Application for Early Head Start Services

Brandon's Place at Lincoln
438 W Brevard Street
Tallahassee, FL 32301
Hours: 8:00a.m. – 4:00p.m.
(850) 414-9815

Bright Days
250 NW Haynes Street
Madison, FL 32340
Hours: 7:30 a.m. – 3:30 p.m.
(850) 973-4243

Budd Bell Early Learning Center
306 Laura Lee Avenue
Tallahassee, FL 32301
Hours: 8:00a.m. – 4:00p.m.
(850) 219-0037

Jefferson County Early Head Start
395 E Washington Street
Monticello, FL 32344
Hours: 8:00 a.m. – 4:00 p.m.
(850) 997-4736

Parkway Early Head Start
1410 Indian Head Drive
Tallahassee, FL 32301
Hours: 8:00 a.m. – 4:00 p.m.
(850) 487-9124

Fax: (850) 617-6292
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.

Revised October 2016

How to Apply

You MUST submit the application in person and attach **all** documentation requested. **Submit by scheduling an appointment or submit during designated walk-in hours at the Kids Incorporated of the Big Bend center-based sites (locations are on cover of the application)**. Only a parent or legal guardian may sign this application. Therefore, if you are a relative/guardian caregiver you must provide placement documentation.

- All applicants, complete page 3.
- If applying for the Services to Pregnant Women program option, complete pages 4, 5 (starting with Homeless), 6, and 7. 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 4** and complete pages 5 -7.
- **This is an application to determine eligibility and is not a guarantee of enrollment into the program.** If you need assistance completing this application, please call the center-based site in which you are interesting in applying for.

How is eligibility determined?

Federal regulations require that EHS programs verify the following: pregnancy (if applying for prenatal services), child's age, family income, foster care, homeless, and Part C eligibility. In addition to documentation that support other factors for the specific programs selection criteria.

Attach the following documentation in order for Kids Incorporated to determine eligibility:

a. Proof of Identity (Driver's License. Passport, Military ID, etc.)
b. Current residence in the service area (Lease, Utility Bill, Mortgage Statement, etc.)
c. Proof of Age (birth certificate or hospital documentation proving live birth signed by a hospital official)
d. Pregnancy Verification
e. Proof of Income (Pay stubs, Receipt of Child Support, TANF [Cash], SSI, etc.):
    (1) Paid Weekly – last 6 pay stubs
    (2) Paid Bi-Weekly – last 3 pay stubs
    (3) Paid Bi-Monthly – last 3 pay stubs
    (4) Paid Monthly – last 2 pay stubs
    (5) New Employment – verification of employment letter from employer
    (6) Income verification form completed by employer
    (7) W-2(s) or Income Tax statement or earnings for previous year.
f. Insurance Information (Medicaid, Private Insurance, etc.)
g. Disability/Part C Verification (if applicable):
    (1) Eligibility Determination
    (2) Individual Family Service Plan (IFSP)
h. Foster Care Placement Verification (if applicable)
i. Homeless Verification (if applicable)
j. Referral Verification
k. Proof of Services (Food Stamps, WIC, Florida Kid Care, Subsidized Child Care, etc.)

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. If eligible, you or your child will be placed on the waitlist.

Program Options

Program Site: Please review the program options below. If you are pregnant and applying for the Services to Pregnant Women, 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.

☐ **Home-Based Program Option** – Services are offered in Leon, Madison and Jefferson Counties. This program option offers comprehensive services, which include education, health, and family services, along with monthly group socializations.

☐ **Child Care Program Option –** Child development services are offered at various early learning programs in a classroom setting. We offer full 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.

Please select one (1) choice for the program site from the below list (Must be working):

_ **Brandon's Place at Lincoln**
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Tallahassee, FL 32301
Hours: 8:00a.m. – 4:00p.m.
(850) 414-9815

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250 NW Haynes Street
Madison, FL 32340
Hours: 7:30 a.m. – 3:30 p.m.
(850) 973-4243

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306 Laura Lee Avenue
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(850) 997-4736

_ **Parkway Early Head Start**
1410 Indian Head Drive
Tallahassee, FL 32301
Hours: 8:00 a.m. – 4:00 p.m.
(850) 487-9124

Parents are responsible for transporting their child(ren) to and from the center. Kids Incorporated will ensure that transportation is provided, if needed, for children and/or families to participate and receive other program services (e.g., health screenings, oral health care, Policy Council, other program committees, etc.). For other transportation issues and concerns and/or emergencies, please contact the center's Family Advocate for assistance.

PLEASE RETURN THIS PAGE WITH APPLICATION!

APPLICATION FOR SERVICES

Are you pregnant? ☐ Yes ☐ No **If yes, when is your due date? _____.**
Please provide copy of your pregnancy statement.

****If yes, complete pages 4, 5 (starting with Homeless), 6, and 7.****
*****If no, complete pages 5 -7.*****

Pregnant Woman's Information

FIRST NAME MIDDLE LAST NAME AGE DATE OF BIRTH SEX

LIVING ADDRESS: STREET APT. CITY/STATE/ZIP PHONE #

Email Address: _____

Race

☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White
☐ Asian ☐ Multi-Racial/Bi-Racial ☐ Other: _____

Hispanic ☐ Yes ☐ No

Language

☐ English ☐ Caribbean ☐ European/Slavic ☐ Native Central American/South American ☐ Other ☐ Spanish
☐ African ☐ East Asian ☐ Middle Eastern/South Asian ☐ Native North American/Alaskan ☐ Pacific Island

Father's Information

FIRST NAME MIDDLE LAST NAME AGE DATE OF BIRTH SEX

LIVING ADDRESS: STREET APT. CITY/STATE/ZIP PHONE #

Email Address: _____

Race

☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White
☐ Asian ☐ Multi-Racial/Bi-Racial ☐ Other: _____

Hispanic ☐ Yes ☐ No

Language

☐ English ☐ Caribbean ☐ European/Slavic ☐ Native Central American/South American ☐ Other ☐ Spanish
☐ African ☐ East Asian ☐ Middle Eastern/South Asian ☐ Native North American/Alaskan ☐ Pacific Island

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

1. C-Section	☐Past	☐Current	*2. Gestational Diabetes or Diabetes*	☐Past ☐Current
3. Living Child with Down Syndrome	☐Past	☐Current	*4. Hypertension (high blood pressure)*	☐Past ☐Current
5. Previous Miscarriage(s)	☐Past	☐Current	*6. Blood Disorder*	☐Past ☐Current
7. Neonatal Death	☐Past	☐Current	*8. Preterm Labor*	☐Past ☐Current
9. Homeless	☐Past	☐Current	*10. Domestic Violence*	☐Past ☐Current
11. Depression or Mental Illness	☐Past	☐Current	*12. Anxiety*	☐Past ☐Current
13. Anemia	☐Past	☐Current	*14. Seizures*	☐Past ☐Current
15. Previous Low Birth Weight Delivery	☐Past	☐Current	*16. Substance Abuse*	☐Past ☐Current
17. Sickle Cell	☐Past	☐Current	*18. Multiple Births (twins, triplets, etc.)*	☐Past ☐Current

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

Primary Parent/Guardian's Information (Fill out if you are applying for a child)

First Name	Middle	Last Name	Age	Date of Birth	SEX

Living Address: Street	Apt.	City/State/Zip	Phone #

Relationship to Child:_____ Email Address: _____

Race

☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White
☐ Asian ☐ Multi-Racial/Bi-Racial ☐ Other: _____

Hispanic ☐ Yes ☐ No

Language

☐ English ☐ Caribbean ☐ European/Slavic ☐ Native Central American/South American ☐ Other ☐ Spanish
☐ African ☐ East Asian ☐ Middle Eastern/South Asian ☐ Native North American/Alaskan ☐ Pacific Island

Second Parent/Guardian's Information (Fill out if you are applying for a child)

First Name	Middle	Last Name	Age	Date of Birth	SEX

Living Address: Street	Apt.	City/State/Zip	Phone #

Relationship to Child:_____ Email Address: _____

Race

☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White
☐ Asian ☐ Multi-Racial/Bi-Racial ☐ Other: _____

Hispanic ☐ Yes ☐ No

Language

☐ English ☐ Caribbean ☐ European/Slavic ☐ Native Central American/South American ☐ Other ☐ Spanish
☐ African ☐ East Asian ☐ Middle Eastern/South Asian ☐ Native North American/Alaskan ☐ Pacific Island

Applicant Child's Information (Fill out if you are applying for a child)

First Name	Middle	Last Name	Age	Date of Birth	SEX

Race

☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White
☐ Asian ☐ Multi-Racial/Bi-Racial ☐ Other

Hispanic ☐ Yes ☐ No

Language

☐ English ☐ Caribbean ☐ European/Slavic ☐ Native Central American/South American ☐ Other ☐ Spanish
☐ African ☐ East Asian ☐ Middle Eastern/South Asian ☐ Native North American/Alaskan ☐ Pacific Island

Please attach a copy of the applicant child's record of birth: birth certificate or hospital document (signed by hospital official).

Disability (Fill out if you are applying for a child)

Is the applicant child currently receiving services from Early Steps? ☐Yes ☐ No
Please provide a copy of your child's eligibility determination letter.

Homeless

Is the applicant family currently homeless? ☐Yes ☐ No
Please provide verification of homelessness.

PARENTAL STATUS (please check one)

☐Foster Parent ☐Relative/Guardian ☐Teen Parent ☐One Parent ☐Two Parents

Is this application for a foster child placed with you through the State of Florida? ☐ Yes ☐ No
Please provide verification of foster care placement or proof of custody for relative/guardian.

OTHER

Have you applied for Subsidized Child Care through the Early Learning Coalition? ☐ Yes ☐ No
Please provide confirmation.

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? _____

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

Do you currently have a child/children enrolled in a **Head Start Program**? ☐ Yes ☐ No
Please provide proof of Head Start Enrollment.

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)	Birth Date	Sex	Relationship to Child

FAMILY INCOME

Income ***(see definition on next page)*** 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 If yes, are you working ☐ Full-time or ☐ Part-time?

- If not working, why not?:_____

If 2nd parent is living in the household, is he/she currently employed? ☐ Yes ☐ No If yes, is he/she working ☐ Full-time or ☐ Part-time?

- If not working, why not?:_____

Please place a check by all sources of income you receive and attach income verification.

Type of Documentation	Check (✓)	Type of Documentation	Check (✓)
Wages (Pay Stubs, Income Tax Form 1040, W-2 Forms, Employer Verification)		Child Support/Alimony	
Self-Employment		Private Pensions	
Social Security or Railroad Retirement Benefits		College Scholarships/Grants	
Unemployment Compensation		Dividends	
Training Stipends		Net Gambling/Lottery Winnings	
Supplemental Security Income (SSI) benefits		TANF (Cash) Benefits	
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 enrolled in school? ☐ Yes ☐ No
If 2nd parent is living in household, is he/she enrolled school? ☐ Yes ☐ No
If yes, what school(s) are you attending? _____
If currently enrolled in school, please provide documentation providing proof of student status.

What is the highest grade/degree you have completed?
☐ Less than a High School Diploma ☐ High School Diploma/GED ☐ Some College/Advance Training ☐ Training
☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree Certificate

If applicable, highest grade/degree 2nd parent has completed?
☐ Less than a High School Diploma ☐ High School Diploma/GED ☐ Some College/Advance Training ☐ Training
☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree Certificate

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 (i.e., Brehon, Hope, etc.)

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 ☐TANF (Cash Assistance) ☐Medicaid
☐Florida Kid Care ☐Subsidized Child Care/School Readiness ☐Supplemental Security Income ☐Other

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

Is one of the biological parents of the applicant child or expectant parent in the U.S. Military? ☐ 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.

For Office Use Only

Interviewer Name: _____ Date of Participant Interview: _____

Date Entered in ChildPlus: _____

Interviewer's Initials: _____