

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

HEAD START CENTERS

CENTER APPLYING FOR: _____

Franklin County

Eastpoint Head Start
85 School Road
Eastpoint, Florida 32328
(850) 670-5966
7:30 a.m. - 2:00 p.m.

Carrabelle Head Start
203 North Fifth Street
Carrabelle, Florida 32322
(850) 697-8180
7:30 a.m. - 2:30 p.m.

Jefferson County

Jefferson County Head Start
950 Mamie Scott Drive
Monticello, Florida 32344
(850) 997-2379
7:30 a.m. - 6:00 p.m.

Leon County

Bainbridge Road Head Start
2303 Old Bainbridge Road
Tallahassee, Florida 32303
(850) 385-9928
7:30 a.m. - 6:00 p.m.

Bond Head Start
1805 Keith Street
Tallahassee, Florida 32310
(850) 222-9235
7:30 a.m. - 2:00 p.m.

Concord Head Start
15011 Cromartie Road
Tallahassee, Florida 32309
(850) 894-2366
7:30 a.m. - 6:00 p.m.

Long Grove Head Start
1124 North Duval Street
Tallahassee, Florida 32303
(850) 201-0090
7:30 a.m. - 2:00 p.m.

Murat Hills Head Start
1888 Jackson Bluff Road
Tallahassee, Florida 32304
(850) 580-3227
7:30 a.m. - 2:00 p.m.

South City Head Start
2813 South Meridian Street
Tallahassee, Florida 32301
(850) 878-2320
7:30 a.m. - 2:00 p.m.

PLEASE READ CAREFULLY

1. Please respond to all applicable questions.
2. Please give the full address for the child. This should include the street number and name of route and box number, the city and zip code.
3. When giving information on the child's parents/guardians, you need to do so only for the parents/guardians with whom the child is living.
4. When providing income information, you must do so for yourself and child's biological father if living in household. Loans that must be paid back are not considered as income and should not be included. Grants are considered as income and should be listed.
5. Income eligibility is determined by computing the income for all persons in the household for the twelve (12) months preceding the date of the application.
6. You must submit with the application verification of all the income listed. Verification can include check stubs, W-2 Form, employer's statement, Case Action Letters, statements from caseworkers/payments workers, Grants, Award Notice, Child Support, SSI, Social Security or any other official documentation. The verification must show names and dates.
7. You must submit with the application a copy of the child's birth certificate. Child must be 3 or 4 years old by September 1 of the year for which you are applying.
8. **You and your spouse must work full time or be enrolled in school full time or a combination of both to qualify for Bainbridge Road, Concord and Jefferson County Head Start Center.**
9. Along with this information please provide proof of residency such as: lease or rental agreement, home mortgage, homestead exemption or property tax form **and** one of the following items with your name and matching address: utility bill, driver's license, voter's registration card, insurance bill, SSI letter, food stamp letter or some other major bill with your name and same address on it

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE
DOCUMENTATION REQUESTED IN NUMBER 6 AND 7.**



Child Information									
Child's Last Name:					Child's First Name:				
Child's Middle Name:					Child's Social Security #:				
Date of Birth:					Race: Black White Hispanic Native Asian/Pacific ()Other			Sex: M F	Language:
Family Information									
TANF: Yes No		Medicaid Elig. Stat: Eligible Not Potentially Formerly			Medicaid #:				
Health Coverage: CHIP Other Private State-Only					Insur #				
A01 Mother's Name:					A02 Father's Name:				
Live with family? Y/N		Financial support? Y/N			Live with family? Y/N		Financial support? Y/N		
Employer's Name Address					Employer's Name Address				
Phone #					Phone#				
Social Security Number:					Social Security Number:				
Race: Black White Hispanic Native Asian/Pacific ()Other					Race: Black White Hispanic Native Asian/Pacific ()Other				
Number in Family/Household: 1 2 3 4 5 6 7 8 9 10 (please circle)					Parental Status: Single Married Foster Grandparent ()Other				
Address:					Home Phone:		Work Phone:		
City:		State:	Zip:	County:	Cell:		Pager:		
Do you receive WIC? () Yes () No					Email Address:				
Do you received Food Stamps? () Yes () No									
Shaded Boxes Will Be Completed By Agency Staff									
School Year:		Program Code:		Program Desc:		Delegate ID:		Class Age:	
Participation Year: 1 2 3		Application Status:		Application Date:		Acceptance Status:			
Returning Student: Yes No		Release Signed: Yes No		Date Release Signed:					
Center Name:			Center ID:			Class ID:			
Processed By:					Date Processed:				
Eligibility Information									
Child Eligible Next Year? Yes No					Brother/Sister Age Eligible Next Year? Yes No				
Income Status: Eligible Over		Federal Guideline:			Disability Status: Z(Zero Disability) X(Suspected) D(Diagnosed)				
Family Income:									
USDA Status: Free Reduced None		CACFP Certification Date:			USDA Household Income:				
Elig-Parent Stat: Pt:		Elig-Disabled Pt:		Elig-Income: Pt:					
Elig-SSI Pt:		Elig-FS Pt:		Elig-Student Pt:					
Elig-Other: Pt:		Elig-Age: Pt:		TOTAL ELIG RATING:					
Processed By:					Date Processed:				
Income Verified By? () W-2 () Ck Stub () Tax Ret. () Letter () Notarized Affidavit () Other: _____ () Employment/Income Verification Letter () Notarized Letter									
Birth Verified By? () Certified Birth Cert. () Hospital Birth Cert. () Health Dept Cert () Other: _____									
Verifying Staff Member:					Date:				
Income (list by family member) Twice a month x 24 = Annual Income Monthly x 12 = Annual Income				Weekly x 52 = Annual Income Every 2 Weeks x 26 = Annual Income		Income Source			
Family Member		Amount	Per	X	Annual Income		From Whom		
A01.		\$			\$				
A02.		\$			\$				
Total Yearly Income of Family					\$				
Does the child have a disability or special need? No Suspected Yes (If yes, give diagnosis, date and source.)									
Does the child have a medical condition? Yes No If yes, List condition?									
Was child referred to program? No Yes (If yes, by whom?) Why?									
Are there any specific family needs or crisis? No Yes (If yes, describe :)									
Teen Parent? Y/N		Subsidized Housing? Y/N		Subsidized Child Care? Y/N		SSI? Y/N			
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's Signature					Date				

Child's Name _____ Date of Birth _____

Release Child To/Relation To The Child

Name	Related To:	Name	Related To:
Name	Related To:	Name	Related To:

Emergency Information

Name	Address	Phone ()	
	City	State	Zip
Name	Address	Phone ()	
	City	State	Zip
Name	Address	Phone ()	
	City	State	Zip
Physician Name:	Address	Phone ()	
	City	State	Zip
Dentist Name:	Address	Phone ()	
	City	State	Zip

Family Member Information

Adults

First and Last Name Enter Primary Adult First CODE	Date of Birth	Social Security #	Sex	(D1) Educ Level	(D2) Empl Status	(D3) Notes e.g., Occupation, etc.
A01			M F			
A02			M F			
A03			M F			

D1 – Education Level Codes G 9 = thru 9 th Grade HSG = High School G 10 = thru 10 th Grade COL = Some College G 11 = thru 11 th Grade CTG = College Degree G 12 = thru 12 th Grade	D2 – Employment Status Codes F = Full Time U = Unemployed P = Part Time R = Retired S = Seasonal T = Training	D3 – Notes For example, occupation, training, programs, etc.
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Children

First and last name of Children in the home CODE	Date of Birth	Social Security #	Sex	(D1) Related to	(D2) How Related	(D3) Notes e.g., program participation status, other programs, etc
C01	----- (program applicant) -----					
C02			M F			
C03			M F			
C04			M F			

(D1) – Related To Codes B12 = Both Adults A02 = Second Adult A01 = Primary Adult Etc.	(D2) – How Related C = Natural Child F = Foster O = Other G = Grand Child N = Niece/Nephew	(D3) – Participation Status Codes e.g., program participation status, other programs, etc.
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Check here if there are other children in the home; list on back.
HEAD START Application Rev 02/17/2011

Parent/Guardian's Signature _____

Date _____