



Head Start Child and Family Services, Inc.

1520 Construction Way, Van Buren, Arkansas 72956

Phone: 479-474-9378 Fax: 479-474-7410

Website: www.headstartinc.org

2023-2024 School Year Early Head Start • Head Start Enrollment Application

The following documents are needed to complete an application:

- Birth Certificate
- Immunization Record
- Income Documentation (Previous year income tax federal form 1040)
- If applicable, Foster, DHS, Guardianship Documentation
- If applicable, SNAP, SSI, TANF Documentation
- If applying for a full year center, Employment, School, Training Documentation

Additional Documents:

- Social Security Card
- Insurance Card, ARKids or Medicaid Card
- Any documents needed to verify disability diagnosis or suspected by professional disability
- Any documents needed to verify family situation in "Other" category

Documentos necesarios para completar la solicitud:

- Acta de Nacimiento
- Cartilla de Vacunación
- Comprobantes de los Ingresos
- Documentos del Departamento de los Servicios Humanos (SNAP, SSI, TANF)
- Documentos del Dinero Recibido por Programas del Gobierno
- Documentos del Empleo, Escuela, o Entrenamiento

Documentos Adicionales:

- Tarjeta del Seguro Social
- Tarjeta de la Seguridad Médica, ARKids o Medicaid
- Todos los documentos necesarios para verificar el diagnóstico o sospecha de la discapacidad por un profesional
- Todos los documentos necesarios para verificar la situación familiar de la categoría "Otros"

Thank you for considering our program for your family!



Head Start Child & Family Services, Inc.

Early Head Start • Head Start

2023-2024 School Year

Center Choice: 1st _____ 2nd _____

Primary Adult									
Last			First			MI		Suffix	
Birthday			Gender		SSN				
Highest Grade Completed		Employment Status (Use Codes)		<input type="checkbox"/> Lives with Child <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Active Military					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed									
Race - Check all that apply: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Employment Status Codes: F - Full Time, P - Part Time Work or Part Time Training, R - Retired or Disabled, T - Training or School, B - Full Time & Training, I - Part Time & Training, S - Seasonally Employed, U - Unemployed									
Secondary Adult									
Last			First			MI		Suffix	
Birthday			Gender		SSN				
Highest Grade Completed		Employment Status (Use Codes)		<input type="checkbox"/> Lives with Child <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Active Military					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed									
Race - Check all that apply: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Employment Status Codes: F - Full Time, P - Part Time Work or Part Time Training, R - Retired or Disabled, T - Training or School, B - Full Time & Training, I - Part Time & Training, S - Seasonally Employed, U - Unemployed									
Child Enrollee									
Last		First			MI		Preferred		Suffix
Birthday		Gender		SSN			Alternate ID		
Race (check all that apply)		Hispanic		English Proficiency				<input type="checkbox"/> Primary	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient				<input type="checkbox"/> Primary	
Other Language Spoken _____				<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient				<input type="checkbox"/> Primary	
Primary Adult Relationship				<input type="checkbox"/> Custody		Secondary Adult Relationship			<input type="checkbox"/> Custody
Medicaid Eligibility		Medicaid Number		Primary Health Coverage			Other Health Coverage		Insurance Number
Doctor Name		Address			City	State	Zip	Phone	
Dentist Name		Address			City	State	Zip	Phone	
General Information									
Living Address, City, State, Zip:								County	
If different, Mailing Address, City, State, Zip:									
		Phone Number			Type		Email Address		
Primary Guardian									
Secondary Guardian									
Message/Work Number									

How did you hear about the program? _____

Signature of Staff Taking Application _____ Date _____

Household Information				
Number in Household:		Number in Family:		Total Number of Children:
List all persons living in the home: Name		Age	Relationship to child	
Parental Status <input type="checkbox"/> One <input type="checkbox"/> Two		Primary Language at Home:		Receive SSI <input type="checkbox"/> Yes <input type="checkbox"/> No
				Receive SNAP <input type="checkbox"/> Yes <input type="checkbox"/> No
TANF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly		WIC <input type="checkbox"/> Yes <input type="checkbox"/> No		**If receiving SSI, SNAP or TANF, provide current benefit letter.

What language do you prefer to receive paperwork in? _____

En que language le gustaria recibir papeleo? _____

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. I give consent for this agency to contact third parties to verify information.*

Parent/Guardian Signature: _____ Date: _____

Central Office Use Only					
Family Member	Income Documentation	Annual Amount	Type ¹	Desc. ²	Verif. ³
1. Type Codes E-Earned SUB-Subsidized		2. Description Codes PEN-Pension SSI-SSI SS-Social Security		3. Verification Codes: 3-CS - Check Stubs, IT- Income Tax, PEB- PEBES Report, EL- Employee Letter, CH-SU - Child Support, NL - Notarized Letter, NE - Notarized "No Earnings" Statement	
Notes:					
Is this child income eligible for Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Income		
Verifying Staff Member _____			Date _____		

OFFICE USE ONLY

Eligibility Date	# in Family	Participation Year	Age at Enrollment	Eligibility Income	Income Status
Prioritization Guideline / Eligibility and Selection Criteria					POINTS
AGE (at enrollment)	<input type="checkbox"/> 3 yrs on or before public school deadline <input type="checkbox"/> 3 years after public school deadline <hr/> <input type="checkbox"/> 0-11 mos <input type="checkbox"/> 12-29 mos <input type="checkbox"/> 30-36 months			60 pts 0 pts 60 pts 20 pts 0 pts	
FAMILY TYPE	<input type="checkbox"/> Foster <input type="checkbox"/> Teen Parent <input type="checkbox"/> Non Traditional Parent <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent			50 pts 30 pts 20 pts 10 pts 0 pts	
INCOME ELIGIBILITY	<input type="checkbox"/> Categorically Eligible -Foster, Homeless, Public Assistance <input type="checkbox"/> 0-25% of poverty level <input type="checkbox"/> 26-50% of poverty level <input type="checkbox"/> 51-75% of poverty level <input type="checkbox"/> 76-99% of poverty level <input type="checkbox"/> 100-130% of poverty level <input type="checkbox"/> Over Income. Above 130%			150 pts 100 pts 90 pts 80 pts 70 pts 50 pts 0 pts	
SPECIAL SERVICES	<input type="checkbox"/> Professionally Diagnosed Disability <input type="checkbox"/> Potential or Suspected Disability by <i>Professional</i> <input type="checkbox"/> Potential or Suspected Disability by <i>Staff</i> <input type="checkbox"/> Potential or Suspected Disability by <i>Parent</i> <input type="checkbox"/> No apparent need			55 pts 45 pts 5 pts 5 pts 0 pts	
OTHER	<input type="checkbox"/> Domestic Violence in Family <input type="checkbox"/> Substance Abuse in Family <input type="checkbox"/> Family with incarcerated parent <input type="checkbox"/> Referred by another agency <input type="checkbox"/> Limited English Proficiency			50 pts 50 pts 50 pts 30 pts 10 pts	
FULL YEAR CENTERS	<input type="checkbox"/> Parents/Guardians working or attending school <input type="checkbox"/> Parents/Guardians NOT working/attending school			20 pts 0 pts	
TRANSITION & TRANSFERS	<input type="checkbox"/> EHS to HS <input type="checkbox"/> Part Day to Full Day <input type="checkbox"/> Center to Center			999 pts 500 pts 300 pts	
Verifying Staff Member			Date	Total Points	

Approved by the 2023-2024 Selection Criteria Committee.