

**HILL COUNTRY COMMUNITY ACTION ASSOCIATION, INC.**

2905 W. Wallace St., P.O. Box 846, San Saba, TX 76877

Phone: (325)372-5167 X 250

**Early Head Start Application**  
**(Aplicación de Early Head Start)**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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\*Para la versión en español, consulte el sitio web del USDA\*

EHS Application Instructions  
(Instrucciones para la solicitud de EHS)

1. Your child must be at least 6 weeks old as of the application date, and under age 3 before September of the school year.  
(Su niño debe ser la edad 3 en, o antes del 1 de Septiembre del año escolar y bajo la edad 5 antes de Septiembre del año escolar)
2. All three (3) pages of the attached Early Head Start application must be completed and submitted to the center of your choice with the following documentation:  
(Los tres (3) páginas de la cabeza unida inicio de la aplicación deben completarse y presentarse con la siguiente documentación):
  - a. Copy of child's birth certificate or Proof of Birth  
(Copia del certificado de nacimiento del niño o la prueba de Nacimiento)
  - b. Copy of child's Medicaid card  
(Copia de la tarjeta de Medicaid del niño)
  - c. Current Immunization Record with child's name  
(expediente de inmunización actual)
  - d. If your child has been diagnosed with a disability, documentation from the professional / ISD making the diagnosis or a copy of the child's ARD.  
(Si su hijo ha sido diagnosticado con una discapacidad, la documentación por parte del profesional / ISD hacer el diagnóstico o una copia de ARD del niño)
  - e. If you are a guardian or foster parent, documentation must be submitted indicating guardianship or foster status.  
(Si usted es un guarda o el padre prohijadore, la documentacion debe ser presentada indicando la tutela o el estado adoptivo)
  - f. Proof of TANF (temporary assistance for needy families), SSI (supplemental security income) or SNAP ( Supplemental Nutrition Assistance Program) currently being received by any family member in your household.  
(Prueba de TANF (Ayuda Temporal para Familias Necesitadas) o SSI (Ingresos de Seguridad Suplementales) o SNAP (Programa de asistencia Nutricional Suplementaria) actualmente ser recibido por cualquier miembro de familia en se casa)
  - g. Income received as indicated on page 3 *or* statement of no income.  
(Los ingresos recibidos como se indica en la página 3 o declaración de ingresos).
3. Application and documents must be submitted to center of your choice.  
(Aplicación debe enviarse al centro de su elección.)





# Early/Head Start Application

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



2024-2025

Applicant Information (Child) [Informacion del niño(a)]			
First and Last name [Primer Nombre y Apellido de Niño(a)]		Date of Birth [Fecha de Nacimiento]	Gender [Sexo]
Race (Check one) [Raza] [(Llene uno)]	Hispanic [Hispano]	Primary Health Coverage [Cobertura de Salud Primaria]	Does your child receive any of the following? [¿Su hijo tiene alguno de los siguientes?]
<input type="checkbox"/> American Indian/Alaska Native [Americano Native] <input type="checkbox"/> Asian [Asiático] <input type="checkbox"/> Black [Negro] <input type="checkbox"/> Hawaiian/Pacific Islander [Islaño Pacifico] <input type="checkbox"/> Multi-Racial [Multirracial] <input type="checkbox"/> White [Blanco] <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes [Si] <input type="checkbox"/> No	<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance <input type="checkbox"/> Other	<input type="checkbox"/> IEP (Individualized Education Program) <input type="checkbox"/> IFSP (Individualized Family Service Plan) <input type="checkbox"/> ECI Services <input type="checkbox"/> Treatment plan with private services [Plan de tratamiento con servicios privados]

Primary Adult living in home [Adulto primario que vive en el hogar]				
First and Last Name [Primer Nombre y Apellido]		Date of Birth [Fecha de nacimiento]	Gender [Sexo]	
Race (Check one) [Raza] [(Llene uno)]	Hispanic [Hispano]	English Proficiency [Habilidad de Inglés]	Highest Grade Completed [Nivel de Educación]	
<input type="checkbox"/> American Indian/Alaska Native [Americano Native] <input type="checkbox"/> Asian [Asiático] <input type="checkbox"/> Black [Negro] <input type="checkbox"/> Hawaiian/Pacific Islander [Islaño Pacifico] <input type="checkbox"/> Multi-Racial [Multirracial] <input type="checkbox"/> White [Blanco] <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes [Si] <input type="checkbox"/> No	<input type="checkbox"/> Little [Probre] <input type="checkbox"/> Moderate [Moderada] <input type="checkbox"/> None [Ninguna] <input type="checkbox"/> Proficient [Proficiente]	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> GED	<input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate <input type="checkbox"/> Master's
Employment Status [Estado de Empleo]		Child's Relationship [Relación al Niño(a)]		
<input type="checkbox"/> Full Time [Todo el tiempo] <input type="checkbox"/> Part Time [Parte de tiempo] <input type="checkbox"/> Seasonal [Temporada] <input type="checkbox"/> Unemployed [Desempleado] <input type="checkbox"/> Retired or Disabled [Retirado o Incapacitado]		<input type="checkbox"/> Biological/Adopted/Step [Biologico/Adoptado/Padrasto] <input type="checkbox"/> Foster [Adoptivo] <input type="checkbox"/> Grandchild [Nieto] <input type="checkbox"/> Other Relative [Otro pariente] <input type="checkbox"/> Other [Otro]		
Phone Number: [Número de teléfono]		Email Address: [Dirección de correo electrónico]		

Secondary Adult living in home [adulto secundario que vive en el hogar]				
First and Last Name [Primer Nombre y Apellido]		Date of Birth [Fecha de nacimiento]	Gender [Sexo]	
Race [Raza]	Hispanic [Hispano]	English Proficiency [Habilidad de Inglés]	Highest Grade Completed [Nivel de Educación]	
<input type="checkbox"/> American Indian/Alaska Native [Americano Native] <input type="checkbox"/> Asian [Asiático] <input type="checkbox"/> Black [Negro] <input type="checkbox"/> Hawaiian/Pacific Islander [Islaño Pacifico] <input type="checkbox"/> Multi-Racial [Multirracial] <input type="checkbox"/> White [Blanco] <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes [Si] <input type="checkbox"/> No	<input type="checkbox"/> Little [Probre] <input type="checkbox"/> Moderate [Moderada] <input type="checkbox"/> None [Ninguna] <input type="checkbox"/> Proficient [Proficiente]	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> GED	<input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate <input type="checkbox"/> Master's
Employment Status [Estado de Empleo]		Child's Relationship [Relación al Niño(a)]		
<input type="checkbox"/> Full Time [Todo el tiempo] <input type="checkbox"/> Part Time [Parte de tiempo] <input type="checkbox"/> Seasonal [Temporada] <input type="checkbox"/> Unemployed [Desempleado] <input type="checkbox"/> Retired or Disabled [Retirado o Incapacitado]		<input type="checkbox"/> Biological/Adopted/Step [Biologico/Adoptado/Padrasto] <input type="checkbox"/> Foster [Adoptivo] <input type="checkbox"/> Grandchild [Nieto] <input type="checkbox"/> Other Relative [Otro pariente] <input type="checkbox"/> Other [Otro]		
Phone Number: [Número de teléfono]		Email Address: [Dirección de correo electrónico]		

**Family Information and Income**

Child's name: \_\_\_\_\_ D.O.B \_\_\_\_\_

**Additional Family \*Please list all other family members living in household for whom you are responsible for the care and welfare –NOT LISTED ON PREVIOUS PAGE**  
**[Familia adicional- \* Por favor, agregar el resto de los miembros de la familia que viven en el hogar por el cual es responsable de la atención y el bienestar -NO mencionadas anteriormente.\*]**

Name [Nombre]	Date of Birth [Fecha de nacimiento]	Gender [Sexo]	Race [Raza]	Hispanic [Hispano]	Relationship to child (applicant) [Relación al Niño(a)]
				<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No	
				<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No	

Total number of people living in household \_\_\_\_\_  
 [Número total de personas que viven en el hogar]

**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 or terreno de camping]    Foster Home

Living Address [Dirección de Residencia]   City [Ciudad]   State [Estado]   Zip [Código Postal]   County [Condado]

Mailing Address if different [Dirección Postal si es diferente]

Number of parents in home (check one) [Estado de Padre/Madre (Llene uno)]	Primary Language at Home [Lengua Principal en el Hogar]	Homeless Family [Familia sin Hogar]	Does any member of the family receive any of the following? (Check all that apply and provide proof) [¿Algún miembro de la familia recibe alguno de los siguientes? (Marque todo lo que corresponda)]
<input type="checkbox"/> One [Uno] <input type="checkbox"/> Two [Dos]		<input type="checkbox"/> Yes [Si] <input type="checkbox"/> No	<input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SNAP

**Family Income \*Please attach proof of all income\* [Ingreso de familia] \*Por favor adjuntar prueba de todos los ingresos\***

**Employment- Please check and provide proof [Empleo- por favor marque uno y acreditar]**

3 consecutive check stubs [Tres talons de cheque]    IRS Form 1040 [Formulario de IRS 1040]    W-2 Form [Formulario W-2]    Head Start Employer Verification Form [Formulario de verificación de Head Start]  
 Self-Employment [Empleo de uno mismo]    Currently not employed (Provide a signed and dated written statement) [Desempleado (Proporcionar una declaración por escrito)]

**Other types of Services or Income- Check all that apply and provide proof**  
**[Otros tipos de servicios o ingreso que recibe- marque todos que corresponda]**

Social Security Benefits [Los beneficios de la seguridad social]    Child Support [Niño de apoyo]    Veterans Benefits [Los beneficios de los veteranos]    Retirement/Pension [Jubilación/Pensión]  
 Unemployment Benefits [Los beneficios de desempleo]    Workers Comp. Benefits [Los trabajadores Comp. beneficios]



**Emergency Contacts and Location Preference**

Child's name: \_\_\_\_\_ D.O.B \_\_\_\_\_

<b>Emergency Contacts [Contactos de Emergencia]</b> (Emergency contacts <u>other than</u> parent/guardian) [Contactos de emergencia que no sean los padres]				
<b>Contact 1</b> [Contacto 1]	Name [Nombre]	Relationship to child (Applicant) [Relación al Niño(a)]	Emergency Contact [Contacto de Emergencia]	Release To Ceder al Niño(a)
			<input type="checkbox"/> Yes [Si] <input type="checkbox"/> No	<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No
	Address City State ZIP    [Dirección, Ciudad, Estado, Código Postal]		Phone Number [Teléfono]	
<b>Contact 2</b> [Contacto 2]	Name [Nombre]	Relationship to child (Applicant) [Relación al Niño(a)]	Emergency Contact [Contacto de Emergencia]	Release To Ceder al Niño(a)
			<input type="checkbox"/> Yes [Si] <input type="checkbox"/> No	<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No
	Address City State ZIP    [Dirección, Ciudad, Estado, Código Postal]		Phone Number [Teléfono]	
<b>Contact 3</b> [Contacto 3]	Name [Nombre]	Relationship to child (Applicant) [Relación al Niño(a)]	Emergency Contact [Contacto de Emergencia]	Release To Ceder al Niño(a)
			<input type="checkbox"/> Yes [Si] <input type="checkbox"/> No	<input type="checkbox"/> Yes[Si] <input type="checkbox"/> No
	Address City State ZIP    [Dirección, Ciudad, Estado, Código Postal]		Phone Number [Teléfono]	
<b>Location Preference Site (Please circle) [Preferencia de ubicación(marque)]</b>				
Cameron    Cove North    Cove Park    Hamilton    Kingsland    Lampasas    Mason    Meridian    Mexia    San Saba				

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 será procesada hasta que se presente toda la documentación requerida.]

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Birth Certificate/Record of birth</b><br>[Certificado de nacimiento/Actas de nacimiento] | <input type="checkbox"/> <b>Statement of No Income if not employed (if applicable)</b><br>[Declaración de ningún ingreso(si es aplicable)]                                     |
| <input type="checkbox"/> <b>Income Verification</b><br>[Verificación de ingresos]                                    | <input type="checkbox"/> <b>Living Situation Statements (if applicable)</b><br>[Declaración de situación de vida (si es aplicable)]  |
| <input type="checkbox"/> <b>Immunization Record</b><br>[Expediente de inmuización]                                   | <input type="checkbox"/> <b>IEP/IFSP (if applicable)</b><br>[IEP/IFSP (si es aplicable)]   |
| <input type="checkbox"/> <b>Medicaid Card (if applicable)</b><br>[Tarjeta de Medicaid (si es aplicable)]             | <input type="checkbox"/> <b>Disability services through private provider (if applicable)</b><br>[Servicios de discapacidad a través de un proveedor privado (si es aplicable)] |
| <input type="checkbox"/> <b>Proof of SSI (if applicable)</b><br>[Prueba de SSI (si es aplicable)]                    | <input type="checkbox"/> <b>Placement Papers/Foster (if applicable)</b><br>[Documentos de Colocación (si es aplicable)]  |
| <input type="checkbox"/> <b>Proof of TANF/SNAP (if applicable)</b><br>[Prueba de TANF/SNAP (si es aplicable)]        |  |

**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.**

[Certificación: Yo certifico que esta información es verdadera. Si alguna parte es falsa, mi participación en los programas de esta agencia puede ser terminada y puedo estar sujeto(a) a acción legal. También entiendo que la información en esta solicitud será guardada en estricta confianza dentro de la agencia y es accesible por mí durante las horas normales de negocio.]

Parent /Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
[Firma de padre/madre/Guardián]

Date: \_\_\_\_\_

Staff Print Name: \_\_\_\_\_

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

Date: \_\_\_\_\_