

7572 Court Street Suite 2/P.O. Box 848

Elizabethtown, NY 12932

(518)873-3207 Fax: (518)873-6845

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| Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male: \_\_\_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Are you categorically eligible?

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| --- | --- |
| Receive SNAP: \_\_\_\_\_\_\_\_ | Child is in Foster Care: \_\_\_\_\_\_\_\_ |
| Receive SSI or TANF: \_\_\_\_\_\_\_\_ | Child is Experiencing Homelessness: \_\_\_\_\_\_\_\_ |

Is your child a repeater in the Head Start or Early Head Start Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your family receive a child care subsidy? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

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| Contact Information | Parent/ Guardian: | Non-Custodial Parent/ Guardian (If Applicable): |
| Address: (Street Number, Town, Zip Code, & County) |  |  |
| Cell Phone Number: |   |  |
| Home Phone Number: |  |  |
| Work Phone Number: |  |  |
| Email: |  |  |

Persons in household:

|  |  |  |
| --- | --- | --- |
| First & Last Name: | Relationship to Child: | Date of Birth: |
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Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the child covered by health insurance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have reliable transportation to get your child to school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Secondary Language (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Family Ethnicity (Please check what applies):

|  |  |  |
| --- | --- | --- |
| White/Caucasian: \_\_\_\_\_\_\_ | Black or African American: \_\_\_\_\_\_\_ | American Indian/Alaskan Native: \_\_\_\_\_\_\_ |
| Asian: \_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Biracial/Multi-Racial: \_\_\_\_\_\_\_ | Native Americanor Pacific Islander: \_\_\_\_\_\_\_ |

Employment:

|  |  |
| --- | --- |
| Parent/ Guardian (1) Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Parent/ Guardian (2) Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Do you have any concerns we should be aware of? This can help improve our ability to serve your child. (Please check what applies) I have concerns about my child’s:

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| --- | --- | --- |
| Mental Health: \_\_\_\_\_\_ | Developmental Disability/ Suspected: \_\_\_\_\_\_ | Behavioral: \_\_\_\_\_\_ |
| Speech: \_\_\_\_\_\_ | Physical: \_\_\_\_\_\_ | Hearing: \_\_\_\_\_\_ |
| Nutrition: \_\_\_\_\_\_ | Exposure to Trauma: \_\_\_\_\_\_ | Sensory: \_\_\_\_\_\_ |
| Family: \_\_\_\_\_\_ | Homeless/ Unstable Housing: \_\_\_\_\_\_ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Have you had any major changes in your income in the past 6 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order for your child’s application to be processed, you must attach income verification for the full prior year. Applications will be considered pending until income verification is submitted. How to verify income:

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| --- | --- |
| W-2’s | Two pay stubs |
| Documentation of SNAP | Income tax return for |
| Documentation of unemployment | Documentation of SSI |
| Child Support | Documentation of TANF |
| Statement of total wages signed and dated by your employer | Self-employment- copy of “Schedule C” income tax form |

I would like the above-named child to be considered for enrollment in ACAP, inc Head Start or Early Head Start. I understand that my child’s age and residence will be considered when determining eligibility and placement. I certify the above statements and income submitted are true and accurate to the best of my knowledge. I agree to give my full support and cooperation by visiting the site, volunteering, attending parent meetings, and welcoming staff for home visits.

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| --- | --- |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| EHS/HS Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Important:

* Children are eligible to begin Head Start in September if they turn 3 before December 1st, 2024.
* If a child turns 3 after December 1st, they are eligible the day after their 3rd birthday.
* Children 0-3 are eligible for home-based Early Head Start.
* Completing this application does not guarantee a spot. Acceptance is based on selection criteria, which is why it is important to fill the application to the best of your ability to accurately depict your child and family.
* You will receive an acceptance or denial letter in August 2024 for the Fall 2024 school year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For staff use only:

Please initial:

Personal Interview: \_\_\_\_\_ (on site)

 \_\_\_\_\_ (home visit)

Phone interview: \_\_\_\_\_

Received Application by mail: \_\_\_\_\_

Discussion of why we ask about concerns: Y:\_\_\_\_ N:\_\_\_\_\_

Notes:

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