Yes No **Employed** Full Time Part Time **Gross Income:** \$ _____ **Paid:** _____ Weekly _____ Biweekly _____ Monthly
 Attends School (Name): _____ **Student Status:** Full Time Part Time

FATHER/LEGAL GUARDIAN/RELATIVE CAREGIVER

Employed Yes No **Employed** Full Time Part Time **Gross Income:** \$ _____ **Paid:** _____ Weekly _____ Biweekly _____ Monthly
 Attends School (Name): _____ **Student Status:** Full Time Part Time

OTHER INCOME (DOCUMENTS REQUIRED)

Social Security Benefits \$ _____ SSI/SSD \$ _____ AFDC/WAGES \$ _____
 Unemployment \$ _____ Weekly _____ Biweekly _____ Monthly Foster Care \$ _____
 Child Support \$ _____ Weekly _____ Biweekly _____ Monthly Other Income _____

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN TO DETERMINE ELIGIBILITY FOR A FEDERAL PROGRAM AND WILL BE VERIFIED FOR ACCURACY. I UNDERSTAND THAT DELIBERATE MISREPRESENTATION OF THE INFORMATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL LAWS.

PARENT SIGNATURE: _____ **DATE:** _____

E-mail Address: _____

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, THIS PROGRAM DOES NOT DISCRIMINATE BASED ON DISABILITY.

!!! STOP !!!

Family Social Worker: _____ Date Assigned: _____ Date Received by office: _____ Child Plus Data Entry: _____ Clerical: _____

Do not write in this area -- FOR OFFICE USE ONLY

Sibling Age Eligible Next Year: Yes No Child Age Eligible Next Year: Yes No

(PTS) ELIGIBILITY STATUS (PTS)

Parental Status:		Other # 1:		
Disability Status:		Other # 2:		Acceptance Status:
Income:		Other # 3:		Application Status:
Age:		Other # 4:		Total Points:

Eligibility Comments:

TOTAL EARNED INCOME (Documented)	TOTAL OTHER INCOME	CRITERIA ENROLLED UNDER
PREVIOUS 12 MONTHS INCOME (COMPUTED IN ONE OF THE FOLLOWING WAYS):	TANF \$ _____ SSI/SSD \$ _____	____ A. Age/Income Eligible
1. Mother's Earned Inc. \$ _____ Doc. _____	Social Security Benefits \$ _____	____ B. Parent Employed, Attending School or Job Training Program
2. Father's Earned Inc. \$ _____ Doc. _____	Veteran's Benefits \$ _____	____ C. Public Assistance Cash Benefits (AFDC & SSI)
3. Guardian's Earned Inc. \$ _____ Doc. _____	Child Support \$ _____	____ D. Documented Stress in the Home: (Identify) _____
Total Earned Income: \$ _____	Unemployment Compensation \$ _____	____ E. Over Income _____ G. Foster
	Other \$ _____ Source _____	____ F. McKinney-Vento _____ H. 101%-130%
	Total Other Income \$ _____	
Gross Income \$ _____	# in Family _____	

Documents Reviewed and Verified by: _____ **Date:** _____
 (Family Service Worker Signature)

Team Leader/Supervisor Signature: _____ **Date:** _____