



Participant Application

2009-2010

**2326 Centerville Road
Tallahassee, FL 32308**

**Phone: (850) 414-9800 ♦ Fax: (850) 414-9810
<http://www.kidsincorporated.org>**

Thank you for your interest in Kids Incorporated Early Head Start (EHS). Our program provides comprehensive social services to low-income pregnant women and children, birth through three years of age and their families. Program services include quality early education and care, parenting education, health services, and family support.

How to apply?

Please complete the application completely and attach **all** documentation requested.

- All applicants, complete page 1.
- If applying for the prenatal program option, complete pages 2, 4, & 5. Every effort is made to recruit and enroll pregnant women into the program prior to their 22nd week of pregnancy. However pregnant women are eligible for the program up until the delivery of the child. **You may also contact your local Health Department for services.**
- If applying for the child care program option, **skip page 2** and complete pages 3, 4, & 5.

This is an application to determine eligibility and is not guaranteed enrollment into the program. If you need assistance completing this application, please call (850) 414-9800 and ask for the ERSEA Coordinator.

ELIGIBILITY

Federal regulations require that EHS programs verify the child's age, family income, and Part C eligibility. In addition to documentation that support other factors for the specific programs selection criteria.

AGE VERIFICATION If applying for the child care program option, you must provide proof of your child's date of birth with one of the following documents: birth certification, medical card, hospital documentation.

INCOME VERIFICATION If your family is **currently** receiving TANF (CASH) benefits, Supplemental Security Income (SSI) or you are a foster parent of the applicant child you must attach documentation. And all other income must be documented. Income is the total gross income of all family members, NOT HOUSEHOLD, for either the past twelve months or for the previous calendar year, whichever more accurately reflects your family's current situation. Verification must include one of the following: Individual Income Tax Form 1040, W2 forms, pay stubs, or employee verification. *Note:* Family is all persons living in the same household who are supported by the income of the parent(s)/guardian(s) of the child enrolling in the program **and** related by blood, marriage, or adoption.

DISABILITY VERIFICATION If the applicant child is receiving Early Childhood Special Education services for a diagnosed disability, please provide a copy of the child's Eligibility Determination letter.

OTHER CRITERIA EHS does not serve on a first come, first serve basis, but on priority as outlined by federal regulations and selection criteria developed and approved for our program. Therefore, additional questions on the application must be answered in order to determine priority.

Once you have completed the application, please attach copies of the appropriate documentation and mail or bring to Kids Incorporated, 2326 Centerville Road, Tallahassee, FL 32308.

What is next?

After your application is received, we will review it and notify you by mail whether you or your child qualifies for EHS or if we need more information. If eligible, you or your child will be placed on the waitlist. Please see the attached description of program options and select the program option that best meets the needs of your family. We need to be able to reach you, so if you move or change your phone number after you apply, please contact us. Only a parent or legal guardian may sign this application. Therefore, if you are a relative/guardian caregiver you must provide placement documentation.

PROGRAM OPTIONS

Program Site: Please review the program options below. If you are pregnant, and applying for the prenatal program, and have another child under the age of 3 years, you may select the prenatal option and one program site under the Child Care Program Option.

- Services to Pregnant Women** – Services are offered in Leon, Madison and Jefferson Counties. These services include access to comprehensive prenatal and postpartum health care, prenatal education, and breastfeeding education.
- Child Care Program Option** – Child development services are offered at various early learning programs in a classroom setting. We offer part year Center Based Child Care in Monticello (Jefferson County), Greenville (Madison County), Madison (Madison County) and Tallahassee (Leon County). Please check the box of the site that would best meet your family’s needs. **You may only select one program site.**

Jefferson County Early Head Start
395 E Washington Street
Monticello, FL
Hours: 8:00 a.m. – 4:00 p.m.
(850) 997-4736

Bright Days
250 NW Haynes Street
Madison, FL
Hours: 7:30 a.m. – 3:30 p.m.
(850) 973-4243

Clifford Brown Bright Beginnings
1344 SW Grand Street
Greenville, FL
Hours: 7:30 a.m. – 3:30 p.m.
Transportation Available
(850) 948-1921

Budd Bell Early Learning Center
306 Laura Lee Avenue
Tallahassee, FL
Hours: 8:00 a.m. – 4:00 p.m.
(850) 219-0037

Brandon’s Place at Lincoln
438 W. Brevard Street
Tallahassee, FL
Hours: 8:00 a.m. – 4:00 p.m.
(850) 414-9815

Return this page with your application!

PARTICIPANT APPLICATION

Are you pregnant? Yes No **If no, skip this page (page 2) and complete pages 3, 4, & 5.**

If yes, continue page 2, skip page 3, and complete pages 4 & 5.

If yes, when is your due date? _____.

Please provide copy of your pregnancy statement.

Pregnant Woman's Information

Name

First	Middle	Last	Age	Date of Birth	SS#

Living Address

Street	City	Zip	Phone #

Mailing Address (if different)

Street	City	Zip

Have you had or do you currently have any of the following? Please check all that apply.

<input type="checkbox"/> C-Section	<input type="checkbox"/> Gestational Diabetes or Diabetes
<input type="checkbox"/> Living Child with Down Syndrome	<input type="checkbox"/> Hypertension (high blood pressure)
<input type="checkbox"/> Previous Miscarriage(s)	<input type="checkbox"/> Blood Disorder
<input type="checkbox"/> Neonatal Death	<input type="checkbox"/> Preterm Labor
<input type="checkbox"/> Homeless	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Depression or Mental Illness	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Anemia	<input type="checkbox"/> Seizures
<input type="checkbox"/> Previous Low Birth Weight Delivery	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Sickle Cell	<input type="checkbox"/> Multiple Births (twins, triplets, etc)

Number of pregnancies, please check one. 1 2 3 4 5 6 or more

Expectant Father's Information (optional)

Name

First	Middle	Last	Age	Date of Birth	SS#

Living Address

Street	City	Zip	Phone #

Parent/Guardian's Information

Name

First	Middle	Last	Age	Date of Birth	SS#
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Living Address

Street	City	Zip	Phone #
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Mailing Address (if different)

Street	City	Zip	Relationship to Child (Mother, Father, Foster Parent, Grandparent, Aunt, etc.)
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Child's Information

Name (Applicant)

First	Middle	Last	Age	Date of Birth	SS#
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Please attach a copy of the applicant child's record of birth: birth certification, medical card, hospital documentation.

Living Address

Street	City	Zip
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DISABILITY

Is the applicant child currently receiving Part C services? Yes No

Please provide a copy of your child's eligibility determination letter.

PARENTAL STATUS (please check one)

<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Relative/Guardian	<input type="checkbox"/> One Parent	<input type="checkbox"/> Two Parent
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OTHER

Is this application for a foster child placed with you through the State of Florida? Yes No

Please provide verification of foster care placement.

Are you currently enrolled in the Kids Incorporated EHS prenatal program? Yes No

How many children in the household, including the applicant child, are under the age of 5? _____

PUBLIC ASSISTANCE AND FOSTER CARE

Is your family currently receiving TANF (**CASH**) benefits? Yes No

TANF benefits include on-going TANF cash assistance (Food stamps and Medicaid are not included in this section).

Please provide proof you are a current recipient of TANF cash benefits.

Are you or anyone in your family currently receiving Supplemental Security Income (SSI)? Yes No

Please provide proof that you or a family member is a current recipient of SSI benefits.

FAMILY SIZE

In order to determine if your family income is above or below the Federal poverty guidelines, we need to know your family size, as well as your family income. Head Start defines family as "...all persons living in the same household who are (1) supported by the income of the parent(s) or guardian(s) of the child enrolling in the program, **and** (2) related to the parent(s) or guardian(s) by blood, marriage, or adoption."

Please list all family members living in the household that meet the above definition.

Name (First, Middle, Last)	Date of Birth	Relationship to Child

FAMILY INCOME

Income (see definition below) must include the total income of all members of the family listed above for either the past twelve months or for the previous calendar year, whichever more accurately reflects your family’s current situation. Verification must include at least one of the following: (1) Individual Income Tax Form 1040, (2) W2 forms, (3) pay stubs, (4) pay envelopes, or (5) written statement(s) from employer(s). If documenting salary with pay stubs we need six consecutive pay stubs if you get paid weekly, three consecutive pay stubs if you get paid every two weeks or two times a month and two consecutive pay stubs if you get paid monthly.

Are you currently employed? Yes No

Please include all sources of income and attach income verification.

Type of Documentation	Amount Received	Type of Documentation	Amount Received
Wages (Pay Stubs, Income Tax Form 1040, W-2 Forms, Employer Verification)	\$	Child Support/Alimony	\$
Self Employment	\$	Private Pensions	\$
Social Security or Railroad Retirement	\$	College Scholarships/Grants	\$
Unemployment Compensation (Cash Benefits) TANF/SSI	\$	Dividends	\$
Training Stipends	\$	Net Gambling/Lottery Winnings	\$
Other	\$	Total Annual Income	\$

Head Start definition of income: Income means total cash receipts before taxes (**gross income**) from all sources. Income includes: (1) money, wages or salary before deductions; (2) net income from non-farm or farm self-employment; (3) social security or railroad retirement; (4) unemployment compensation, strike benefits, workers’ compensation, veterans benefits, or public assistance; (5) training stipends; (6) alimony, child support, military family allotments, other regular support from absent family member or someone not living in the household; (7) private pensions, government pensions including military retirement, insurance or annuity payments; (8) college scholarships, grants, fellowships, assistantships; (9) dividends, interest, net rental income, net royalties, receipts from estates or trusts; (10) net gambling or lottery winnings.

EDUCATION LEVEL

Are you attending high school or enrolled in a GED program? Yes No

Highest grade completed _____

Do you have a referral from one of the following? Please check all that apply.

Please provide proof you have been referred from any of the services listed below.

- Protective Services WORKFORCE Transitional Child Care
- Health Department/Healthy Start WIC Children’s Medical Services
- Children’s Home Society/Early Steps Pregnancy Help Information Center Other

Are you currently receiving any of the following? Please check all that apply.

Please provide proof you are a current recipient of any of the services listed below.

- Food Stamps WIC Medicaid
- Florida Kid Care Subsidized Child Care/School Readiness Other

Is one of the biological parents of the applicant child or expectant father incarcerated? Yes No

Is a sibling currently enrolled in the Kids Incorporated EHS program? Yes No

I certify that I am the pregnant woman and/or parent or legal guardian of the child applying for EHS, and that to the best of my knowledge all information is correct. I understand that if I deliberately misrepresented this information, my family may not be eligible for services. I authorize EHS to verify this information with any necessary sources.

Signature

Date

In accordance with Head Start Performance Standards, all information obtained about children and families is confidential. Files are kept in a locked file cabinet and staff access is controlled on a “need to know” basis. Professionals serving on federal and internal review teams are allowed to review files in their capacity as monitors of federal funding.

Kids Incorporated does not discriminate against children or families on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status.

APPLICANT CHECKLIST

- ✓ I have completed page 1.
- ✓ I am applying for the prenatal program option and have answered **every** question on pages 2, 4, & 5.
- ✓ I am applying for the child care program option and have **skipped page 2** and answered **every** question on pages 3, 4, & 5.

I have included the following (if applicable):

- ✓ Age Verification (child care program option, ONLY) (birth certification, medical card, hospital documentation).
- ✓ Income Verification (must include one of the following: 1040, W2, pay stubs, or employer verification).
- ✓ Public Assistance Verification (TANF CASH benefits, SSI or Foster Parent)
- ✓ Disability Verification (Child’s Eligibility Determination letter).

For Office Use Only

Date Participant Application Received: _____ Circle One: Complete/Incomplete

Date Entered in ChildPlus: _____

Waitlist Letter Mailed: _____

Staff Signature: _____