

Head Start Application

2012 - 2013 Program Year



Return Application to:

St. James Parish Government Head Start
P. O. Box 87, Convent, LA 70723
225-562-2359

Head Start Site for which you are applying?

Lutchet Vacherie Welcome Dual Enrollment

Center Hours of Operation 7:00 AM - 2:00 PM

CHILD INFORMATION (Section 1)

Child's Name: _____ Birth Date: _____ Male Female
Last First Middle

Social Security # _____ Medical Insurance: Private Medicaid LaCHIP

Race: American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander White
 Black or African American Biracial/Multiracial Other: _____ Unspecified

Ethnicity: Hispanic or Latino Non-Hispanic or Non-Latino

Home Phone #: _____ Cell Phone #: _____ Message Phone #: _____

Physical Address: _____
City State Zip Code

Mailing Address: _____
City State Zip Code

Does your child have a suspected or diagnosed disability? Yes No (Please specify.) _____

Does your child currently have an Individualized Education Plan (IEP)? Yes No

FAMILY INFORMATION (Section 2)

Mother or Guardian's Name: _____ Father's Name: _____

Marital Status: Married Single Separated Divorced

Child Lives With: Both Parents Mother Father Guardian Foster Parents

Primary Language in Home: _____ Second Language in Home: _____

Are you a United States Immigrant/Refugee? Yes No

One or both parent(s) currently deployed on military duty? Yes No

Have you or any member of your family experienced any of the following within the last year?

- | | |
|--|---|
| <input type="checkbox"/> Substance Abuse Problems and/or Treatment | <input type="checkbox"/> Family Crisis (Please explain.) _____ |
| <input type="checkbox"/> Incarceration | <input type="checkbox"/> Separation or Divorce |
| <input type="checkbox"/> Domestic Violence or Family Relationship Problems | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Family Medical or Mental Health Problems | <input type="checkbox"/> Homelessness (live with family; friend; or in a shelter) |

| Mother's Highest Level of Education | Mother's Employment Status | Father's Highest Level of Education | Father's Employment Status |
|---|--|---|--|
| <input type="checkbox"/> Less than High School Graduate <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Associate Degree, Vocational School, or Some College <input type="checkbox"/> Advanced Degree or Bachelor's Degree | (Please Check All That Apply) <input type="checkbox"/> Parent is Employed. <input type="checkbox"/> Parent is Not Working. <input type="checkbox"/> Parent is in Job Training or School. <input type="checkbox"/> Parent is not in Job Training or School. | <input type="checkbox"/> Less than High School Graduate <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Associate Degree, Vocational School, or Some College <input type="checkbox"/> Advanced Degree or Bachelor's Degree | (Please Check All That Apply) <input type="checkbox"/> Parent is Employed. <input type="checkbox"/> Parent is Not Working. <input type="checkbox"/> Parent is in Job Training or School. <input type="checkbox"/> Parent is not in Job Training or School. |

Office Use Only

Date Received _____ Eligibility Points _____

Age by 9/30/12 _____ Second Year Student: Yes No

Referral _____ By Whom _____

Income or Categorically Eligible Status:

Annual Income: _____ # In Household: _____

100% 130% ↑130%

Foster Homeless SSI TANF Disability

Enrollment Status:

Accepted Not Accepted Waiting List

Date of Enrollment Status Letter Sent _____

Certifying Staff Signature _____

Date Registered _____ Registering Staff Initials _____

FAMILY INCOME INFORMATION (Section 3)

(If prospective Head Start child is in foster care, please do not complete this section; Skip to Section 4.)

MOTHER'S EMPLOYMENT (if in household)

Place _____
Street Address _____
City, State, Zip _____
Telephone Number () _____

FATHER'S EMPLOYMENT (if in household)

Place _____
Street Address _____
City, State, Zip _____
Telephone Number () _____

FAMILY SIZE _____ (Include all persons living in the prospective Head Start child's household who are supported by the income of the child's parents or guardians and who are related to the parents or guardians by blood, marriage or adoption.)

ANNUAL INCOME VERIFICATION

(Complete information on prospective Head Start child's household income only.)

| | Mother's Annual Salary | Father's Annual Salary |
|--|------------------------|------------------------|
| <input type="checkbox"/> TANF (Temporary Assistance to Needy Families) | \$ | \$ |
| <input type="checkbox"/> SSI (Supplemental Security Income) | \$ | \$ |
| <input type="checkbox"/> Gross Wages | \$ | \$ |
| <input type="checkbox"/> Unemployment / Workers Compensation | \$ | \$ |
| <input type="checkbox"/> Net Income from Self-Employment / Farm | \$ | \$ |
| <input type="checkbox"/> Child Support | \$ | \$ |
| <input type="checkbox"/> Military Income | \$ | \$ |
| <input type="checkbox"/> Social Security or Disability | \$ | \$ |
| <input type="checkbox"/> Retirement | \$ | \$ |
| <input type="checkbox"/> No Income | - | - |

TOTAL ANNUAL INCOME \$ _____ PER YEAR

***GROSS INCOME FROM LAST FEDERAL FORM 1040, 1040A, 1040EZ YOU FILED WITH THE IRS
Calendar Year 2011 \$ _____ PER YEAR**

Has your income changed drastically in the past few months? If yes, please explain.

SIGNATURE AND ACKNOWLEDGMENT (Section 4)

I certify that the information on this application which will be used in determining eligibility for Head Start is true and correct. If any part is false, my participation in this program may be terminated. I understand that this application DOES NOT AUTOMATICALLY "ENROLL" MY CHILD IN THE HEAD START PROGRAM. Notification of enrollment status will follow at a later date. I also understand that the information on this application will be held in strict confidence within the program.

Parent/Guardian Signature

Date

Copies of the following information must be turned in with the application:

- Verification of your family's income for 2011 or the past 12 months *i.e. individual income tax form 1040, W-2 forms, paystubs, employer's written statements, documentation showing current status as recipients of public assistance (SSI or TANF benefits)* If the parent/guardian has no income, a declaration of zero income must be signed.
- Proof of Residency
- Child's Birth Certificate
- Child's Social Security Card
- Copy of Medical Insurance Card
- Diagnosed Disability Documentation (*I.E.P. or I.F.S.P.*) when applicable
- Documentation of Foster Care Status when applicable

Failure to provide required documentation will delay processing of your application.