# 

**Application for Early Head Start**

**Program Options**

Please review and select the program options below that apply.

**☐ Home-Based Program Option** – Services are offered in Leon, Madison and Jefferson Counties. This program option offers comprehensive services in the home, which include education, health, and family services, along with monthly group socializations.

**☐ Center-Based Program Option –** Services are offered in Monticello (Jefferson County), Madison (Madison County) and Tallahassee (Leon County). This program option offers comprehensive services in a classroom setting, which include education, health, and family services, along with family engagement opportunities.

Thank you for your interest in Kids Incorporated Early Head Start (EHS). Our program provides comprehensive services to low-income pregnant women and children, birth through three years of age and their families. Our program partners with families to provide quality early education and care, parenting education, health services, and family support.

**Fax: (850) 617-6292**

[**http://www.kidsincorporated.org**](http://www.kidsincorporated.org)

 **Revised 5/23/23**

**How to Apply**

**NOTE:** An application is not considered complete without the required documents attached. The application must be complete to be reviewed for eligibility, waitlist and enrollment.

**In-Person** Submit the application and all required documents in person at one ofthe Kids Incorporated of the Big Bend center-based sites (locations are on page 3 of the application). Copies of all documentation can be made at the site. It is best to schedule an appointment with the Family Advocate to go over the application and documents. Only a parent or legal guardian may designate a site and sign this application.

**Online** Complete and submit the application from Kids Incorporated of the Big Bend website. Once the application is received and reviewed a Family Advocate will contact you by phone or email to discuss documents required. You will be asked to take pictures of all of the documents and you will be given an email designating where to send your pictures.

* If applying for the Child Care or Home-Based program option, complete pages 5 -7.
* **This is an application to determine eligibility and is not a guarantee of enrollment into the program*.*** If you need assistance completing this application, please call the center-based site in which you are interesting in applying for.

**How is eligibility determined?**

Federal regulations require that EHS programs verify the following: pregnancy (if applying for prenatal services), child’s age, family income, residency, foster care, homeless, and Part C eligibility. In addition to documentation that support other factors for the specific programs selection criteria.

**Attach the following documentation in order for Kids Incorporated to determine eligibility:**

* 1. Proof of Identity – Photo ID (Driver’s License. Passport, Military ID, etc.)
  2. Current residence in the service area (Lease, Utility Bill, Mortgage Statement, etc.)
  3. Proof of Age of child enrolling (birth certificate or hospital documentation proving live birth signed by a hospital official)
  4. Proof of Income (Pay stubs, Receipt of Child Support, TANF [Cash], SSI, Educational Scholarships and/or Grants, etc.):
     1. Paid Weekly – last 6 pay stubs
     2. Paid Bi-Weekly – last 3 pay stubs
     3. Paid Bi-Monthly – last 3 pay stubs
     4. Paid Monthly – last 2 pay stubs
     5. New Employment – verification of employment letter from employer
     6. Income verification form completed by employer
     7. W-2(s) / Income Tax statement or earnings for previous year (***Accepted January – June***)
  5. Insurance Information (Medicaid, Private Insurance, etc.)
  6. Disability/Part C Verification (if applicable):
     1. Eligibility Determination
     2. Individual Family Service Plan (IFSP)
  7. Foster Care Placement, Adoption, or Legal Guardianship Verification (if applicable)
  8. Homeless Verification (if applicable)
  9. Referral Verification and Proof of Services (Food Stamps, WIC, Florida Kid Care, Subsidized Child Care, etc.)

Head Start definition of income: Income means total cash receipts before taxes **(gross income)** from all sources. Income includes: (1) money, wages or salary before deductions; (2) net income from non-farm or farm self-employment; (3) social security or railroad retirement; (4) unemployment compensation, strike benefits, workers’ compensation, veterans benefits, or public assistance; (5) training stipends; (6) alimony, child support, military family allotments, other regular support from absent family member or someone not living in the household; (7) private pensions, government pensions including military retirement, insurance or annuity payments; (8) college scholarships, grants, fellowships, assistantships; (9) dividends, interest, net rental income, net royalties, receipts from estates or trusts; (10) net gambling or lottery winnings.

**Center-based Program Option**

**Please select one (1) choice from the list below (Must be working and / or in school to choose this option):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **☐** | **Brandon’s Place at Lincoln** | | | **☐** | **Bright Days** | |
|  | 438 W Brevard Street  Tallahassee, FL 32301  Hours: 8:00a.m. – 4:00p.m.  (850) 414-9815 | | |  | 250 NW Haynes Street  Madison, FL 32340  Hours: 7:30 a.m. – 3:30 p.m.  (850) 973-4243 | |
| **☐** | **Budd Bell Early Learning Center** | | | **☐** | **Jefferson County Early Head Start** | |
|  | 306 Laura Lee Avenue  Tallahassee, FL 32301  Hours: 8:00a.m. – 4:00p.m.  (850) 219-0037 | | |  | 395 E Washington Street  Monticello, FL 32344  Hours: 8:00 a.m. – 4:00 p.m.  (850) 997-4736 | |
| **☐** | **Pamela Davis Early Learning Center** | | |
|  | 1410 Indian Head Drive  Tallahassee, FL 32301  Hours: 8:00 a.m. – 4:00 p.m.  (850) 487-9124 | | |

Parents are responsible for transporting their child(ren) to and from the center. Kids Incorporated will ensure that transportation is provided, if needed, for children and/or families to participate and receive other program services (e.g., health screenings, oral health care, Policy Council, other program committees, etc.). For other transportation issues and concerns and/or emergencies, please contact the center’s Family Advocate for assistance.

**Primary Parent/Guardian’s Information (Fill out if you are applying for a child)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Last Name Age Date of Birth SEX

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Address: Street Apt. City/State/Zip Phone #

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I prefer to be contacted by: (check all that apply)**

|  |  |
| --- | --- |
| 🞏 Phone call | 🞏 Email |
| 🞏 Text | 🞏 Mail |

**Race**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 American Indian or Alaska Native | 🞏 Black or African American | 🞏 Native Hawaiian/Other Pacific Islander | 🞏 White |
| 🞏 Asian | 🞏 Multi-Racial/Bi-Racial | 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Hispanic** ☐ Yes ☐ No

**Language**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 English | 🞏 Caribbean | 🞏 European/Slavic | 🞏 Native Central American/South American | 🞏 Other | 🞏 Spanish |
| 🞏 African | 🞏 East Asian | 🞏 Middle Eastern/South Asian | 🞏 Native North American/Alaskan | 🞏 Pacific Island |  |

**Second Parent/Guardian’s Information (Fill out if you are applying for a child)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Last Name Age Date of Birth SEX

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Address: Street Apt. City/State/Zip Phone #

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 American Indian or Alaska Native | 🞏 Black or African American | 🞏 Native Hawaiian/Other Pacific Islander | 🞏 White |
| 🞏 Asian | 🞏 Multi-Racial/Bi-Racial | 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Hispanic** ☐ Yes ☐ No

**Language**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 English | 🞏 Caribbean | 🞏 European/Slavic | 🞏 Native Central American/South American | 🞏 Other | 🞏 Spanish |
| 🞏 African | 🞏 East Asian | 🞏 Middle Eastern/South Asian | 🞏 Native North American/Alaskan | 🞏 Pacific Island |  |

**Applicant Child’s Information (Fill out if you are applying for a child)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Last Name Age Date of Birth SEX

**Race**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 American Indian or Alaska Native | 🞏 Black or African American | 🞏 Native Hawaiian/Other Pacific Islander | 🞏 White |
| 🞏 Asian | 🞏 Multi-Racial/Bi-Racial | 🞏 Other |  |

**Hispanic** ☐ Yes ☐ No

**Language**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 English | 🞏 Caribbean | 🞏 European/Slavic | 🞏 Native Central American/South American | 🞏 Other | 🞏 Spanish |
| 🞏 African | 🞏 East Asian | 🞏 Middle Eastern/South Asian | 🞏 Native North American/Alaskan | 🞏 Pacific Island |  |

***Attach a copy of the applicant child’s record of birth: birth certificate or hospital document (signed by hospital official).***

**Disability (Fill out if you are applying for a child)**

Is the applicant child currently receiving services from Early Steps? ☐Yes ☐ No

***Provide a copy of your child’s eligibility determination letter.***

**Homeless**

Is the applicant family currently homeless? ☐Yes ☐ No

***Provide verification of homelessness. Speak with the Family Advocate at the center regarding the documentation needed.***

**Parental Status (please check one based on number of parents/guardians living in the home)**

☐Foster Parent ☐Relative/Guardian (other than parent) ☐Teen Parent ☐One Parent ☐Two Parents

Is this application for a foster child placed with you through the State of Florida? 🞏 Yes 🞏 No

***Provide verification of foster care placement or proof of custody for relative/guardian.***

Parent Disability (Physical, hearing, vision or cognitive)☐ Yes ☐ No

***Provide proof of parent disability.***

**Other**

Is your applicant (child) currently on Subsidized Child Care through the Early Learning Coalition?

☐ Yes ☐ No

***Provide confirmation or certificate***

Have you applied for Subsidized Child Care through the Early Learning Coalition (ELC)? ☐ Yes ☐ No

If yes, did you qualify? ☐ Yes ☐ No If yes, are you on ELC’s waiting list? ☐ Yes ☐ No

***Provide confirmation such as a waitlist letter***

Are you currently enrolled in the Kids Incorporated EHS prenatal program? ☐ Yes ☐ No

How many children in the household, including the applicant child, are under the age of 5? \_\_\_\_\_\_\_\_\_\_

Is a sibling currently enrolled in the Kids Incorporated EHS program? ☐ Yes ☐ No

Do you currently have a child/children enrolled in a **Head Start Program**? ☐ Yes ☐ No

***Provide proof of Head Start Enrollment.***

**Family Income & family Size**

In order to determine if your family income is above or below the Federal poverty guidelines, we need to know your family size, as well as your family income. Head Start defines family as “…all persons living in the same household who are (1) supported by the income of the parent(s) or guardian(s) of the child enrolling in the program, **and** (2) related to the parent(s) or guardian(s) by blood, marriage, or adoption.”

**List all family members living in the household that meet the above definition (include child applying).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (First, Middle, Last) | Birth Date | Race | Sex | Relationship to  Enrolling Child |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Family Income**

Income must include the total income of the parent/guardian(s) listed in chart above (see Page 2 for income definition and instructions).

Are you currently employed? ☐ Yes ☐ No If yes, are you working ☐ Full-time or ☐ Part-time?

* If not working, why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed but on maternity leave? ☐ Yes ☐ No If yes, are you working ☐ Full-time or ☐ Part-time? If yes, what is the expected date you’ll return to work? \_\_\_\_\_\_\_\_\_\_\_\_\_

If 2nd parent is living in the household, is he/she currently employed? ☐ Yes ☐ No If yes, is he/she working ☐ Full-time or ☐ Part-time?

* If not working, why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education Level**

Are you enrolled in school? ☐ Yes ☐ No

If 2nd parent is living in household, is he/she enrolled school? 🞏 Yes 🞏 No

If yes, what school(s) are you attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If currently enrolled in school, provide proof of student status (current schedule & financial aid).***

What is the highest grade/degree you have completed?

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 Less than a High School Diploma | 🞏 High School Diploma/GED | 🞏 Some College/Advance Training | 🞏Training/Vocational Certification |
| 🞏 Associate’s Degree | 🞏 Bachelor’s Degree | 🞏 Master’s Degree |  |

If applicable, highest grade/degree 2nd parent has completed?

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 Less than a High School Diploma | 🞏 High School Diploma/GED | 🞏 Some College/Advance Training | 🞏Training/Vocational Certification |
| 🞏 Associate’s Degree | 🞏 Bachelor’s Degree | 🞏 Master’s Degree |  |

Do you have a referral from one of the following? Check all that apply.

***Povide proof you have been referred from any of the services listed below.***

|  |  |  |
| --- | --- | --- |
| ☐Protective Services | ☐WORKFORCE | ☐Transitional Child Care |
| ☐Health Department/Healthy Start | ☐WIC | ☐Children’s Medical Services |
| ☐Children’s Home Society/Early Steps | ☐Pregnancy Help Information Center | ☐Other (i.e., Brehon, Hope, etc.) |

Are you currently receiving any of the following? Please check all that apply.

***Provide proof you are a current recipient of any of the services listed below.***

|  |  |  |  |
| --- | --- | --- | --- |
| ☐Food Stamps | ☐WIC | ☐TANF (Cash Assistance) | ☐Medicaid |
| ☐Florida Kid Care | ☐Subsidized Child Care/School Readiness | ☐Supplemental Security Income | ☐Other |

Have you had or do you currently have any of the following? Please check all that apply.

|  |  |
| --- | --- |
| *Domestic Violence* | ☐Past ☐Current |
| *Mental Illness* | ☐Past ☐Current |
| *Substance Abuse* | ☐Past ☐Current |

Is one of the biological parents of the applicant child incarcerated? ☐ Yes ☐ No

If the applicant is prenatal is the expectant father incarcerated? ☐ Yes ☐ No

Is one of the biological parents of the applicant child or expectant parent in the U.S. Military? ☐ Yes ☐ No

**Other Criteria:** EHS does not serve on a first come, first serve basis, but on priority as outlined by federal regulations and selection criteria developed and approved for our program. Therefore, all questions on the application must be answered in order to determine priority. If eligible, you or your child will be placed on the waitlist.

In accordance with Head Start Performance Standards, all information obtained about children and families is confidential. Files are kept in a locked file cabinet and staff access is controlled on a “need to know” basis. Professionals serving on federal and internal review teams are allowed to review files in their capacity as monitors of federal funding. Kids Incorporated does not discriminate against children or families on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status.

I certify that I am the pregnant woman and/or parent or legal guardian of the child applying for EHS, and that to the best of my knowledge all information is correct. I understand that if I deliberately misrepresented this information, my family may not be eligible for services. I authorize EHS to verify this information with any necessary sources.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature Date**

**For Office Use Only [To Be Completed by Center/Site Staff]**

**Interviewer/Staff’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Participant Interview: \_\_\_\_\_\_\_\_\_\_\_\_Phone/In person (circle one)**

**Date Entered in ChildPlus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewer/Staff’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**