



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.*

Aplicaciones completas y documentos requeridos deben ser devueltos a la Defensora de las Familias en la escuela de su preferencia. 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. **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)
3. **Picture I.D.** (parent or guardian).
Identificación con fotografía (de los padres o guardianes)
4. **Proof of TANF, SNAP and WIC** (if applicable)
Prueba de Asistencia en efectivo, Sellos de Alimento, y WIC (si aplica)
5. **Child's Medical & Dental Health Insurance Card** (if child has insurance)
Tarjeta de Seguro Medico 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:

Horace O'Bryant School: Elizabeth Alvarez (305) 296-5628 x65392

Gerald Adams Elementary: Kechna Fleuridor (305) 293-1610 x51378

Stanley Switlik Elementary: Delvis Cabrera (305) 289-2490 x59309

Key Largo School: Ashley Hernandez (305) 453-1255 x57400

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). Incomplete applications will not be accepted. (aplicaciones incompletas no serán aceptadas)

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		Other 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		If teen parent, subsidized?		
	<input type="checkbox"/> Master's					<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		If teen parent, subsidized?		
	<input type="checkbox"/> Master's					<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.

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	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Type (check one)	Note (extension or best time to call)		Opt in for Text Messages		
Phone Number(s)		<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	Relationship to Participant(s)	Acquired/learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency
<input type="checkbox"/> One <input type="checkbox"/> Two			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income							
Income Verified by		Verification Date	TANF Status		SSI	SNAP	WIC
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <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
Contact 2	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		
	Name		Relationship		Emergency Contact		Release To
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 3	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 _____

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 Name	Last Name	Date of Birth	Male M Female F	Relationship to Child

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

Disability/Diagnosis	Yes	No	If yes, date
Individual Education Plan (IEP)			
Individual Family Support Plan (IFSP)			
Professional Diagnosis (medical, speech, occupational etc.)			

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

Health Services:
My child received medical treatment for:
List all known allergies, dietary needs, or other medical/dental concerns:

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

Is there another HeadStart Program in Monroe County you applied for?

Yes	No



Financial Release & Third-Party Consent

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:

*Individual Income Tax Form 1040 for the year _____

*Pay stubs for the past 30 days

*Written statement(s) from employer(s) or family member(s)

*Documentation showing status as recipient of public assistance

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

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian
Signature: _____

Date: _____



Monroe County School District



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 Housing (Section 8, HUD, Rental Assistance)	
Homelessness	
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 the following? (If so, please enter yes)

Member of US Military	
Military Veteran	

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

To Be Completed By HeadStart Staff Only:

Under McKinney-Vento, determinations of eligibility are case-by-case. HeadStart staff will notify the MCSD 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 Printed Name: _____ Date: _____

Staff Signature: _____ Date: _____