Central Texas 4C, Inc. Head Start Application

CHILD INFORMATION

Child's legal name _____ **Child's Date of Birth** _____

Gender: Female ☐ Male ☐

Does family get SSI? YES ☐ NO ☐	Has child attended Head Start before? Yes ☐ NO ☐	Another child applying for Head Start? YES ☐ NO ☐
Does this child get Medicaid/Chips? YES ☐ NO ☐	If yes, where: Dickson	Child's Name:
Does child have medical insurance? YES ☐ NO ☐	Primary Language?	Younger Siblings? YES ☐ NO ☐ Ages?:
Does child have dental insurance? YES ☐ NO ☐	Second Language?	Does child have diagnosed disability? YES ☐ NO ☐
Insurance Company Name:	Language spoken at home?	Name of disability_____
How did you hear about us? Pick One	Is child related to a 4C staff? YES ☐ NO ☐ If yes, what center? Copperas Cove	Does child get ECI services? YES ☐ NO ☐

CENTER PREFERENCE INFORMATION

For Children 0-3

Early Head Start Centers: First choice Pick One

Children 6 wks to 30 months

For Children 3-5

Head Start Centers First choice Pick One

Children 3 yrs old by Sept. 1

FAMILY INFORMATION

Parent/Guardian Name: Date of Birth

Address: City: State Zip

Phone 1 Email Work Phone

Highest level of education in the home: Pick One

Employment Status: Pick One

Including yourself, how many people in household do you support?

Names	DOB	GENDER
1		
2		
3		
4		
5		

Family Type Pick One

If other, please specify _____

Please attach Notarized Guardianship Papers if applicable

Check if you are involved in any of these:	ESL/LEP	YES ☐	NO ☐
	Teen Parent in school	YES ☐	NO ☐
	Teen Parent trying to return to school	YES ☐	NO ☐
	Military Separation 1 year (Attach orders)	YES ☐	NO ☐

Please check and attach proof of your source of income.

- ☐ 12 consecutive months pay stubs (parents)
- ☐ Employer Letter
- ☐ W-2 for parents in home **or** 1040 Tax Form
- ☐ LES-Ret/Dis, VA, W2, Military
- ☐ SSI
- ☐ Self-Employed (Profit & Loss Statement) **or** 1040 Tax Form
- ☐ Self Declaration Letter (No income for past 12 months) and supported by family/friend. Attach letter from family friend, but NOT their income.

Check services or funds you are receiving now:

- ☐ SNAP
- ☐ Workers Comp
- ☐ Social Security
- ☐ Child support
- ☐ Unemployment
- ☐ Energy Check
- ☐ Foster Care
- ☐ CPS Removal
- ☐ School Grant, PELL
- ☐ Food Stamps
- ☐ WIC
- ☐ TANF

Ethnicity: Pick One Pick One

Race: Pick One Pick One

I certify that the information provided with this application is accurate and truthful to the best of my knowledge. This is a legal, binding document.

Parent/Guardian Signature Date: **SUBMIT**

Agency Use Only -- Please don't write below this line

Signature of Staff Accepting Application Date:

Status (circle one) Eligible Over Income Family Income: Verified by:

CACFP Status Free Documents examined to verify income:

Center: Room # Comments

2nd yr. enrolled_____(Parent sign/date) 3rd yr. enrolled_____(Parent sign/date)