



*This Section for Agency Use Only:*

Applicant Name: \_\_\_\_\_ Birthday \_\_\_\_\_

## Family Information, Income & Contacts

Family Information									
<b>Please check the appropriate box for your current living situation.</b>									
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> In the home of someone else <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Shelter <input type="checkbox"/> Car, Trailer, Park or Campground <input type="checkbox"/> Other _____									
Living Address					ZIP	City	State	County	
<b>Family Mailing Address</b>									
Same as living?		Mailing Address if different from living address			ZIP	City	State	County	
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Phone Number(s)		Type (check one)		Note (extension or best time to call)			Opt In for Text Messages		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____					<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____					<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Military Family	Military Veteran	Receiving SSI (Supplemental Security Income)	Receiving TANF	Receiving SNAP	Receiving WIC	
<input type="checkbox"/> One <input type="checkbox"/> Two		<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	

Family Income									
<b>Employment- Please Check and provide proof</b>									
<input type="checkbox"/> 3 Consecutive Check Stubs <input type="checkbox"/> IRS Form 1040 <input type="checkbox"/> W-2 Form <input type="checkbox"/> Head Start Employer Verification Form <input type="checkbox"/> Self-Employment <input type="checkbox"/> Currently not employed									
<i>Other types of Services or Income- Check all that apply</i>									
<input type="checkbox"/> TANF Cash Assistance <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Workers Comp. Benefits									
**Please attach proof of all income**									

Emergency Contacts											
Contact 1	Name			Relationship			Emergency Contact		Release To		
							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address			ZIP	City			State			
Phone Number 1			Phone Number 2			Phone Number 3					
			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work						<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Contact 2	Name			Relationship			Emergency Contact		Release To		
							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address			ZIP	City			State			
Phone Number 1			Phone Number 2			Phone Number 3					
			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work						<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Contact 3	Name			Relationship			Emergency Contact		Release To		
							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address			ZIP	City			State			
Phone Number 1			Phone Number 2			Phone Number 3					
			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work						<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

## Eligibility

Program Term	Agency	
Head Start 2020-2021	Hill Country Community Action Assn, Inc.	
Location Preference Priority	Site	Classroom
1st		
2nd		
3rd		

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Birth Certificate/Record of birth           | <input type="checkbox"/> Income Verification  | <input type="checkbox"/> Immunization Record                    |
| <input type="checkbox"/> Placement Papers/Foster (if applicable)     | <input type="checkbox"/> Medicaid Card (if applicable)                                | <input type="checkbox"/> Statement of No Income (if applicable) |
| <input type="checkbox"/> Living Situation Statements (if applicable) | <input type="checkbox"/> Proof of SSI ( if applicable)                                | <input type="checkbox"/> Proof of TANF (if applicable)          |
| <input type="checkbox"/> IEP/IFSP (if applicable)                    | <input type="checkbox"/> Disability services through private provider (if applicable) |   |

**Certification:** *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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Initial Status	Participation Year	Application Date	
<input type="checkbox"/> New <input type="checkbox"/> Accepted <input type="checkbox"/> Waitlisted			
Application Status	Application Status Notes	Status Date	Child will transition to
<input type="checkbox"/> Complete & Verified <input type="checkbox"/> Incomplete <input type="checkbox"/> Incomplete, info not returned <input type="checkbox"/> Other - specify in notes			
Eligibility Date	Number in Family	Eligibility Income	
Child eligible to participate in program	Type of eligibility interview	Income Status	Documentation used to determine eligibility
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In-person <input type="checkbox"/> Telephone	<input type="checkbox"/> Over Income <input type="checkbox"/> Public Assistance <input type="checkbox"/> Eligible (Below 100%) <input type="checkbox"/> Foster child <input type="checkbox"/> Homeless	<input type="checkbox"/> Income Tax Form 1040 <input type="checkbox"/> W-2 <input type="checkbox"/> TANF Documentation <input type="checkbox"/> Pay stub or pay envelopes <input type="checkbox"/> Unemployment <input type="checkbox"/> Written statements from employers <input type="checkbox"/> Foster care reimbursement <input type="checkbox"/> SSI Documentation <input type="checkbox"/> Other

Documentation of No Income \_\_\_\_\_