

Dear Parent or Guardian:

Thank you for your interest in our Head Start/Early Head Start program.

To apply for our program, please return a copy of the following information:

**Completed application**

**Proof of income\*\***, for example: W2 form, Income tax form 1040, pay stubs showing year-to-date, written statement from employer, unemployment statement, award letter for TANF or SSI, child support statement. Twelve months immediately preceding the month in which application or for the calendar year immediately preceding the calendar year in which the application is made, whichever more accurately reflects the family's current needs.

*This is a federally funded program, and there are income guidelines that determine eligibility.*

**Child's birth certificate** must be a vital statistic birth certificate

*Children up to 5 years old can enroll in our program, according to the school district's cut-off date, and cannot be kindergarten eligible. We also enroll pregnant women, who do not need birth certificates.*

**Documentation of guardianship (if you are not the biological parent)**

**Health Statement:** physician statement, showing child is cleared to take part in the Head Start/Early Head Start program and participate in all activities.

**Physical:** doctor's report or Child Health Record, showing a physical exam within last 12 months

**Dental:** doctor's dental exam within last 12 months

**Immunization history** (shot records)

**Physician Care Plan for Chronic Condition** (if applicable)

**Custody orders** (if applicable)

**Special Diet/Food Allergies** (if applicable)

**Disability documentation** (if applicable)

**Lead Testing Results** (  12 months  24 months)

**Hemoglobin-Hematocrit Testing Results** (  12 months)

We will notify you as soon as possible whether your child is eligible and has a space in our program. If your child is eligible but there is no space available, he/she may be placed on a waiting list. Our program selects applicants based on selection priority and not on a first come first serve basis.

If you need any assistance getting the required information or completing the application or if any of your contact information changes, please contact us.

Sincerely,

Your Family Advocate

*NOTE: Our program provides limited transportation, and information about public transportation options/assistance is provided at each center.*

\*\*Income means total cash receipts before taxes from all sources, with the exceptions noted below. Income includes money wages or salary before deductions; net income from non-farm self-employment; net income from farm self-employment; regular payments from Social Security or railroad retirement; payments from unemployment compensation, strike benefits from union funds, workers' compensation, veterans benefits (with the exception noted below), public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income, Emergency Assistance money payments, and non-Federally funded General Assistance or General Relief money payments); training stipends; alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; college or university scholarships, grants, fellowships, and assistantships; and dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts; and net gambling or lottery winnings.  
 The period of time to be considered for eligibility is the twelve months immediately preceding the month in which application or reapplication for enrollment of a child in a Head Start program is made, or for the calendar year immediately preceding the calendar year in which the application or reapplication is made, whichever more accurately reflects the family's current needs.