



NORTHERN KENTUCKY COMMUNITY ACTION COMMISSION HEAD START AND EARLY HEAD START APPLICATION



Preferred School Location or Program

Alexandria Boone* Dayton Eastside/Covington* Elsmere Falmouth Home Based * Newport* Newport-8th Street

*EHS services may be available at the following locations

•Before and After Head Start Childcare available at these location typically 6:30-8:00 AM and 2:30-5:30 PM (fee applies, CCAP/daycare assistance accepted)

Parent/Guardian Information

Primary Adult Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Text or Message Phone (____) _____ -- _____

E-Mail _____ Preferred Method (circle) Text Phone Call Email

Highest Level of Education Completed _____ Employment/School _____ Employer/School Name _____

Child Information

Child's Last Name _____ First _____ Birth Date ____/____/____

Gender _____ *Language _____ *Other Language _____ School District _____

Is your child transitioning from an Early Head Start Program? No Yes Center/Program: _____

Ethnicity: (Circle) Asian Native American Bi-Racial/ Multi Racial Black Caucasian Latino Other _____

Will you need before/after school care? Before Head Start No Yes After Head Start No Yes

Medical Coverage: Private Insurance # _____ Medical Card # _____ No Insurance

Do you have any other children in Head Start currently? No Yes Child's Name _____

Has your child been diagnosed with a disability? No Yes (If yes, include copy of IEP, IFSP or doctor's statement).

Do you suspect that your child may have a disability? No Yes Concerns: _____

Family and Household Information

Parental Status (check all that apply)

Single Parent Two Parent Relative

Foster Parent (s) * Guardian(s)* Custody

Number of Persons

Total in Family _____

Total in Home _____

Number of Children

Total in Family _____

Under 6 _____

Please include proof of custody if foster, guardian, or not listed on proof of age (optional)

Adults in the household Relationship to child Birthdate

Birthdates are needed for all people in household to process application.

Children in the household Relationship to child Birthdate

Birthdates are needed for all people in household to process application.

Selection Criteria Information

Does your child and/or a member of your family/household receive services from the following programs or experienced the following life events:

First Steps Speech Therapy Physical Therapy Every Child Succeeds Early Childhood Intervention Behavioral or Mental Health

CCC HIPPIY Incarceration In-Home Services DCBS (Protection and Permanency) North Key

Substance Abuse Treatment Domestic Violence/Women's Crisis Center Other/Additional Services _____

Were you or are you a Teen Parent? No Yes

Do you or anyone in your household struggle with substance abuse or receive substance abuse treatment? No Yes

Please Explain: _____ Please speak to the Family Advocate if you need additional information or resources.

Housing: Rent Own Homeless Living with Family/Friends Other please explain _____

Do you receive: WIC? No Yes Food Stamps? No Yes Are you currently pregnant? No Yes

Are you currently receiving KTAP/TANF Benefits? No Yes Are you currently receiving Kinship or Foster care reimbursement? No Yes

Does anyone in the home receive SSI Benefits? No Yes Who? _____

List income by parent/guardian, the gross amount, frequency (weekly, monthly, annual) and source: work, SSI, KTAP, SSDI, Retirement, child support, 1099, scholarships, foster care reimbursement. Proof of income can be W2, 1040, 1099, KTAP, DCBS Rewards Letter (must show gross earned income), letter from employer, check stubs (3 months with year to date), Social Security Documents. If additional information needed on proof of income please see NKCAC Staff.

Parent/Guardian Gross Amount Received Frequency Source

1. _____

2. _____

I certify that this information is true. If any part is false, my participation in NKCAC Head Start may be terminated and I may be subject to legal action. I also understand that the information on this application will be held in strict confidence within the agency and is accessible to me during normal business hours. Proof of Income is not kept on file and shredded after review.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

** NKCAC Head Start Staff Only **

In-Person Interview No Yes Telephone Interview Reason: _____ Date _____ NKCAC Staff _____

TOTAL ANNUAL HOUSEHOLD INCOME VERIFIED \$ _____ Initial _____

INCOME VERIFICATION: CHECK STUB W-2 FORM Employer Letter K-TAP/SSI DCBS Court Order Other _____

NKCAC ERSEA STAFF SIGNATURE

DATE _____

Questions or need assistance in filling out this application? Please talk with the Family Advocate or call Natasha Bigl, Family and Community Partnership Coordinator at 859.431.4177 x.1121 or email nbigl@nkccac.org. Thank you for interest in NKCAC Head Start.