



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

2024-2025 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

2024-2025 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) <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 _____				Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No		English Proficiency <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 Staff <input type="checkbox"/> Potential or Suspected Disability by Parent <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/ SUMMER CARE PROGRAM	<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 Year to Summer Care Program <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.
No changes for the 2024-2025 School Year.



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2024-2025 Pregnant Mom Application

The following documents are required when filling out an application for the Pregnant Mom Program / *Los siguientes documentos son requeridos al llenar una solicitud para el Programa para Madre Embarazada:*

- Picture ID / *Identificación con foto*
- Social Security Card / *Tarjeta del Seguro Social*
- Proof of Pregnancy with Estimated Due Date / *Prueba de embarazo con la fecha de posible día de nacimiento*
- Medical Insurance (if any) / *Seguro medico (si tienen)*
- Income Documentation (Previous year federal income tax preferred) / *Comprobantes de los Ingresos*
- If applicable, Current Documentation of SSI, SNAP, TANF / *Si corresponde documentos actual de SSI, SNAP, TANF*
- If applicable, Employment, School, Training Documentation / *Si corresponde, Documentos del Empleo, Escuela, o Entrenamiento*

Please feel free to contact us with any questions.
Por favor si tiene preguntas no dude en llamarnos.

Center Locations

Hamilton Early Head Start
503 Access Road
Van Buren, AR 72956
479-262-2424

St. John Early Head Start
1816 North 8th
Fort Smith, AR 72904
479-782-9376

Dallas Early Head Start
6808 South Dallas Street
Fort Smith, AR 72903
479-242-2059

Rosemary Benitez,
Pregnant Mom Coordinator
1520 Construction Way
Van Buren, AR 72921
479-474-9378 Ext. 1025



Head Start Child & Family Services, Inc.

Pregnant Mom Program

2024-2025 School Year

Participant					
Last		First		MI	Suffix
Birthday		Gender	SSN	Alternate ID	
Highest Grade Completed	Employment Status (use codes)	<input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Subsidized <input type="checkbox"/> Military			
		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Notes:					
1. 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					
Race (check all that apply) <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 _____		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency		<input type="checkbox"/> Primary
			<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
			Other Language Spoken _____		<input type="checkbox"/> Primary
			<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Medicaid Eligibility	Medicaid Number	Primary Health Coverage	Other Health Coverage	Insurance Number	
Which trimester of pregnancy are you in this time? 1 st _____ 2 nd _____ 3 rd _____					
When is your expected delivery date? _____ Have you received regular prenatal care? ____yes ____no					
Are there any suspected problems? ____yes ____no If yes, please specify: _____					
Secondary Adult Participant Spouse					
Last		First		MI	Suffix
Birthday		Gender	SSN	Alternate ID	
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"/> Subsidized			
		<input type="checkbox"/> Military			
		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Race (check all that apply) <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 _____		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency		<input type="checkbox"/> Primary
			<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
			Other Language Spoken _____		<input type="checkbox"/> Primary
			<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Notes:					
1. 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					
General Information					
Living Address, City, State, Zip:					County
If different, Mailing Address, City, State, Zip:					
Phone Number	Home, Work, Cell, etc.	Primary	Email Address		
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

How did you hear about the program? _____

Signature of Staff Taking Application _____ Date _____



Head Start Child & Family Services, Inc.
Pregnant Mom Program
2024-2025 School Year

Household Information

Number in Household:		Number in Family:		Total Number of Children:	
List all persons living in the home: Name		Age	Relationship to Pregnant Mom		
Unborn Baby		**			
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 idioma le gustaría recibir documentación? _____

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. *Certifico que esta información es verdadera. Si alguna parte es falsa, mi participación en los programas de esta agencia puede ser terminada y puedo estar sujeto a acciones legales. También entiendo que la información en esta solicitud se mantendrá en estricta confidencialidad dentro de la agencia y es accesible para mi durante el horario normal. Doy consentimiento para que esta agencia contacte con terceros para verificar la información.*

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 _____					



Head Start Child & Family Services, Inc.

Pregnant Mom Program

2024-2025 School Year

OFFICE USE ONLY

Eligibility Date	Estimated Due Date	Number in Family	Eligible Income	Income Status
				Points
PARENTAL STATUS	<input type="checkbox"/> Junior High/ High School Parent <input type="checkbox"/> Single with children <input type="checkbox"/> Single no children <input type="checkbox"/> Married <input type="checkbox"/> Foster		30 pts 20 pts 10 pts 0 pts 50 pts	
INCOME	<input type="checkbox"/> Categorically Eligible - Foster Child , 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"/> 76-100% 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"/> Disabled parent <input type="checkbox"/> Potential or Suspected Disability by Professional <input type="checkbox"/> Potential or Suspected Disability by Parent <input type="checkbox"/> No apparent need		55 pts 45 pts 5 pts 0 pts	
OTHER	<input type="checkbox"/> High Risk Pregnancy <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 50 pts 30 pts 10 pts	
FULL YEAR CENTER	<input type="checkbox"/> Pregnant Mom/Secondary adult working/attending school. <input type="checkbox"/> Pregnant Mom/Secondary adult NOT working/attending school.		20 pts 0 pts	
STAGE OF PREGNANCY	<input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester		40 pts 20 pts 0 pts	
Notes			Total	
Verifying Staff Member			Date	

Approved by the 2023-2024 Selection Criteria Committee.
No changes for the 2024-2025 School Year.