



NCCAA Birth-to-Five Head Start Application



Dear Parent/Guardian:

The NCCAA Birth-to-Five Head Start Program is currently recruiting pregnant women and children ages Birth-to-Five years of age. To qualify for Early Head Start, a woman must be pregnant or the child must be 6 weeks to 36 months old and family income meet the Health & Human Services Poverty Guidelines. To qualify for Preschool, the child must be 3 years and less than 5 years old by September 1st and family income must meet the Health & Human Services Poverty Guidelines. NCCAA Birth-to-Five Head Start Program Service 10% of children with a qualifying disability through ECI/LEA (ISD).

APPLICANT

Child's Name: _____ Date of Birth: _____ Gender: M F
 Primary Language: _____
 Insurance: No Yes Insurance Type & Ins. Number: _____
Race: Asian American Indian/Alaska Native Black/African American Hawaiian/Pacific Islander White
Multi-Racial/Bi-Racial Other: _____ Hispanic: No Yes

PRIMARY ADULT

Parent/Caregiver Name: _____ Date of Birth: _____ Gender: M F
 Primary Language: _____ Other Language Spoken in the Home? If so, _____
Race: Asian American Indian/Alaska Native Black/African American Hawaiian/Pacific Islander White
Multi-Racial/Bi-Racial Other: _____ Hispanic: No Yes WIC: No Yes Military: No Yes
 Home Address: _____ City/Zip: _____
 Same as the mailing address? Yes No If no, address? _____
 Email (required): _____
 SNAP: No Yes If yes, SNAP EDG Number _____
Number of people in the Family: _____ **Number of people in the Home:** _____

Phone Number (s)	Type (check one)	Opt in for Text Messages/Emails:
	<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"/> 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"/> Yes <input type="checkbox"/> No

Parental Status: *check all that apply*

- Two Parent
 One Parent
 Guardian
 Teen Parent
 Student Parent
 Grandparent
 Foster Parent
Disabled Parent
 Migrant
 Active Male
 Dual Custody

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"/> Bachelor's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Grade 12 <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> < Grade 9 <input type="checkbox"/> GED <input type="checkbox"/> HS Graduate <input type="checkbox"/> Master's	<input type="checkbox"/> Full Time <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/> FT & Training <input type="checkbox"/> PT & Training <input type="checkbox"/> Training/School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Financial Supporter

SECONDARY or OTHER ADULT

Parent/Caregiver Name: _____ Date of Birth: _____ Gender: M F

Primary Language: _____

Race: Asian American Indian/Alaska Native Black/African American Hawaiian/Pacific Islander White

Multi-Racial/Bi-Racial Other: _____ Hispanic: No Yes Military: No Yes

Home Address: _____ City/Zip: _____

Same as the mailing address? No Yes if no, address? _____

Do you live in the home with the Primary Adult? No Yes Email: _____

Phone Number (s)	Type (check one)	Opt in for Text Messages/Emails:
_____	<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"/> 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"/> Yes <input type="checkbox"/> No

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"/> Bachelor's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Grade 12 <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Master's <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED	<input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> FT & Training <input type="checkbox"/> PT & Training <input type="checkbox"/> Training/School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> PT	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Financial Supporter

Have you ever applied for services with Early Head Start or Head Start? No Yes

Where: _____ When: _____

Is the child related to an NCCAA employee? No Yes If yes, who? _____

What is their relationship to child and their Work Site: _____

How did you hear about the Birth-to-Five Head Start Program? _____

Child has a Qualifying Disability? No Yes ECI or LEA (ISD) Other: _____

If selected from the Waitlist, will your child require any Special Accommodations? No Yes

If yes, please explain: _____

What is your reason for needing services?

Employed Seeking Employment School/Training Retired/Disabled Other: _____

SIBLINGS TO THE CHILD IN THE HOME:

Child's Name: _____ Date of Birth: _____ Age: _____ Applying? No Yes Male/Female
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Child's Name: _____ Date of Birth: _____ Age: _____ Applying? No Yes Male/Female

List other people we could contact in case we are unable to contact you:

Name: _____ Phone Number: _____ Language: _____
Name: _____ Phone Number: _____ Language: _____
Name: _____ Phone Number: _____ Language: _____

Check off all that applies to your child/family and provide documentation at time of application:

- Child is 4 years old, younger than 5 years old
- Child is 3 years old, younger than 4 years old
- Child is 2 years old, younger than 3 years old
- Child has a Disability (IEP/IFSP required)
- Teen Parent (currently younger than 19 yrs. Old)
- Minor Parent (currently 17 year's old or younger)
- Transitioning from Early Head Start to Head Start
- Migrant Family
- TANF benefits
- Receiving Unemployment Benefits
- Family is Homeless
- Non English Speaking/Sign Language
- SNAP (Food Stamp) benefits
- Up to Date with the EPSDT Guidelines (Medicaid Recommendations)
- Parent currently in Prison/Parent who has been Incarcerated within the last three years.
- Foster Care/Kinship Placement
- Receiving services from CPS (Safety Plan/Reunification/etc.)
- Exposure to Family Violence
- Section 8 (receipt or lease required)
- Reside in Public Housing (receipt or lease required) (ie. La Armada/Navarro/Wiggins/Treyway/Leeward etc.)
- EHS/HS: Reside at Navigation Pointe/Riversquare Apt. (copy of receipt or lease required)
- Supplemental Security Income (for child enrolling/sibling)
- Parent Employed
- Sibling currently enrolled in the Birth-to-Five Head Start Program
- EHS/HS: Resides in Robstown /Flour Bluff School Zone

I understand this application places my child on the Active Waitlist. If my child's application is selected, I will be contacted by a Family Advocate for an appointment. All efforts will be made to assign my child closest to my home or work area.

I further understand that it is my responsibility to notify the Birth-to-Five Head Start Program if there are any changes in the address or telephone numbers listed on the application. If changes are not reported and the Birth-to-Five Head Start Program staff is unable to contact me, my child's application will be removed from the waitlist.

I, _____, declare the information that I have provided is accurate to the best of my knowledge and will be verified to the fullest extent possible.

Parent/Primary Caregiver Signature: _____ **Date:** _____