

HEAD START PROGRAM

Completed application and required documents must be returned to the school. In order to qualify for this program, families must meet the Federal Poverty income guidelines. School based programs offer slots to qualifying three and four year olds. *Parents do not have to be employed in order to apply.*

Aplicaciones completas y documentos requeridos deben ser devueltos a la escuela. Para poder calificar para el programa, las Familias deben satisfacer los Requisitos de Ingresos de Pobreza Federales. Los Programas basados en la escuela ofrecen espacio para niños de tres y cuatro años. Los Padres no necesitan estar empleados para aplicar.

Documents Needed:

1. **Birth Certificate** (child must be 4 years old or 3 years old on or before September 1st of the school year at school sites.
Certificado de Nacimiento (el niño(a) debe tener 4 o 3 años antes del 1 de Septiembre de este curso escolar)
2. **Social Security Card** (if available)
Tarjeta de Seguro Social (si tiene una)
3. **Proof of family income** (last four check stubs; 1040 Tax Form; LES; **or** letter from employer).
Prueba de sus ingresos financieros (últimos 4 cheques de pago, la forma 1040 de los Taxes, o una carta de su empleador)
4. **Picture I.D.** (parent or guardian).
Identificación con fotografía (de los padres o guardianes)
5. **Proof of Food Stamps, WIC, Subsidized Child Care** (if applicable)
Prueba de Sellos de Alimento, WIC, Cuidado Infantil Subvencionado (si aplica)
6. **Child's Medical & Dental Health Insurance Card** (if child has insurance)
Tarjeta de Seguro Médico y Dental del Niño (si el niño (a) tiene seguro)

If you need more information, please call the numbers listed below;
Si usted necesita más información, por favor llame los números enumerados abajo.

**Please do not drop off application at the front office (Favor de no dejar las aplicaciones en la oficina principal).
Call to schedule an appointment to return the attached forms and completed application. (Favor de llamar a fijar una cita para devolver los formularios adjuntos y aplicación).**

Horace O' Bryant please call 305-296-5628 Elizabeth Alvarez x65392
Gerald Adams please call 305-293-1609 Latrice Pla x51329 or Kechena Fleuridor x51378
Stanley Switkley please call Isabel Vargas at 305-289-2490 x59309
Key Largo School please call Katherine Kight at 305-453-1255 x 57400

Applicant & Family Member Information

Applicant									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little					<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None					<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient					<input type="checkbox"/> Proficient	
Primary Health Coverage		Insurance #		Medicaid Eligibility		Medicaid #		Doctor/Medical Home	
				<input type="checkbox"/> Not Eligible					
				<input type="checkbox"/> On Medicaid					
				<input type="checkbox"/> Potentially					
Dental Coverage		Dental Coverage #				Dentist/Dental Home			

Primary Adult									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little					<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None					<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient					<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship		Custody		Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes		<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No		<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative				<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster					
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other					
	<input type="checkbox"/> Master's							If teen parent, subsidized?	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____									

Secondary or Other Adult									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little					<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None					<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient					<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship		Custody		Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes		<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No		<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative				<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster					
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other					
	<input type="checkbox"/> Master's							If teen parent, subsidized?	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____									

Additional Child (Non-Applicant) *									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN		
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little					<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None					<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient					<input type="checkbox"/> Proficient	

Additional Child (Non-Applicant) *									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN		
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little					<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None					<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient					<input type="checkbox"/> Proficient	

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Applicant Name: _____ Birthday _____

Family Information, Income & Contacts

Family Information							
Family Living Address							
Started Living At Date	Living Address	Address Line 2	ZIP	City	State	County	
Family Mailing Address							
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)	Type (check one)	Note (extension or best time to call)			Opt In for Text Messages		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Two		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Family Income						
Income Verified by		Verification Date		TANF Status		SSI
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes
				<input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> No
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note
	\$		\$			
	\$		\$			
	\$		\$			
Income Notes						

Emergency Contacts						
Contact 1	Name	Relationship		Emergency Contact		Release To
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP		City	State	
	Phone Number 1	Phone Number 2	Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Contact 2	Name	Relationship		Emergency Contact		Release To
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP		City	State	
	Phone Number 1	Phone Number 2	Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Contact 3	Name	Relationship		Emergency Contact		Release To
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP		City	State	
	Phone Number 1	Phone Number 2	Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Monroe County Public Schools Head Start Program

Financial Release & Third Party Consent
Autorización para solicitar informe sobre sus ingresos

I hereby grant permission for the Head Start Program staff to verify my family income by examining the following documents and or calling a third party:

Por la presente autorizo a cualquier agente acreditado del programa de Head Start a verificar los ingresos de mi familia utilizando los siguiente y/o llamar una tercer persona:

- ❖ Individual Income Tax Form 1040 for the year _____
- ❖ *Formulario 1040-declaración de ganancias del año _____*

- ❖ Pay stubs/ pay envelopes
- ❖ *El recibo o comprobante de ganancias/ cheque*

- ❖ Written statement(s) from employer(s) or family member
- ❖ *Declaraciones escrita de empleador o miembros de familia*

- ❖ Documentation showing current status as recipients of public assistance
- ❖ *El recibo mas reciente de asistencia publica*

This form is not valid after the student exits the Head Start Program.

Este formulario no es válido despues que el estudiante termina con el programa de Head Start.

Date/Fecha _____

Child's Name/Nombre del niño/a _____

Parent/Guardian

Nombre de los padres _____

Parent/Guardian Signature

Firma de los padres _____

Monroe County Public Schools Head Start Program
Additional Family Eligibility Information

Child's Name: _____

*List all other family members living in the household whom you support that are **NOT LISTED ON THE APPLICATION***

First and Last Name	Date of Birth	Sex (M or F)	Relationship to Child

**Please note: If child has a diagnosed disability (IEP or IFSP), documentation relating to the disability must be provided along with this application.*

Special Needs/Disability:	Yes	No	If Yes Date
Monroe County School District Individual Education Plan (IEP)			
Early Steps Program- Individualized Family Support Plan (IFSP)			
Professional Diagnosis (speech therapy, occupational, etc.):			

**Please note: If child receives treatment for any medical concerns, documentation relating to the concern must be provided along with this application.*

Health Services:
My child receives medical treatment for :
List all known allergies, dietary needs or other medical/dental concerns: <input type="checkbox"/> Anemia <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> High Lead Level <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> None Known Describe:

Services	Yes	No	N/A
If offered and your location preference is unavailable would you be willing to attend another location (HOB or GAE)			
If offered and accepted, would you need transportation?			
If offered and accepted would you need after care?			

Is there another Head Start Program in Monroe County you applied for? [] Yes [] No

If yes, please list the name of the site you applied to _____

Monroe County Public School Head Start Program

Homeless Verification

Child's Name: _____

Parent / Guardian: Please check all that apply:

Housing	Yes
Home that I rent, own or share by choice	
Temporarily living with a family member or friend due to loss of housing, economic hardship or similar reason	
Subsidized (Section 8, HUD, Rent Assistance)	
At Risk of Homeless	
Homeless	
Staying in emergency or transitional shelter/housing	
Living in a motel /campground vehicle because I cannot afford or find affordable housing	
Moved more than 3 times in 12 months	

Is any member of your household? If so please enter yes

<i>Member of U.S Military</i>	
<i>Military Veteran</i>	

I verify that the information provided in this application package, and proof of age income provided for enrollment eligibility, is accurate and truthful to the best of my knowledge. I am aware that providing false income/information could result in dismissal from the program.

Parent/Guardian Print Name: _____

Date: _____

Parent/Guardian Signature: _____ Date: _____

To Be Completed By Head Start Staff Only:

*Under McKinney-Vento, determinations of eligibility are case-by-case. Head Start staff will notify the Homeless Liaison to determine eligibility if assistance is needed.

Status	No	Yes
Family is determined to be homeless		

By signing this document I declare that I have reviewed the documentation provided and interviewed the parent/guardian. I am aware that if I intentionally violate federal, program eligibility determination regulations, and enroll ineligible families that it will result in some form of disciplinary action.

Staff Print Name: _____ Date: _____

Staff Signature: _____ Date: _____