

CAPITAL AREA COMMUNITY ACTION AGENCY, INC. 309 OFFICE PLAZA DRIVE TALLAHASSEE, FLORIDA 32301 (850) 201-2050 HEAD START CENTERS



Child's Name:			

CENTER APPLYING FOR: 1st choice:	2 nd choice:

Franklin County

Franklin County Head Start 222 6th Street Apalachicola, Florida 32320 7:30 a.m. – 4:00 p.m.

Jefferson County Head Start 950 Mamie Scott Drive Monticello, Florida 32344 7:30 a.m. - 2:00 p.m.

Jefferson County

Leon County

Mabry Street Head Start 240 Mabry Street Tallahassee, Florida 32304 7:30 a.m. - 2:00 p.m. Extended Day Location Hours: 2:00 – 5:30 p.m.

Louise B. Royal Head Start 1124 North Duval Street Tallahassee, Florida 32303 7:30 a.m. - 2:00 p.m.

Extended Day Location Hours: 2:00 p.m. - 5:30 p.m.

South City Head Start 2813 South Meridian Street Tallahassee, Florida 32301 7:30 a.m. - 2:00 p.m.

Extended Day Location Hours: 2:00 – 5:30 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. Valid Medicaid number or Insurance Card
- 5. 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 document with same mailing address)
 - √ 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.

Community Action offers an Extended Day Program at the South City and Louise B. Royal and Mabry locations. To be eligible for the Extended Day Program, 3 year olds must be enrolled in School Readiness and 4 year olds must be enrolled in School Readiness and/or Voluntary Pre-Kindergarten (VPK).



Capital Area Community Action Agency, Inc. Head Start Child Development Program 309 Office Plaza Drive Tallahassee, Florida 32301



Child's First Name	Chi	ld's Middle N	Name	Child's	Last Name	Child's	Birthday	Com		
				eima s	<u>Lust I unic</u>	Cilità	Billiday	Sex D Male	Medicaid #	
						1	/	☐ Female		
Race/Ethni		panic/Latino		Primary L	anguage Spoke	n		Primary He	alth Coverage	
☐ American Indian/Alaska Native☐ Hawaiian/Pacific Islander ☐ Mul☐ Other:	_ ,,	Jame/Laumo	□ Ha	nglish 🗆 Frer aitian Creole ther:	☐ Arabi		☐ Medicaid ☐ Private ☐ Tri-Care☐ Florida Kidcare (CHIP)☐ Medicaid/Chip☐ Other			
(Parent/Guardian) Lives with I	Family?	□Yes								
First Name	anny:	Lites	□ No Last N		en Parent?	☐ Yes Birthday	□ No			
						Diffillay	□ Male	Sex	Parental Status □Parent □ Foster	
			0.7			/ /	□ Fema	ale	☐ Legal Guardian	
Race/Ethnic		anic/Latino	-	Primary Langua	age Spoken		High	nest Grade Co	ompleted	
☐ American Indian/Alaska Native	L Liish	ariic/Latirio	D Ha	nglish Fren	ch ☐ Spanis ☐ Arabic		le 9 or Belo le 10 or 11	w 🗆 High	School Grad	
☐ Hawaiian/Pacific Islander☐ Multi-Racial☐ Other:				ner:	LI Alabic	☐ Asso	ciate Degre	e 🗆 B	☐ Tech/Trade achelors ☐ Masters	
Employment Status	Currently	Enrolled in	Ch	ild's Relationsh	in to Adult	Custo	College [J Other:		
☐ Full-Time ☐ Part-Time	Sc	hool				Custo	iy	Provides F	Financial Support	
☐ Seasonal ☐ Unemployed	☐ Yes	□ No II-Time	□ Natura	al/Adopted [dchild □ Nied	Foster	□Ye	s		□ Yes	
☐ Retired/Disabled ☐ Other:		rt-Time	Other:		ce/ivepnew	□ No		□ No		
Phone Numbers □ Cell# ()			D \M1.4							
Email address:			□ vvork#	()			□ Home# ()	<u> </u>	
(Parent/Guardian) Lives with F	amily?	□Yes	□No	Teen P	arent?	□Yes	□No			
First Name				Last Name		3 103	Birthday	325	Sex	
									☐ Male	
Race/Ethnic	ity			D.:	6 1		/ /		□ Female	
☐ Asian ☐ Black ☐ Whi		anic/Latino	□ End	Primary Langua glish □ Frenc	ge Spoken h □ Spanish	□ Grade	Highe	est Grade Co	mpleted School Grad	
☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander			☐ Hai	itian Creole	Arabic	☐ Grade	e 10 or 11	□ GED	□ Tech/Trade	
☐ Multi-Racial ☐ Other:			□ Oth	ner:		☐ Asso	ciate Degree	e 🗆 Ba	achelors	
Employment Status		Enrolled in	Chi	ld's Relationship	to Adult	Custody	College 🗆		inancial Support	
☐ Full -Time ☐ Part-Time	□ Yes	nool No	□ Natura	I/Adopted [1 Fostor	□ Yes				
☐ Seasonal ☐ Unemployed ☐ Retired/Disabled ☐ Other:		-Time	☐ Grande	child ☐ Niec	e/Nephew	Li Te:	•	☐ Yes		
Phone	⊔Раг	t-Time	Other:			□ No			□ No	
Numbers			□ Work#	()			Home# (_)		
Email address:										
India D. d. /D.C.d.										
Is the mother father of the	child inca	rcerated?	□ Ye	es 🗆	No					
ADDITIONAL Family Member First/Last Name	s in House	hold living	with child	l (Do not list	Applicant, I	Parent/Guar				
2 Not East Ivaine			Birthday	Sex	Race	Hispanic	Language	Relatio	onship to Primary Adult	
			/ /	□ M		□ No				
				ΠF		□Yes				
			/ /	□M		□ No				
				□ F		□Yes				
Total Number in Household (please cir	cle)	Total	/ /	mile (Count	10 1 1	□No				
		Total N	valliber in Fa	iiiiy (Count you	rself and all fa	mily members	supported b	y (parent(s)	income) (please circle)	
	other	1	2 3 4 5		other					
Livin	g Address	Br. Sauthanida		Ap	t or Lot #	City		State	Zip	
Mailing Add	lress (if differ	ent)		Ap	t or Lot #	City		State	7:	
	80 1					City		State	Zip	
Darant Signature /Com 1' 1 2'										
Parent Signature/Guardian's Sign	ature:					Date:				





Parental	M	arital Status		Homeles			AND REAL PROPERTY.	and the second second second	ormatio		OCE II II D						
Status		check one)		Family	4500	Milit Fam		R	ceterred by	y (DCF,Health Dept.etc)				food star		WIC	
(check one)		AND THE PERSON NAMED IN											1				
☐ One ☐ Two	☐ Married☐ Single	☐ Divorced☐ Separate		☐ Yes ☐ No		∃ Yes ∃ No					□ Yes □ No			☐ Ye		□ Yes	
_		icient Client?	□ Y		□ No			Gett	ting Ahe		in a Just-0	Getting' h	v World			□ No	
			-				MUS				ED (mark				es 🗀	ASSESS OF EACH	
TANF	Supplemen	ital Security		er Care		nild	T				Social Secu				Unem	ployment	
		e (SSI)							etiremen	nt,Disability,Survivors,Dependent)					Chempioyment		
☐ Yes	□ Yes □ Yes □ Yes □ No □ No					Yes					□ Yes				S		
			Action to the second	-				ian a	D		□ No omental C				□ No		
Are there	any specific	family need				Yes					ovide docu						
		medical cond				Yes			(If yes,			Hemanon	1)				
						Yes						he)					
Does the child have a disability or special need?					☐ Suspected				(If yes, please describe)								
Does the	Does the child have a behavioral issue?										ease descri	be)					
Does the	child have a	n Individual 1	Educat	tion Plan	(IFP	or II	SP)?	(Wri	tten doci	um	ent of chil	d's aducat	tional no	ade and	gools?)	☐ Yes	
		ii iiidi yiddai i					1000						tional nec	eus anu	goals!)	□ No	
			E	mergenc	y co	ntact	s (Li	st oth	er than	Ac	dult 1 or A						
	Name (First/L	ast)	Re	elationship t	o Chil	ld	C	Contact	Number		Т	ype (Check	One)		mergency Contact?	Release To?	
							()		-		□ Cell	□ Home	□ Work		Yes No	☐ Yes ☐ No	
	Name (First/L	ast)	Re	elationship t	o Chil	ld	C	Contact	ntact Number		Type (C		One)	Е	mergency	Release	
							()		_	May S	☐ Cell	□ Home	□ Work		Contact? Yes	To? ☐ Yes	
	R. Z. Mickey Mark														No	□ No	
L certify th	at this informa	tion is true. If a	CRIII	ICATION	(1 C	ERT	IFY A	AND L	JNDERS	TA	AND THE F	OLLOW	ING)		K 12.710	AND KIND	
I certify th	at this informa	tion is truc. It a				4: -:	4: :	41.5									
understand	that the infor	mation in this a	pplicati	ion will be	ıy par held iı	ticipa n stric	tion in t conf	this ag	gency's pr within the	rogi e ag	rams may be gency and is:	terminated	ı and ı ma o me durin	y de sud o norma	ject to legal	action. I also	
understand	d that the infor	mation in this a	pplicati	ion will be	iy par held ii	ticipa n stric	tion in t conf	this ag	gency's pr within the	rogi e ag	rams may be gency and is	accessible to	o me durin	g norma	ject to legal il business h	ours.	
understand	that the infor	mation in this a	pplicati	ion will be	iy par held ii	ticipa n stric	tion in t conf	this ag	gency's pr within the	rogi e ag	rams may be gency and is	Date:	o me durin	y be sub ig norma	ject to legal il business h	ours.	
Parent/G School Ye	Guardian's S ear:	Signature: Program	pplicati	ion will be	held in	n stric	tion in t conf	idence	gency's pr within the SF	rogi e ag	pams may be gency and is a	Date:	o me durin	g norma	al business h	ours.	
Parent/G School Ye Participat	Guardian's Sear:	Signature: Program 1 2 3	Code:	ion will be	held in	n stric	t conf	dence Desc:	SF Applicat	e ag	Delegate	Date:	o me durin	Class	al business h	ours.	
Parent/G School Ye Participat	Guardian's Sear:	Signature: Program	Code:	ion will be	held in	Prog	ram I	Desc:	SF Applicat Center	e ag	Delegate	Date:	o me durin	Class	Age:	ours.	
Parent/O School Ye Participat Center Na	Guardian's Star: tion Year: ame: FC, JC	Signature: Program 1 2 3 C, LBR, MB,	Code: A SC	ion will be	held in	Prog	ram I	Desc:	SF Applicat Center	e ag	Delegate Date: D: 2200, 22	Date: (D: 0000 07, 2208, 2	o me durin	Class Accepta	Age:	ours.	
Parent/G School Ye Participat Center Na	Guardian's Sear: tion Year: ame: FC, JC	Signature: Program 1 2 3 5, LBR, MB, ar? Yes N	Code: A SC	H pplication	held in	Prog	ram I	Desc:	SF Applicat Center	tion ID on	Delegate Delegate Date: D: 2200, 22	Date: D: 0000 07, 2208, 2	o me durin 2202, 220 ext Year?	Class Accepta 9	Age:	ours.	
Parent/G School Ye Participat Center Na	Guardian's Star: tion Year: ame: FC, JC	Signature: Program 1 2 3 5, LBR, MB, ar? Yes N	Code: A SC	ion will be	Stat	Prog	ram I	Desc:	SF Applicat Center	tion ID on	Delegate Del	Date: (D: 0000 07, 2208, 2 Cligible Neatus: Z(o me durin 2202, 220 ext Year?	Class Accepta 9 Yes ability)	Age: ance Status	ours.	
Parent/O School Ye Participat Center Na Child Elig Income St	Guardian's Sear: tion Year: ame: FC, JC gible Next Year tatus: Eligible	Signature: Program 1 2 3 5, LBR, MB, ar? Yes N	Code: A SC	H pplication	Stat	Prog	ram I	Desc:	SF Applicat Center	tion ID on	Delegate Delegate Date: D: 2200, 22	Date: (D: 0000 07, 2208, 2 Cligible Neatus: Z(ected)	2202, 220 ext Year? Zero Disa	Class Accepta 9 Yes ability) D(Di	Age: ance Status No	ours.	
Parent/O School Ye Participal Center Na Child Elig Income St USDA Sta Elig-Pare	Guardian's Sear: tion Year: tion FC, JC gible Next Yea tatus: Eligible atus: Free nt Stat:	Signature: Program 1 2 3 2, LBR, MB, ar? Yes N 2 Over Reduced N Pt:	Code: A SC	H pplication	Stat idelin ome: CA Elig	Progus: December 1997	ram I	Desc:	SF Applicat Center formatio Brothe	tion ID on	Delegate Del	Date: (D: 0000 07, 2208, 2 Cligible Neatus: Z(ected)	2202, 220 ext Year? Zero Disa	Class Accepta 9 Yes ability) D(Di	Age: ance Status No	ours.	
Parent/O School Ye Participal Center Na Child Elig Income St USDA Sta Elig-Pare	Guardian's Sear: tion Year: tion Year: tame: FC, JC gible Next Yea tatus: Eligible tus: Free nt Stat: / SSA	Signature: Program 1 2 3 2, LBR, MB, ar? Yes N 2 Over Reduced N Pt: Pt:	Code: A SC	H pplication	Stat idelin ome: CAG Elig	Progus: CFP g-Disag-FS	ram I ligibil	Desc:	SF Applicat Center formatio Brothe n Date: Pt: Pt:	tion ID on	Delegate Del	Date: D: 0000 07, 2208, 2 Cligible Neatus: Z(ected) USDA I Elig-Inc Elig-Stu	2202, 220 ext Year? Zero Disa Household come:	Class Accepta 9 Yes ability) D(Did Incom	Age: nnce Status No iagnosed) ne: Pt: Pt:	ours.	
Parent/O School Ye Participal Center Na Child Elig Income St USDA Sta Elig-Pare	Guardian's Sear: tion Year: tion Year: tame: FC, JC gible Next Yea tatus: Eligible tus: Free nt Stat: / SSA	Signature: Program 1 2 3 2, LBR, MB, ar? Yes N 2 Over Reduced N Pt:	Code: A SC	H pplication	Stat idelin ome: CAG Elig	Progus: CFP g-Disag-FS g-Age	ram I	Desc:	SF Applicat Center formatio Brothe n Date: Pt: Pt:	e ag	Delegate n Date: D: 2200, 22 Sister Age I Disability St X(Susp	Date: D: 0000 07, 2208, 2 Cligible Neatus: Z(ected) USDA I Elig-Inc Elig-Stu	2202, 220 ext Year? Zero Disa Household	Class Accepta 9 Yes ability) D(Did Incom	Age: nnce Status No iagnosed) ne: Pt: Pt:	ours.	
Parent/G School Ye Participat Center Na Child Elig Income Sci USDA Sta Elig-Pare Elig-SSI / Elig-Othe	Guardian's Sear: tion Year: ame: FC, JC gible Next Yea tatus: Eligible atus: Free att Stat: / SSA r:	Signature: Program 1 2 3 2, LBR, MB, ar? Yes Me Over Reduced M Pt: Pt: Pt:	Code: A SC No Fe	H pplication ederal Gu amily Inco	idelinome: CAGElig	Progus: E CFP g-Disag-FS g-Age Ver	ram [Desc:	SF Applicat Center formatio Brotho n Date: Pt: Pt: Pt:	e ag	Delegate Delegate Delegate Delegate Delegate Note: Delegate Note: Delegate Note: Delegate Note:	Date: D: 0000 07, 2208, 2 Eligible Ne atus: Z(ected) USDA I Elig-Inc Elig-Stu TOTAL	2202, 220 ext Year? Zero Dis: Household come: Ident LELIG R	Class Accepta 9 Yes ability) D(Did Incom	Age: nnce Status No iagnosed) ne: Pt: Pt:	ours.	
Parent/G School Ye Participat Center Na Child Elig Income Sci USDA Sta Elig-Paret Elig-SSI / Elig-Othe	Guardian's Sear: tion Year: ame: FC, JC gible Next Yea tatus: Eligible atus: Free ant Stat: / SSA r: erified By? (Signature: Program 1 2 3 2, LBR, MB, ar? Yes Me Over Reduced M Pt: Pt: Pt:	Code: A SC No Fe None	H pplication ederal Gu amily Inco	idelinome: CAGEligElig	Progus: CFP g-Disag-FS g-Age Ver	ram I	Desc:	SF Applicat Center formatio Brothe n Date: Pt: Pt: Pt: Letter	e ag	Delegate Del	Date: D: 0000 07, 2208, 2 Eligible Netatus: Z(ected) USDA I Elig-Inc Elig-Stu TOTAL	2202, 220 ext Year? Zero Disa Household come: ident L ELIG R	Class Accepta 9 Yes ability) D(Did Incom	Age: nnce Status No iagnosed) ne: Pt: Pt:	ours.	
Parent/G School Ye Participat Center Na Child Elig Income Sc USDA Sta Elig-Paret Elig-SSI Elig-Othe Income V () Finan Birth Veri	Guardian's Sear: tion Year: tion Year: tame: FC, JC gible Next Yea tatus: Eligible tus: Free tus	ignature: Program 1 2 3 2, LBR, MB, ar? Yes M e Over Reduced M Pt: Pt: Pt: O Income Ver Certified B	Code: A SC SC Fe None Check rification in the Ce	H pplication ederal Gu amily Inco	ideliniome: CACEligElig	Progus: E CFP 2-Disa 3-Age Ver 4 Rett	ram L ligibil Certification ification SSA	Desc:	SF Applicat Center formatio Brothe n Date: Pt: Pt: Pt: nformat Letter Notarize	e ag	Delegate Del	Date: D: 0000 07, 2208, 2 Eligible Netatus: Z(ected) USDA I Elig-Inc Elig-Stu TOTAL Affidavit) Child S	2202, 220 ext Year? Zero Disa Household come: Ident L ELIG R	Class Accepta 9 Yes ability) D(Did Incom	Age: nnce Status No iagnosed) ne: Pt: Pt:	ours.	
Parent/G School Ye Participat Center Na Child Elig Income Sc USDA Sta Elig-Paret Elig-SSI Elig-Othe Income V () Finan Birth Veri	Guardian's Sear: tion Year: tion Year: tame: FC, JC gible Next Yea tatus: Eligible tus: Free tus	response of the same of the sa	Code: A SC None Check rification irth Coonth x	H pplication ederal Gu amily Inco Stub (on Letter ertificate 24 = Anno	idelini Stat Stat CA4 Elig Elig ()	Progus: ED CFP G-Disa G-FS G-Age Ver K Retu SSI/A Comme	ram L ligibil Certification ification SSA	Desc:	SF Applicat Center formatio Brothe n Date: Pt: Pt: Pt: Iformat Letter Notarize	e ag	Delegate Del	Date: D: 0000 07, 2208, 2 Eligible Netatus: Z(ected) USDA I Elig-Inc Elig-Stu TOTAL Affidavit) Child S h Certifica	2202, 220 ext Year? Zero Disa Household come: Ident L ELIG R () Oth Support	Class Accepta 9 Yes ability) D(Did Incom	Age: nnce Status No iagnosed) ne: Pt: Pt:	:	
Parent/G School Ye Participat Center Na Child Elig Income Sc USDA Sta Elig-Paret Elig-SSI Elig-Othe Income V () Finan Birth Veri	Guardian's Sear: tion Year: ame: FC, JC gible Next Yea tatus: Eligible atus: Free att Stat: / SSA r: erified By? (ified By? (by family mem	residual desired in this a signature: Program 1 2 3 2 2 2 3 2 2 4 4 4 4 4 4 4 4	Code: A SC None Check rification irth Coonth x	H pplication ederal Gu amily Inco Stub (on Letter ertificate 24 = Annu 12 = Annu	idelini CA4 Elig Elig Elig Inal Inc	Progus: E CFP 23-Disa 25-FS Ver 4 Rete SSI/4	Certification Pass	Desc: lity Interest in It ()] ()] sport	SF Applicat Center formatio Brothe n Date: Pt: Pt: nformat Letter Notarize () Every 2 \	e ag	Delegate Del	Date: D: 0000 07, 2208, 2 Eligible Notatus: Z(ected) USDA I Elig-Inc Elig-Stu TOTAL Affidavit) Child Sh Certifica	2202, 220 ext Year? Zero Disa Household come: Ident L ELIG R () Oth Support	Class Accepta 9 Yes ability) D(Did Incom	Age: Ince Status No iagnosed) ie: Pt: Pt:	ce ce	
Parent/G School Ye Participat Center Na Child Elig Income Sc USDA Sta Elig-Paret Elig-SSI Elig-Othe Income V () Finan Birth Veri	Guardian's Sear: tion Year: tion Year: tame: FC, JC gible Next Yea tatus: Eligible tus: Free tus	residual desired in this a signature: Program 1 2 3 2 2 2 3 2 2 4 4 4 4 4 4 4 4	Code: A SC None Check rification irth Coonth x	H pplication ederal Gu amily Inco Stub (on Letter ertificate 24 = Annu 12 = Annu	idelini Stat Stat CA4 Elig Elig ()	Progus: E CFP 2-Disag-FS Ver x Retus SSI/X	Certification Pass	Desc:	SF Applicat Center formatio Brothe n Date: Pt: Pt: nformat Letter Notarize ()	e ag	Delegate Del	Date: D: 0000 07, 2208, 2 Eligible Notatus: Z(ected) USDA I Elig-Inc Elig-Stu TOTAL Affidavit) Child Sh Certifica	2202, 220 ext Year? Zero Disa Household come: Ident L ELIG R () Oth Support	Class Accepta 9 Yes ability) D(Did Incom	Age: unce Status No iagnosed) ie: Pt: Chickets Pt: Chick	ce ce	
Parent/G School Ye Participat Center Na Child Elig Income Sc USDA Sta Elig-Paret Elig-SSI Elig-Othe Income V () Finan Birth Veri	Guardian's Sear: tion Year: ame: FC, JC gible Next Yea tatus: Eligible atus: Free att Stat: / SSA r: erified By? (ified By? (by family mem	residual desired in this a signature: Program 1 2 3 2 2 2 3 2 2 4 4 4 4 4 4 4 4	Code: A SC None Check rification irth Coonth x	H pplication ederal Gu amily Inco Stub (on Letter ertificate 24 = Annu 12 = Annu	idelini CA4 Elig Elig Elig Inal Inc	Progus: E CFP 2-Disag-FS Ver x Retus SSI/X	Certification Pass	Desc: lity Interest in It ()] ()] sport	SF Applicat Center formatio Brothe n Date: Pt: Pt: nformat Letter Notarize () Every 2 \	e ag	Delegate Del	Date: D: 0000 07, 2208, 2 Eligible Notatus: Z(ected) USDA I Elig-Inc Elig-Stu TOTAL Affidavit) Child Sh Certifica	2202, 220 ext Year? Zero Disa Household come: Ident L ELIG R () Oth Support	Class Accepta 9 Yes ability) D(Did Incom	Age: Ince Status No iagnosed) ie: Pt: Pt:	ce ce	
Parent/G School Ye Participat Center Na Child Elig Income Sc USDA Sta Elig-Paret Elig-SSI Elig-Othe Income V () Finan Birth Veri	Guardian's Sear: tion Year: ame: FC, JC gible Next Yea tatus: Eligible atus: Free att Stat: / SSA r: erified By? (ified By? (by family mem	residual desired in this a signature: Program 1 2 3 2 2 2 3 2 2 4 4 4 4 4 4 4 4	Code: A SC None Check rification irth Coonth x	H pplication ederal Gu amily Inco Stub (on Letter ertificate 24 = Annu 12 = Annu	idelini CA4 Elig Elig Elig Inal Inc	Progus: E CFP 2-Disag-FS Ver x Retus SSI/X	Certification Pass	Desc: lity Interest in It ()] ()] sport	SF Applicat Center formatio Brothe n Date: Pt: Pt: nformat Letter Notarize () Every 2 \	e ag	Delegate Del	Date: D: 0000 07, 2208, 2 Eligible Notatus: Z(ected) USDA I Elig-Inc Elig-Stu TOTAL Affidavit) Child Sh Certifica	2202, 220 ext Year? Zero Disa Household come: Ident L ELIG R () Oth Support	Class Accepta 9 Yes ability) D(Did Incom	Age: Ince Status No iagnosed) ie: Pt: Pt:	ce ce	
Parent/G School Ye Participat Center Na Child Elig Income Sc USDA Sta Elig-Paret Elig-SSI Elig-Othe Income V () Finan Birth Veri	Guardian's Sear: tion Year: ame: FC, JC gible Next Yea tatus: Eligible atus: Free att Stat: / SSA r: erified By? (ified By? (by family mem	residual desired in this a signature: Program 1 2 3 2 2 2 3 2 2 4 4 4 4 4 4 4 4	Code: A SC None Check rification irth Coonth x	H pplication Stub (on Letter ertificate 24 = Annu 12 = Annu \$	idelini CAA Elig Elig Elig Lalina	Progus: E CFP 2-Disa 2-FS 2-Age Ver x Rete SSI/(())	Certification Passes	Desc: Lity Interest of the Int	SF Applicat Center formatio Brothe n Date: Pt: Pt: Pt: Center Notarize () W Every 2 V X	e ag	Delegate Del	Date: D: 0000 07, 2208, 2 Eligible Notatus: Z(ected) USDA I Elig-Inc Elig-Stu TOTAL Affidavit) Child Sh Certifica	2202, 220 ext Year? Zero Disa Household come: Ident L ELIG R () Oth Support	Class Accepta 9 Yes ability) D(Did Incom	Age: Ince Status No iagnosed) ie: Pt: Pt:	ce ce	
Parent/G School Ye Participat Center Na Child Elig Income Sc USDA Sta Elig-Paret Elig-SSI Elig-Othe Income V () Finan Birth Veri	Guardian's Sear: tion Year: ame: FC, JC gible Next Yea tatus: Eligible atus: Free att Stat: / SSA r: erified By? (ified By? (by family mem	residual desired in this a signature: Program 1 2 3 2 2 2 3 2 2 4 4 4 4 4 4 4 4	Code: A SC None Check rification irth Coonth x	H pplication Stub (on Letter ertificate 24 = Annu 12 = Annu \$	idelini CAA Elig Elig Elig Lalina	Progus: E CFP 2-Disa 2-FS 2-Age Ver x Rete SSI/(())	Certification Passes	Desc: Lity Interest of the Int	SF Applicat Center formatio Brothe n Date: Pt: Pt: nformat Letter Notarize () Every 2 \	e ag	Delegate Del	Date: D: 0000 07, 2208, 2 Eligible Notatus: Z(ected) USDA I Elig-Inc Elig-Stu TOTAL Affidavit) Child Sh Certifica	2202, 220 ext Year? Zero Disa Household come: Ident L ELIG R () Oth Support	Class Accepta 9 Yes ability) D(Did Incom	Age: Ince Status No iagnosed) ie: Pt: Pt:	ce ce	
Parent/G School Ye Participat Center Na Child Elig Income St USDA Sta Elig-Paret Elig-SSI Elig-Othe Income V () Finan Birth Veri Income (list	Guardian's Sear: tion Year: tion	residual desired in this a signature: Program 1 2 3 2 2 2 3 2 2 4 4 4 4 4 4 4 4	Code: A SC None Check rification irth Coonth x	H pplication Stub (on Letter ertificate 24 = Annu 12 = Annu \$	idelini CAA Elig Elig Elig Lalina	Progus: E CFP 2-Disa 2-FS 2-Age Ver x Rete SSI/(())	Certification Passes	Desc: Lity Interest of the Int	SF Applicat Center formatio Brothe n Date: Pt: Pt: Pt: Center Notarize () W Every 2 V X	e ag tion er/ II tion er/ II He Veclowee \$	Delegate n Date: D: 2200, 22 Sister Age I Disability St X(Susp Notarized Letter (ospital Birt kly x 52 = An eks x 26 = An Annual	Date: D: 0000 07, 2208, 2 Eligible Netatus: Z(ected) USDA H Elig-Inc Elig-Stu TOTAL Affidavit) Child Sh Certificanual Income	2202, 220 ext Year? Zero Disa Household come: Ident ELIG R () Oth Support	Class Accepta 9 Yes ability) D(Did Incom	Age: Ince Status No iagnosed) ie: Pt: Pt:	ce ce	
Parent/G School Ye Participat Center Na Child Elig Income Sc USDA Sta Elig-Paret Elig-SSI Elig-Othe Income V () Finan Birth Veri	Guardian's Sear: tion Year: tion	residual desired in this a signature: Program 1 2 3 2 2 2 3 2 2 4 4 4 4 4 4 4 4	Code: A SC None Check rification irth Coonth x	H pplication Stub (on Letter ertificate 24 = Annu 12 = Annu \$	idelini CAA Elig Elig Elig Lalina	Progus: E CFP 2-Disa 2-FS 2-Age Ver x Rete SSI/(())	Certification Passes	Desc: Lity Interest of the Int	SF Applicat Center formatio Brothe n Date: Pt: Pt: Pt: Center Notarize () W Every 2 V X	e ag tion er/ II tion er/ II He Veclowee \$	Delegate n Date: D: 2200, 22 Sister Age I Disability St X(Susp Notarized Letter (ospital Birt kly x 52 = An eks x 26 = An Annual	Date: D: 0000 07, 2208, 2 Eligible Notatus: Z(ected) USDA I Elig-Inc Elig-Stu TOTAL Affidavit) Child Sh Certifica	2202, 220 ext Year? Zero Disa Household come: Ident ELIG R () Oth Support	Class Accepta 9 Yes ability) D(Did Incom	Age: Ince Status No iagnosed) ie: Pt: Pt:	ce ce	
Parent/G School Ye Participat Center Na Child Elig Income St USDA Sta Elig-Paret Elig-SSI Elig-Othe Income V () Finan Birth Veri Income (list	Guardian's Sear: tion Year: tion	residual desired in this a signature: Program 1 2 3 2 2 2 3 2 2 4 4 4 4 4 4 4 4	Code: A SC None Check rification irth Coonth x	H pplication Stub (on Letter ertificate 24 = Annu 12 = Annu \$	idelini CAA Elig Elig Elig Lalina	Progus: E CFP 2-Disa 2-FS 2-Age Ver x Rete SSI/(())	Certification Passes	Desc: Lity Interest of the Int	SF Applicat Center formatio Brothe n Date: Pt: Pt: Pt: Center Notarize () W Every 2 V X	e ag tion er/ II tion er/ II He Veclowee \$	Delegate n Date: D: 2200, 22 Sister Age I Disability St X(Susp Notarized Letter (ospital Birt kly x 52 = An eks x 26 = An Annual	Date: D: 0000 07, 2208, 2 Eligible Netatus: Z(ected) USDA H Elig-Inc Elig-Stu TOTAL Affidavit) Child Sh Certificanual Income	2202, 220 ext Year? Zero Disa Household come: Ident ELIG R () Oth Support	Class Accepta 9 Yes ability) D(Did Incom	Age: Ince Status No iagnosed) ie: Pt: Pt:	ce ce	