



Alma Barrera
Chief Executive Officer

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 must 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.

Child's Name: _____ Date of Birth: _____ Gender: M F

Primary Language: _____ Insurance: No Yes Insurance Type: _____

Ethnicity: <input type="checkbox"/> Latino	<input type="checkbox"/> Non Latino	Parental Status: <input type="checkbox"/> Two Parent	<input type="checkbox"/> Single (male/female)
Race: <input type="checkbox"/> Bi-Racial/ Multi-Racial	<input type="checkbox"/> Black	<input type="checkbox"/> Guardian	<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian	<i>Check all that apply</i> <input type="checkbox"/> Migrant	<input type="checkbox"/> Homeless
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparent
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Student Parent	<input type="checkbox"/> Active Male
		<input type="checkbox"/> Disabled Parent	<input type="checkbox"/> Dual Custody

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

Primary Language: _____ Insurance: No Yes Insurance Type: _____

Ethnicity: <input type="checkbox"/> Latino	Race: <input type="checkbox"/> Caucasian	<input type="checkbox"/> Bi-Racial	<input type="checkbox"/> Black	<input type="checkbox"/> Asian
<input type="checkbox"/> Non-Latino	<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other: _____	

Home Address: _____ City/ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Number of people in the Family: _____ Number of people in the Home: _____ Military: No Yes WIC: No Yes

Secondary Parent Name: _____ Date of Birth: _____ Gender: M F

Primary Language: _____ Insurance: No Yes Insurance Type: _____

Ethnicity: <input type="checkbox"/> Latino	Race: <input type="checkbox"/> Caucasian	<input type="checkbox"/> Bi-Racial	<input type="checkbox"/> Black	<input type="checkbox"/> Asian
<input type="checkbox"/> Non-Latino	<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other: _____	

Home Address: _____ City/ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____ Military: No Yes

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

Where: _____ When: _____

Is the child related to 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? _____

What is your reason for needing services?

Employed Seeking Employment School / Training Retired /Disabled Other _____

To be Completed & Signed by ECI or ISD staff

Child has a qualifying Disability: _____ ECI: _____ IFSP attached

Comments: _____

_____ ISD: _____ ARD / IEP attached

Signature: _____ Date: _____

Siblings to the child in the Home:

Child's Name: _____ Date of Birth: _____ Age: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Child's Name: _____ Date of Birth: _____ Age: _____

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 years 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
- 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: Reside at Navigation Pointe or Riversquare Apartments (copy of receipt or lease required)
- Supplemental Security Income (for child enrolling/sibling)
- Parent Employed
- Parent in School/Training
- Sibling currently enrolled in the Birth-to-Five Head Start Program
- EHS: Calallen Student Recovery / TM Adult Career Center / CCISD Adult Learning Center (at Lamar)/ Robstown Recovery
- HS: Resides in Tuloso Midway /West Oso / Zavala / Robstown School Zone
- Parent currently in Prison/ Parent who has been incarcerated within the last three years
- Up to Date with the EPSDT Guidelines (Medicaid Recommendations)

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: _____

NCCAA
Birth-to-Five Head Start
Application
Instructions

Performance Standard:

1305.4 1305.6 1305.7

Purpose:

To comply with the verification of age and income and provide documentation for the selection criteria and the re-verification of the income for a child that would be age eligible for a third year of services in the Head Start Program

Procedure:

All blanks must be completed with a response or as N/A (nothing should be left blank).

1. When the staff gives the application to the parent the staff should briefly explain the application and how to complete the form. The staff should offer assistance with completion as necessary.
2. The parent/primary caregiver will complete the application by completing all blanks or checking off the appropriate information. The parent will sign and date the document once it is completed.
3. Once the parent has completed the application the staff should review for accuracy. If any changes need to be made the parent will correct the form by drawing one line through the error, make corrections and initial the change of information.

Child's Information

- a. Child's Name- use the official birth name
- b. Date of Birth- verified with official document
- c. Primary language- the language that the child speaks
- d. Insurance- does the child have insurance
- e. Insurance type- what insurance does the child have
- f. Gender- check appropriate box
- g. Ethnicity- check appropriate box
- h. Race- check the appropriate box
- i. Parental status- parents may check as many as applicable (all must be verified)

Parent's Information

- a. Parent Name- should match the drivers license or other verifying document
- b. Date of Birth- should match the drivers license or child's birth certificate
- c. Gender- check as appropriate
- d. Primary Language- the parents language
- e. Insurance- does the parent have insurance
- f. Insurance type- the insurance that the parent has
- g. WIC- does the family receive WIC
- h. Ethnicity- check the appropriate box
- i. Race- Check the appropriate (other does not mean write in Hispanic)
- j. Home Address- should match the address on the driver's license or another legal document that can verify residency in Nueces County
- k. Phone- current working number please list 2 if possible
- l. Email- the parent email
- m. Number of people in the family – Use the definition of family
- n. Number of people in the home- count everyone on the home (could be a red flag for homeless)
- o. Military- check the appropriate box is the family currently enlisted

Secondary Information

- a. Parent Name- should match the drivers license or other verifying document
 - b. Date of Birth- should match the drivers license or child's birth certificate
 - c. Gender- check as appropriate
 - d. Primary Language- the parents language
 - e. Insurance- does the parent have insurance
 - f. Military- check the appropriate box is the family currently enlisted
 - g. Ethnicity- check the appropriate box
 - h. Race- Check the appropriate (other does not mean write in Hispanic)
 - i. Home Address- check to see if the address matches the Primary's address
If the primary does not have an address for the secondary then they should not be listed/as per licensing we need complete addresses for all contacts.
 - j. Phone- current working number please list 2 if possible
 - k. Email- the current email
1. Have you ever applied for services- *this is a red flag that the application is already in COPA do not make a duplicate*
 2. Is the child related to NCCAA employee- if yes the application must have a review and approval form and must be submitted to the director for approval PRIOR to offering enrollment into the program
 3. How did you hear about the program- this is the recruitment question in COPA, helps the agency determine the most beneficial form of recruitment
 4. Disability box- this is only completed by ECI or ISD staff as applicable if the family has not been able to complete an ARD/IFSP meeting with the determining agency. This will be sufficient documentation only until the ARD/IFSP has been completed and the family must submit the appropriate IFSP or IEP.
 5. Siblings in the home- the siblings to the child that the application is for when all are counted together you should be able to determine the family size
 6. List people that we may contact- ask parent to list local phone numbers if possible
 7. Check all that apply (Eligibility)- This area is to be completed for the eligibility information of the family/child. In order for the eligibility points to be given the verifying documentation must be submitted.
(refer to the eligibility criteria)
 8. At the time of intake the staff must review the document for completion. There should not be any blank spaces. If the parent has left blanks ask the parent for the missing information, or to complete with N/A. The staff will collect all of the supporting documents for the selection criteria.
 9. The staff will review the application for detail such as family size and addresses, the staff will interview the family for additional information if necessary.
 10. The applying family will print their name to complete the truthfulness and accuracy statement and then sign and date the document.