HEAD START PROGRAM

Completed application and required documents must be returned to the Family Advocate at your preferred 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.***

Ou dwe retounen aplikasyon an ranpli ak dokiman obligatwa yo bay Family Advocate yo nan lekòl ou préferé a. Pou ou ka kalifyé pou pwogram sa a, fanmi yo dwe satisfè direktiv sou révni fédéral povrete yo. Pwogram ki bazé nan lekòl yo ofri plas pou timoun twazan ak Kat (4) ané ki kalifyé yo. ***Paran yo pa oblijé ap travay pou yo ka aplike.***

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.
   Batistè (timoun nan dwe gen 4ané oswa 3zan avan 1ye septanm pou ané lekòl la nan lokal lekòl yo.
2. **Proof of family income** (last four check stubs; 1040 Tax Form; LES; ***or*** letter from employer).
   Prèv revni fanmi an (Kat dènye souch chèk) 1040 Fòm Taks; LES;***Oswa*** lèt travay ou).
3. **Picture I.D.** (parent or guardian).
   Foto Idantité. (Paran oswa gadyen).
4. **Proof of TANF, SNAP and WIC** (if applicable)
   Prèv TANF, SNAP ak WIC yon lèt (Si li aplikab)
5. **Child's Medical & Dental Health Insurance Card** (if child has insurance)
6. **Kat Asirans Santé Medikal ak Dantè Timoun nan**(si timoun nan gen asirans)

If you need more information, please call the number listed below:
Si w bezwen plis enfòmasyon, tanpri rele Nimewo ki endiké anba la yo;
Kechena Fleuridor (305)293-1609 Ext. 51378

Please do not drop off application at the front office. Tanpri pa dépozé aplikasyon an nan biwo devan an
Call to schedule an appointment to return the attached forms and completed application.
Rélé pou w pran yon randevou pou w retounen aplikasyon w la ranpli ak tout dokiman yo.
Incomplete applications will not be accepted. Nou pap aksepte aplikasyon ki pa konplété.

Applicant & Family Member Information

Applicant

First | Middle | Last | Suffix | Nickname | Birthday | Gender | SSN | Alt ID

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

Hispanic
☐ Yes ☐ No

English Proficiency
☐ Little ☐ Moderate ☐ None ☐ Proficient

Other Language

Other Language Proficiency
☐ Little ☐ Moderate ☐ None ☐ Proficient

Primary Health Coverage | Other Coverage | Insurance # | Medicaid Eligibility | Medicaid # | Doctor/Medical Home

Medicaid Eligibility
☐ Not Eligible
☐ On Medicaid
☐ Potentially

Dental Coverage | Dental Coverage # | Dentist/Dental Home

Primary Adult

First | Middle | Last | Suffix | Nickname | Birthday | Gender | SSN | Alt ID

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

Hispanic
☐ Yes ☐ No

English Proficiency
☐ Little ☐ Moderate ☐ None ☐ Proficient

Other Language

Other Language Proficiency
☐ Little ☐ Moderate ☐ None ☐ Proficient

Highest Grade Completed
☐ Associate's ☐ Bachelor's ☐ Col Deg/Train ☐ Col or Adv Train ☐ GED
☐ Grade 10 ☐ Grade 11 ☐ Grade 12 ☐ < Grade 9 ☐ HS Graduate ☐ Master's

Employment Status
☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unemployed
☐ Full Time & Training ☐ Part Time & Training ☐ Training or School ☐ Retired or Disabled

Child's Relationship
☐ Biological/Adopted/Step ☐ Grandchild ☐ Other Relative ☐ Foster ☐ Other

Custody
☐ Yes ☐ No

Check all that apply:
☐ Lives with Family
☐ Provides Financial Support
☐ Teen Parent

If teen parent, subsidized?
☐ Yes ☐ No

Email Address:

Secondary or Other Adult

First | Middle | Last | Suffix | Nickname | Birthday | Gender | SSN | Alt ID

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

Hispanic
☐ Yes ☐ No

English Proficiency
☐ Little ☐ Moderate ☐ None ☐ Proficient

Other Language

Other Language Proficiency
☐ Little ☐ Moderate ☐ None ☐ Proficient

Highest Grade Completed
☐ Associate's ☐ Bachelor's ☐ Col Deg/Train ☐ Col or Adv Train ☐ GED
☐ Grade 10 ☐ Grade 11 ☐ Grade 12 ☐ < Grade 9 ☐ HS Graduate ☐ Master's

Employment Status
☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unemployed
☐ Full Time & Training ☐ Part Time & Training ☐ Training or School ☐ Retired or Disabled

Child's Relationship
☐ Biological/Adopted/Step ☐ Grandchild ☐ Other Relative ☐ Foster ☐ Other

Custody
☐ Yes ☐ No

Check all that apply:
☐ Lives with Family
☐ Provides Financial Support
☐ Teen Parent

If teen parent, subsidized?
☐ Yes ☐ No

Email Address:

Additional Child (Non-Applicant) *

First | Middle | Last | Suffix | Nickname | Birthday | Gender | SSN

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

Hispanic
☐ Yes ☐ No

English Proficiency
☐ Little ☐ Moderate ☐ None ☐ Proficient

Other Language

Other Language Proficiency
☐ Little ☐ Moderate ☐ None ☐ Proficient

Additional Child (Non-Applicant) *

First | Middle | Last | Suffix | Nickname | Birthday | Gender | SSN

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

Hispanic
☐ Yes ☐ No

English Proficiency
☐ Little ☐ Moderate ☐ None ☐ Proficient

Other Language

Other Language Proficiency
☐ Little ☐ Moderate ☐ None ☐ Proficient

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

Family Information, Income & Contacts

Applicant Name: _____ Birthday _____

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
☐ Yes ☐ No						

Phone Number(s)	Type (*check one*)	Note (extension or best time to call)	Opt in for Text Messages
	☐ Cell ☐ Home ☐ Work ☐ Other		☐ Yes ☐ No
	☐ Cell ☐ Home ☐ Work ☐ Other		☐ Yes ☐ No
	☐ Cell ☐ Home ☐ Work ☐ Other		☐ Yes ☐ No

Parental Status (*check one*)	Primary Language at Home	Relationship to Participant(s)	Acquired/learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency
☐ One ☐ Two			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Family Income

Income Verified by	Verification Date	TANF Status	SSI	SNAP	WIC	WIC ID
		☐ Yes ☐ No ☐ Formerly on TANF/Not now	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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
		☐ Yes ☐ No	☐ Yes ☐ No

Address	ZIP	City	State

Phone Number 1	Phone Number 2	Phone Number 3
☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work

Contact 2

Name	Relationship	Emergency Contact	Release To
		☐ Yes ☐ No	☐ Yes ☐ No

Address	ZIP	City	State

Phone Number 1	Phone Number 2	Phone Number 3
☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work

Contact 3

Name	Relationship	Emergency Contact	Release To
		☐ Yes ☐ No	☐ Yes ☐ No

Address	ZIP	City	State

Phone Number 1	Phone Number 2	Phone Number 3
☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ 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 School District

Lòt Enfòmasyon sou Elijibilité pou Fanmi

Non timoun nan: _____

Ekri tout lòt manm fanmi an kap viv nan kay la ou sipòte KI PA NAN LIS SOU APLIKASYON AN:

Prénom	Siyati	Dat nésans	Gason M Fi F	Relasyon'w ak timoun nan

*Tanpri sonje: Si yon timoun gen yon andikap dyagnostik (IEP oswa IFSP), ou dwé bay dokiman ki gen rapò ak andikap la ak aplikasyon sa a.

Andikap/Dyagnostik	Wi	Non	Si wi, dat
Plan Edikasyon Endividyèl (IEP)			
Plan Sipò pou Fanmi Endividyèl (IFSP)			
Dyagnostik pwofesyonèl (medikal, lapawòl, okipasyonèl elatriye)			

*Tanpri sonje: Si pitit ou a resevwa tretman pou nenpòt enkyetid medikal, yo dwe bay dokiman ki gen rapò ak enkyetid la ansanm ak aplikasyon sa a.

Sèvis Santé:
Pitit mwen an te résevwa trétman médikal pou:
Ekri tout alèji ou konnen, bezwen réjim, oswa lòt enkyetid medikal/dantè:

Sèvis	Wi	Non	N/A
Si yo ofri w plas la épi koté w bezwen an pa disponib, èske w ta vlé alé yon lòt koté? (HOB ak GAE sèlman			
Si yo ofriw épi aksépté'w èske w ap bezwen transpò/bis?			
Si yo ofriw épi aksépté'w, èske w ap bezwen gadri?			

Èske gen yon lòt pwogram HeadStart nan Monroe County an ou te apliké pou li?

Wi	Non

Monroe County School District

Divilgasyon Finansye ak Konsantman Twazyèm Pati

Mwen bay anplwayé Pwogram Head Start pèmisyon pou verifyé révni fanmi mwen nan égzaminé dokiman sa yo épi/oswa rélé yon twazyèm pati:

*Fòm 1040 pou taks sou révni endividyèl pou ané a_____

* Souch péyé(Pay stubs) pou 30 jou pasé yo

*Déklarasyon alékri (lèt) nan men anplwayé (yo) oswa manb fanmi (yo)

*Dokiman ki pou montré estati kòm moun kap resevwa asistans piblik

Fòm sa pa valab ankò aprè élèv la soti nan Pwogram Head Start la.

Non timoun nan:_____

Non Paran/Gadyen: _____

Siyati
Paran/Gadyen:_____

Dat:_____

MONROE COUNTY SCHOOL DISTRICT

Monroe County School District

Head Start

Vérifikasyon Sanzabri

Non timoun nan:_____

Paran/Gadyen: Tanpri tcheké tout sa ki aplikab yo:

Lojman	**Wi**
Kay mwen lwé, poséde oswa patajé selon chwa	
Map viv tanporèman ak yon manm fanmi oswa yon zanmi akòz pèdi kay, difikilté ékonomik oswa rezon ki sanblé	
Lojman sibvansyone (Seksyon 8, HUD, Asistans pou lokasyon)	
Homeless /Sanzabri	
Rété nan ijans oswa nan abri/lojman tranzisyon/shelter	
Rété nan yon machin motèl/téren kan paské mwen pa kapab péyé oswa jwenn yon lojman abòdab.	
Déménajé plis pasé 3 fwa nan 12 mwa	

Èske gen moun lakay ou a ki se swivi sa yo? (Si se sa, tanpri antre wi)

Mam nan militè ameriken	
Vétéran Militè	

Non Paran/Responsab:_____ Dat:_____

Siyati Paran/Gadyen:_____ Dat:_____

Pati sa se pou anplwayé HeadStart sa sèlman:

Dapre McKinney-Vento, detèminasyon kalifikasyon yo se ka pa ka. Anplwaye HeadStart pral avize Liaison pou Sanzabri MCSD pou detèmine si yo bezwen èd.

Estati	Non	Wi
Fanmi yo detèmine pou yo rété san kay/homeless		

Lè mwen siyen dokiman sa a, mwen deklare mwen te révizé dokiman yo te bay la épi mwen te fè entèvyou ak paran/gadyen an. Mwen konnen si mwen fè espre mwen vyole règleman federal pou detèminasyon kalifikasyon pwogram yo, ak enskri fanmi ki pa elijib yo, sa pral lakòz kèk fòm aksyon disiplinè.

Non Anplwayé a :_____ Dat:_____

Siyati Anplwaye a:_____ Dat:_____