



## **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](http://www.headstartinc.org)

# **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

### **Additional Documents:**

- Social Security Card
- Insurance Card, ARKids or Medicaid Card
- Documents to verify a disability diagnosis or a suspected disability by professional
- 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 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

**Center Choice: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_**

<b>Primary Adult (In the home)</b>			
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			

<b>Secondary Adult (In the home)</b>			
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			

<b>Child Enrollee</b>						
Last	First	MI	Preferred	Suffix		
Birthday		Gender	SSN			
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	

<b>General Information</b>			
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 \_\_\_\_\_

# Health History Information

**Child's Name:** \_\_\_\_\_

**Does your child have a regular health care provider for routine check-ups, sick visits, and ongoing medical and dental care?**

Medical	YES	NO	Doctor's Name	Phone Number
Dental	YES	NO	Dentist's Name	Phone Number
Indian Health Services	YES	NO	Indian Health Facility	Phone Number

**In the past 12 Months has child received the following?**

	YES	NO	DATE	Doctor/Provider
Physical/Well-Child exam				
Dental Exam				
Vision Exam				
Developmental Evaluation				
Behavioral Evaluation				

**Does your child have any of the following conditions diagnosed by a medical professional?**

The child has	YES	NO	If YES list details
Allergies			
Asthma			
Food Allergies Food Restrictions			
Seizure Disorder			
Special Needs Conditions			
Other			

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Household Information			
Number in Household:	Number in Family:	Number of Children:	<b>***OFFICE USE ONLY***</b>
List the first and last name of all persons living in the home including the Child Enrollee:	Age	Relationship to Child Enrollee:	
		Child Enrollee / Self	
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 / TEA <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 / Child's Guardian	Eligibility Verification Documentation	Annual Amount	EG Type / Desc.
<b>Eligibility Verification Documentation:</b> 3-Consecutive Check Stubs, Income Tax Forms, Employer Letterhead, Notarized "No Earnings" Statement, Child Support, Public Assistance (PA)- SNAP, SSI, or TANF Document, Notarized Family or Employer Statement, DHS Foster Document, Family Experiencing Homelessness Referral  <b>**Other documentation may be used to verify eligibility at the discretion of the agency as long as it complies with the HS Performance Standards.</b>		<b>Eligibility Type / Description:</b> <b>PA- SNAP/SSI/TANF</b> – Public Assistance <b>FEH</b> – Family Experiencing Homelessness <b>Foster</b> – Child Currently in DHS Custody <b>EG</b> – Income Eligible 0-99% <b>100-130%</b> - Income Eligible 100-130% <b>-OV-</b> - Over Income	
<b>Notes:</b>			
Is this child eligible for Head Start? YES NO		Eligibility Category & If applicable, Total Income:	
Verifying Staff Member:		Date:	

# OFFICE USE ONLY

**Parents/Guardians do NOT complete this page.**

Eligibility Date	Age at Enrollment	Participation Year 1 2 3	# in Family	Total Income	Eligibility Status
<b>Prioritization Guideline / Eligibility and Selection Criteria</b>					<b>POINTS</b>
<b>AGE (at enrollment)</b>	<input type="checkbox"/> 3 yrs on or before public school deadline <input type="checkbox"/> 3 years after public school deadline			60 pts 0 pts	
	<input type="checkbox"/> 0-11 mos <input type="checkbox"/> 12-29 mos <input type="checkbox"/> 30-36 months			60 pts 20 pts 0 pts	
<b>FAMILY TYPE</b>	<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	
<b>INCOME ELIGIBILITY</b>	<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	
<b>SPECIAL SERVICES</b>	<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	
<b>OTHER</b>	<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	
<b>HS &amp; EHS CENTERS / SUMMER CARE PROGRAM</b>	<input type="checkbox"/> Parents/Guardians working or attending school <input type="checkbox"/> Parents/Guardians NOT working/attending school			20 pts 0 pts	
<b>TRANSITION &amp; TRANSFERS</b>	<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	
<b>Verifying Staff Member</b>				<b>Date</b>	<b>Total Points</b>

Approved by the 2023-2024 Selection Criteria Committee.  
No changes for the 2025-2026, or 2026-2027 School Year.