**CAPITAL AREA COMMUNITY ACTION AGENCY, INC.**

**309 OFFICE PLAZA DRIVE**

**TALLAHASSEE, FLORIDA 32301**

**(850) 201-2050**

**HEAD START CENTERS**

|  |  |
| --- | --- |
| **CENTER APPLYING FOR: 1st choice:** | **2nd choice:** |

**Franklin County Jefferson County**

Franklin County Head Start Jefferson County Head Start

1250 Hwy 98 950 Mamie Scott Drive

Eastpoint, Florida 32328 Monticello, Florida 32344

7:30 a.m. - 2:00 p.m. 7:30 a.m. - 6:00 p.m.

**Leon County**

Bainbridge Road Head Start Bond Head Start Louise B. Royal Head Start

2303 Old Bainbridge Road 1805 Keith Street 1124 North Duval Street

Tallahassee, Florida 32303 Tallahassee, Florida 32310 Tallahassee, Florida 32303

7:30 a.m. - 6:00 p.m. 7:30 a.m. - 2:00 p.m. 7:30 a.m. - 6:00 p.m.

Murat Hills Head Start South City Head Start

1888 Jackson Bluff Road 2813 South Meridian Street

Tallahassee, Florida 32304 Tallahassee, Florida 32301

7:30 a.m. - 2:00 p.m. 7:30 a.m. - 2:00 p.m.

**To qualify, you must be a resident of Leon, Jefferson and Franklin County. Applications will NOT be processed for enrollment until all documentation is provided and verified.**

**Child must be 3 or 4 years old by September 1 of the year for which you are applying**.

1. Child’s Birth Certificate or Passport

2. Proof of Guardianship (if your name is not on the Child’s Birth Certificate)

3. Valid driver licenses, Student I.D., State Issue I.D.

4. Verification of all family income of (Parent(s) or Guardian(s) for the past 12 months such as:

√ Most Current Income Tax form (1040, 1040A, W-2, 1099, etc.)

√ Check Stubs (12 consecutive months)

√ SSI, SSA, or Social Security Benefits (current award letter(s))

√ Proof of residency (current lease and current utility bill)

√ Child Support – total distribution (12 consecutive months)

√ Unemployment Compensation – current unemployment Letter of Eligibility

√ TANF (Cash Assistance) – computer printout from the Department of Children & Families

√ Statement from Employer – on letterhead that includes date of hire, current pay rate, number of

work hours per week, total income for the last 12 months, verification signature & date.

5. **You and your spouse must work full time or be enrolled in school full time or a combination of both to qualify for the full day programs at Bainbridge Road, Louise B. Royal and Jefferson County Head Start Centers.**

**Capital Area Community Action Agency, Inc.**

**Head Start Child Development Program**

**309 Office Plaza Drive**

**Tallahassee, Florida 32301**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Child’s First Name | | | Child’s Middle Name | | | | | | | | | Child’s Last Name | | | | | | | | Child’s Birthday | | | | | | Sex | | | SSN (optional) |
|  | | |  | | | | | | | | |  | | | | | | | | / / | | | | | | 🞏 Male  🞏 Female | | | / / |
| Race/Ethnicity | | | | | | | | | Primary Language Spoken | | | | | | | | | | | | Primary Health Coverage | | | | | | | | |
| 🞏 Asian 🞏 Black 🞏 White 🞏 Hispanic/Latino  🞏 American Indian/Alaska Native  🞏 Hawaiian/Pacific Islander 🞏 Multi-Racial  🞏 Other:\_\_\_\_\_\_ | | | | | | | | | 🞏 English 🞏 French 🞏 Spanish  🞏 Haitian Creole 🞏 Arabic  🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | 🞏 Medicaid 🞏 Private 🞏 Tri-Care  🞏 Florida Kidcare (CHIP)  🞏 Medicaid/Chip 🞏 Other\_\_\_\_\_\_\_\_ | | | | | | | | |
| (Parent/Guardian) Lives with Family ? 🞏 Yes 🞏 No Teen Parent? 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | Last Name | | | | | | | | | | | | Birthday | | | | | | | Sex | | | | | | Parental Status |
|  | | | |  | | | | | | | | | | | | / / | | | | | | | 🞏 Male  🞏 Female | | | | | | 🞏Parent 🞏 Foster  🞏 Legal Guardian |
| Race/Ethnicity | | | | | | | | | | | Primary Language Spoken | | | | | | | | | Highest Grade Completed | | | | | | | | | |
| 🞏 Asian 🞏 Black 🞏 White 🞏 Hispanic/Latino  🞏 American Indian/Alaska Native  🞏 Hawaiian/Pacific Islander  🞏 Multi-Racial 🞏 Other:\_\_\_\_\_\_\_\_ | | | | | | | | | | | 🞏 English 🞏 French 🞏 Spanish  🞏 Haitian Creole 🞏 Arabic 🞏Other:\_\_\_\_\_ | | | | | | | | | 🞏 Grade 9 or Below 🞏 High School Grad 🞏 Grade 10 or 11 🞏 GED 🞏 Tech/Trade  🞏 Associate Degree 🞏 Bachelors 🞏Masters 🞏Some College 🞏 Other:\_\_\_\_\_\_\_ | | | | | | | | | |
| Employment Status | | Currently Enrolled in School | | | | | | Child’s Relationship to Adult | | | | | | | | | | | | Custody | | | | Provides Financial Support | | | | | |
| 🞏 Full-Time 🞏 Part-Time  🞏 Seasonal 🞏 Unemployed 🞏 Retired/Disabled 🞏Other:\_\_\_ | | 🞏 Yes 🞏 No  🞏Full-Time  🞏Part-Time | | | | | | 🞏 Natural/Adopted 🞏 Foster  🞏 Grandchild 🞏 Niece/Nephew 🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | **🞏 Yes**    **🞏 No** | | | | 🞏 Yes  🞏 No | | | | | |
| Phone Numbers | 🞏 Cell# (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ 🞏 Work# (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ 🞏 Home# (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Parent/Guardian) Lives with Family? 🞏 Yes 🞏 No Teen Parent? 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | Last Name | | | | | | | | | | | | | | Birthday | | | | | | | | | Sex |
|  | | | | | |  | | | | | | | | | | | | | | / / | | | | | | | | | 🞏 Male  🞏 Female |
| Race/Ethnicity | | | | | | | | | | Primary Language Spoken | | | | | | | | | | Highest Grade Completed | | | | | | | | | |
| 🞏 Asian 🞏 Black 🞏 White 🞏 Hispanic/Latino  🞏 American Indian/Alaska Native  🞏 Hawaiian/Pacific Islander  🞏 Multi-Racial 🞏 Other:\_\_\_\_\_\_\_\_ | | | | | | | | | | 🞏 English 🞏 French 🞏 Spanish  🞏 Haitian Creole 🞏 Arabic  🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | 🞏 Grade 9 or Below 🞏 High School Grad 🞏 Grade 10 or 11 🞏 GED 🞏 Tech/Trade  🞏 Associate Degree 🞏 Bachelors 🞏Masters 🞏Some College 🞏 Other:\_\_\_\_\_\_ | | | | | | | | | |
| Employment Status | | Currently Enrolled in School | | | | | | Child’s Relationship to Adult | | | | | | | | | | | Custody | | | | | Provides Financial Support | | | | | |
| 🞏 Full -Time 🞏 Part-Time  🞏 Seasonal 🞏 Unemployed 🞏 Retired/Disabled 🞏Other:\_\_\_ | | 🞏 Yes 🞏 No  🞏Full-Time  🞏Part-Time | | | | | | 🞏 Natural/Adopted 🞏 Foster  🞏 Grandchild 🞏 Niece/Nephew 🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | **🞏 Yes**    **🞏 No** | | | | | 🞏 Yes  🞏 No | | | | | |
| Phone Numbers | 🞏 Cell# (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ 🞏 Work# (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ 🞏 Home# (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the mother/father of the child incarcerated? 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL Family Members in Household living with child (Do not list Applicant, Parent/Guardian) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First/Last Name | | | | | | | Birthday | | | | | | Sex | | Race | | | Hispanic | | | | Language | | | | | Relationship to Primary Adult | | |
|  | | | | | | | / / | | | | | | 🞏 F  🞏 M | |  | | | 🞏 Yes  🞏 No | | | |  | | | | |  | | |
|  | | | | | | | / / | | | | | | 🞏 F  🞏 M | |  | | | 🞏 Yes  🞏 No | | | |  | | | | |  | | |
|  | | | | | | | / / | | | | | | 🞏 F  🞏 M | |  | | | 🞏 Yes  🞏 No | | | |  | | | | |  | | |
| Total Number in Household (please circle) | | | | | Total Number in Family (Count yourself and all family members supported by (parent(s) income) (please circle) | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 2 3 4 5 6 7 8 9 10 other | | | | | 1 2 3 4 5 6 7 8 9 10 other | | | | | | | | | | | | | | | | | | | | | | | | |
| Living Address | | | | | | | | | | | | | | Apt or Lot # | | | City | | | | | | | | State | | | Zip | |
|  | | | | | | | | | | | | | |  | | |  | | | | | | | |  | | |  | |
| Mailing Address (if different) | | | | | | | | | | | | | | Apt or Lot # | | | City | | | | | | | | State | | | Zip | |
|  | | | | | | | | | | | | | |  | | |  | | | | | | | |  | | |  | |
| Parent Signature/Guardian’s Signature: Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

 

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| **Family Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parental Status  (check one) | Marital Status  (check one) | | | | | Homeless Family | | | | Military Family | | | | | | Referred by (DCF,Health Dept.etc) | | | | | | | | | | Receiving SNAP  (food stamps) | | | | | | WIC |
| 🞏 One  🞏 Two | 🞏 Married 🞏 Divorced  🞏 Single 🞏 Separated | | | | | 🞏 Yes  🞏 No | | | | 🞏 Yes  🞏 No | | | | | | 🞏 Yes  🞏 No | | | | | | | | | | 🞏 Yes  🞏 No | | | | | | 🞏 Yes  🞏 No |
| Is Family a Self-Sufficient Client?🞏 Yes 🞏 No | | | | | | | | | | | | | | | Getting Ahead in a Just-Gettin’ by World?🞏 Yes 🞏 No | | | | | | | | | | | | | | | | | |
| **ALL Family Income MUST be REPORTED (mark each box)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TANF | Supplemental Security Income (SSI) | | Foster Care | | | | | Child Support | | | | | Social Security (Retirement,Disability,Survivors,Dependent) | | | | | | | | | | | | | | | | | | Unemployment | |
| 🞏 Yes  🞏 No | 🞏 Yes  🞏 No | | 🞏 Yes  🞏 No | | | | | 🞏 Yes  🞏 No | | | | | 🞏 Yes  🞏 No | | | | | | | | | | | | | | | | | | 🞏 Yes  🞏 No | |
| **Child’s Health Information and Developmental Concerns** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any specific family needs or crisis? | | | | | | | | | 🞏 Yes 🞏 No | | | | | | | | (If yes, provide documentation) | | | | | | | | | | | | | | | |
| Does the child have a medical condition? | | | | | | | | | 🞏 Yes 🞏 No | | | | | | | | (If yes, please list) | | | | | | | | | | | | | | | |
| Does the child have a disability or special need? | | | | | | | | | 🞏 Yes 🞏 No 🞏 Suspected | | | | | | | | ( If yes, please describe) | | | | | | | | | | | | | | | |
| Does the child have an Individual Education Plan (IEP or IESP)? (Written document of child’s educational needs and goals?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| **Emergency contacts (List other than Adult 1 or Adult 2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (First/Last) | | | | Relationship to Child | | | | | | | | Contact Number | | | | | | | | | | | | Type (Check One) | | | | | | Emergency Contact? | | Release To? |
|  | | | |  | | | | | | | | ( ) - | | | | | | | | | | | | 🞏 Cell 🞏 Home 🞏 Work | | | | | | 🞏 Yes  🞏 No | | 🞏 Yes 🞏 No |
| Name (First/Last) | | | | Relationship to Child | | | | | | | | Contact Number | | | | | | | | | | | | Type (Check One) | | | | | | Emergency Contact? | | Release To? |
|  | | | |  | | | | | | | | ( ) - | | | | | | | | | | | | 🞏 Cell 🞏 Home 🞏 Work | | | | | | 🞏 Yes  🞏 No | | 🞏 Yes  🞏 No |
| **CERTIFICATION (I CERTIFY AND UNDERSTAND THE FOLLOWING)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian’s Signature: Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO NOT WRITE BELOW THIS AREA: FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Year:** | | **Program Code: H** | | | | | | | | | **Program Desc: SF** | | | | | | | | | | | | **Delegate ID: 0000** | | | | | | **Class Age:** | | | |
| **Participation Year: 1 2 3** | | | | | **Application Status:** | | | | | | | | | | | | **Application Date:** | | | | | | | | | | | **Acceptance Status:** | | | | |
| **Center Name: BR, BD, FC, JC, LBR, MH, SC** | | | | | | | | | | | | | | | | | | | **Center ID: 2204, 2205, 2200, 2207, 2209, 2202, 2208** | | | | | | | | | | | | | |
| Eligibility Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child Eligible Next Year? Yes No** | | | | | | | | | | | | | | | | | | | | **Brother/Sister Age Eligible Next Year? Yes No** | | | | | | | | | | | | |
| **Income Status: Eligible Over** | | | | | **Federal Guideline:**  **Family Income:** | | | | | | | | | | | | | | | | | **Disability Status: Z(Zero Disability)**  **X(Suspected) D(Diagnosed)** | | | | | | | | | | |
| USDA Status: Free Reduced None | | | | | | | | | **CACFP Certification Date:** | | | | | | | | | | | | | | | | **USDA Household Income:** | | | | | | | |
| **Elig-Parent Stat: Pt:** | | | | | | | | | **Elig-Disabled Pt:** | | | | | | | | | | | | | | | | **Elig-Income: Pt:** | | | | | | | |
| **Elig-SSI / SSA Pt:** | | | | | | | | | **Elig-FS Pt:** | | | | | | | | | | | | | | | | **Elig-Student Pt:** | | | | | | | |
| **Elig-Other: Pt:** | | | | | | | | | **Elig-Age: Pt:** | | | | | | | | | | | | | | | | **TOTAL ELIG RATING:** | | | | | | | |
| **Verification Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Income Verified By? ( ) W-2 ( ) Check Stub ( ) Tax Return ( ) Letter ( ) Notarized Affidavit ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **( ) Financial Aid ( ) Income Verification Letter ( ) SSI/SSA ( ) Notarized Letter ( ) Child Support** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Birth Verified By? ( ) Certified Birth Certificate ( ) Passport ( ) Hospital Birth Certificate** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income (list by family member) Twice a month x 24 = Annual Income  Monthly x 12 = Annual Income | | | | | | | | | | | | | | | | | | Weekly x 52 = Annual Income  Every 2 Weeks x 26 = Annual Income | | | | | | | | | Income Source | | | | | |
| Family Member | | | | | | | Amount | | | | | | | Per | | | | X | | | Annual Income | | | | | | From Whom | | | | | |
|  | | | | | | | $ | | | | | | |  | | | |  | | | $ | | | | | |  | | | | | |
|  | | | | | | | $ | | | | | | |  | | | |  | | | $ | | | | | |  | | | | | |
| Total Yearly Income of Family | | | | | | | | | | | | | | | | | | | | | $ | | | | | |  | | | | | |
| **Verifying Staff Member:** | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | |
| **Processed By:** | | | | | | | | | | | | | | | | | | | | | | | | **Date Processed:** | | | | | | | | |

revised 02-18-15