

Early Head Start Application

School year: 2019-2020



Hill Country Community Action Association, Inc.
2905 W. Wallace, P.O. Box 846, San Saba, TX 76877
Telephone: 325.372.5167 ext. 250 FAX: 325.372.6128



CHILD INFORMATION [Informacion Del Nino(a)]

Male Female Foster Child Center Preference _____

Child's Name _____ **Date of Birth** _____
[Nombre del niño(a)] (mother's name if pregnant mom applying) (expected due date)
[Fecha de nacimiento]

Does this child have a current ECI or IFSP? Yes No ~ if YES, please provide documentation.
[Este niño tiene un IEP o IFSP?] [En caso afirmativo, proporcione documentación]

Does this child receive Medicaid? Yes No ~ if YES, please provide documentation. **Or Private insurance/CHIP?** Yes No
[Este niño recibe Medicaid?] [En caso afirmativo, proporcione documentación]

English Proficiency: Very Well [Muy Bien] Well [Bien] Not Well / Limited [No Bien/Limitada] Not At All [En Absolute no]
[Conocimientos de Ingles]

Primary Language [Idioma Principal]: _____ **Hispanic or Latino** [Los Hispanos o Latinos]: Yes No

Race: American Indian/Alaska Native [Nativo Americano o de Alaska] Asian [Asiatico] Black/African American [Negro o Afroamericano] Biracial/Multiracial
 Native Hawaiian [Nativo de Hawaii] White [Blanco] Other [Otro]

FAMILY INFORMATION [Informacion de Familia]

Parent/Guardian Name _____ **Date of Birth** _____
[Nombre del Pariente/Guardian (Jefe(a) del Hogar)] [Fecha de Nacimiento]

Relationship to Child _____
[Relacion al Nino(a)]

Home Address _____ **City** _____ **Zip** _____
[Domicillo] [Ciudad] [Codigo Postal]

Mailing Address _____ **City** _____ **Zip** _____
[Domicillo de Correo] [Ciudad] [Codigo Postal]

Home Phone () _____ **Work Phone ()** _____ **Other Phone ()** _____
[Telefono del Hogar] [Telefono del Trabajo] [Otro Telefono]

Does any member of the family receive SSI? (Supplemental Security Income) Yes No
[Cualquier miembro de la familia recibe SSI (Ingresos Adicionales de Seguro)]

Does any member of the family receive TANF Cash Assistance (Temporary Assistance for Needy Families) Yes No
[Cualquier miembro de la familia recibe TANF (La Ayuda Temporal para Familias Necesitadas)]

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CHILD NAME [Nombre del niño(a)] _____ BIRTH DATE _____

Family Type: Single Parent [Solo un Pariente] Grandparent(s) [Abuelo(s)] Foster Family [Familia Temporal] Relatives other than grandparent [familia distinto de los abuelos] Other [Otro]

Two Parent Family [Dos Parientes en familia] Please List below:

NAME	RELATIONSHIP TO APPLICANT	IS THIS PERSON EMPLOYED?
1.) _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all other family members living in the household for whom you are responsible for the care and welfare – NOT LISTED

ABOVE [Anoté todos los miembros de la familia que viven en el hogar por el cual es responsable del cuidado y bienestar - no mencionados anteriormente]

First Name [nombre de pila]	Last Name [apellido]	Date of Birth [fecha de nacimiento]	Is this person related to the child's parent(s)? [Es esta persona relacionada con los padres del niño '(s)]	Is this person supported by the parent(s) income? [Esta persona se apoya en la (s) ingresos de los padres]
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of people living in the household (including you) for whom you provide financial support				<input style="width: 100px; height: 20px;" type="text"/>

FAMILY RESIDENCY [RESIDENCIA DE LA FAMILIA]

Please check the appropriate box for your current living situation [Por favor marque la casilla apropiada para su situación de vida actual]

Own [propio] Rent [alquiler] In the home of someone else [En la casa de otra persona] Hotel/Motel Shelter [albergue] Car, Trailer, Park or Campground [Coche, remolque, parque o camping]

Other [Otro] _____

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HOUSEHOLD INCOME [Ingreso de los hogares]

Employment - Please check one and provide proof. [Por favor marque uno y acreditar]

[Empleo]

- 3 Consecutive check stubs [3 talones de cheque consecutivos]
 IRS Form 1040 [Formulario de IRS 1040]
 W-2 Form [Formulario W-2]
 Head Start Employer Verification [Formulario de verificación del patrono de Head Start]
 Self Employment [Empleo del uno mismo]

currently not employed [No empleadas actualmente]

Other types of Services or Income you receive - Check all that apply.

[Otros tipos de servicios o ingreso que recibe - Comprobar todos que applyoyed]

- TANF Cash Assistance [La asistencia en efectivo del TANF]
 Supplemental Security Income [El ingreso suplementario de seguridad]
 Social Security Benefits [Los beneficios de la Seguridad Social]
 Child Support [Niño de apoyo]
 Unemployment [El desempleo]
- Retirement/Pension [Jubilación/Pensión]
 Veterans Benefits [Los beneficios de los veteranos]
 Workers Comp. Benefits [Los trabajadores Comp. Beneficios]

~~~~ Please attach proof of all income [Por favor adjuntar prueba de todos los ingresos]~~~~

The following documents will be required to process your application. Your child's application will not be processed until all required documentation is submitted.

[Los siguientes documentos serán requeridos para procesar su solicitud. La solicitud de su hijo no se procesarán hasta que se presenta toda la documentación requerida.]

- | | | |
|--|--|--|
| <input type="checkbox"/> Birth Certificate/ Record of Birth
[Certificado de nacimiento/ Actas de Nacimiento] | <input type="checkbox"/> Income Verification
[Verificación de ingresos] | <input type="checkbox"/> Immunization Record
[Expediente de inmunización] |
| <input type="checkbox"/> Placement Papers/Foster (if applicable)
[Colocación Papers/Foster (si es aplicable)] | <input type="checkbox"/> Medicaid Card (if applicable)
[Tarjeta Medicaid (si es aplicable)] | <input type="checkbox"/> Statement of No Income (if applicable)
[Declaración de ningún ingreso (si es aplicable)] |
| <input type="checkbox"/> Living Situation Statements (if applicable)
[Situación de vida en declaraciones (si es aplicable)] | <input type="checkbox"/> Proof of SSI (if applicable)
[Prueba de SSI (si es aplicable)] | <input type="checkbox"/> Proof of TANF (if applicable)
[Prueba de TANF (si es aplicable)] |
| <input type="checkbox"/> IEP/IFSP (if applicable) [IEP/IFSP (si es aplicable)] | | |

I certify, by signing this application, that all information in this application is true and correct. I also understand this is an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information could result in disenrolling my child from Head Start and could have serious legal consequences for me.

[Certifico, firmando esta aplicacion, que toda la informacion en esta aplicacion es verdadera y correcta. Tambien entiendo que este es una aplicacion para servicios que son pagados para con fondos Federales y que intencionadamente proporcionando el engano, la informacion inexacta o mentirosa podria causar disenrolling mi niño de la ventaja y podria tener consecuencias legales serias para mi.]

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____
 [Firma de padre/guarda] [Fecha]

STAFF ACCEPTING APPLICATION _____ **DATE** _____
 [Personal que acepta aplicacion] [Fecha]