



Durham Early Head Start 2011 Application



What is Early Head Start?

Early Head Start is a free, comprehensive child development and family support program for low-income families with children aged birth to three years old and to pregnant women.

Home-Based Services: Families receive one home visit per week from a Home Visitor who is trained in the research-based Parents as Teachers curriculum. Parents participate in learning activities designed to enhance their child’s learning, and receive information and support on parenting issues as well as resource and referral information. Families also have an opportunity to attend a Play Group with other children and families twice per month. Home visits are available in Spanish and English.

Center-Based Services: Children will receive full-day/full year childcare in one of our partnering centers. Early Head Start teachers and staff provide a nurturing and stimulating learning environment for children. Family Service Coordinators meet individually with parents to provide information, resources and support.

Who is Eligible for Durham Early Head Start Services?

- Pregnant women and children who will be 2 or younger as of August 31, 2011, whose address in Durham is within the following zip codes: 27701, 27703, 27704, 27705, 27706, 27707, 27712, and 27713
- Foster children and children from families receiving public assistance (TANF or SSI) regardless of income
- Children with documented disabilities may be eligible regardless of income
- Families who meet income eligibility as determined by Federal Poverty Guidelines (as of 01/20/11):

Family Size	Family’s Yearly Income	Family Size	Family’s Yearly Income
2	\$19,123	6	\$38,987
3	\$24,089	7	\$43,953
4	\$29,055	8	\$48,919
5	\$34,021	For each additional family member add: \$3,820	

Application Check List:

We cannot determine your child’s eligibility for our program until we receive the following:

- COMPLETED AND SIGNED APPLICATION
- PROOF OF INCOME OR FULL-TIME SCHOOL - Current Month’s Pay stubs, most recent W-2, most recent 1040 Tax form, SSI or TANF documentation, Employer’s statement, Letter from School, School schedule
- PROOF OF CHILD’S AGE - Copy of BIRTH CERTIFICATE or Passport
- PROOF OF DURHAM RESIDENCY – Copy of any of the following documents with your name and current mailing address - electric, water, gas, phone (not cell) , cable, lease agreement, deed, tax bill

Please contact us if you need more information or assistance in filling out an application. You can mail or drop off your application and supporting documents to our office. If you bring your information into the office, we will make copies. Our central office is located at:

1201 S. Briggs Avenue, Suite 110
Durham, NC 27703
919-439-7107

Note: Applications and bi-lingual assistance are available in Spanish

I am interested in:

Home-based services
Home visits and parent-child playgroups

I am interested in:

Center-based services
Full-time childcare in one of our partner centers

CHILD LAST NAME CHILD FIRST MIDDLE DATE OF BIRTH

NAME OF ADULT APPLYING FOR CHILD RELATIONSHIP TO CHILD

HOME ADDRESS CITY/STATE ZIP CODE HOME PHONE

MAILING ADDRESS (If different from above) CELL PHONE

EMAIL Address - _____
WORK PHONE

FAMILY INFORMATION:

	Mother/Legal Guardian (If applicable)	Father/Legal Guardian (If applicable)
Name:		
Date of Birth:		
What Race do you consider yourself to be? (Check one)	<input type="checkbox"/> White/Anglo <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multi-racial or Other (specify): _____	<input type="checkbox"/> White/Anglo <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multi-racial or Other (specify): _____
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Languages Spoken:		
What is the primary language spoken in your home?		
(If English is not your primary language):	How well can you speak English? <input type="checkbox"/> Well <input type="checkbox"/> Some <input type="checkbox"/> Not much or none How well can you read and write English? <input type="checkbox"/> Well <input type="checkbox"/> Some <input type="checkbox"/> Not much or none	How well can you speak English? <input type="checkbox"/> Well <input type="checkbox"/> Some <input type="checkbox"/> Not much or none How well can you read and write English? <input type="checkbox"/> Well <input type="checkbox"/> Some <input type="checkbox"/> Not much or none
HS Diploma/GED? If NO, last grade COMPLETED:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
College Degree Received? If NO, years of college attended:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

All information in this application is kept confidential

Family Information (continued):

Does the child live with Both Parents Father Mother Foster Parent(s) Grandparent(s) Other _____

Who has LEGAL custody of the child? _____ Is this child a foster child? Yes No

Are there custody issues? Yes No If yes, please explain: _____

Are you (check one): Single Married Separated Divorced Widowed Living together, not married

List below everyone who lives in the home with this child (Brothers, Sisters, Aunts, Uncles, Grandparents and Non-relatives, etc):

NAME	Sex	Age	Date of Birth	Relationship to Child

The following questions include issues that are sensitive and private. Your honest answers help us determine your family's needs, as we are directed to do by our Federal Grant. All answers will be kept private and only used for eligibility purposes.

- Yes No Are you living with a friend, family member, or in a shelter because you cannot afford a place of your own?
- Yes No Has your family ever been involved with Child Protective Services (CPS)?
- Yes No Have you or your child witnessed alcohol or drug abuse in your household?
If yes, please explain: _____.
- Yes No Has your child witnessed physical or verbal violence in your community or in your home?
- Yes No Do you feel that your house and/or neighborhood is unsafe?
- Yes No Does any family member living within your home have a documented disability or mental illness?
If yes, who? _____.
- Yes No Is any family member receiving SSI (Supplemental Security Income)?
- Yes No Has your child recently lost one of his/her parents due to death, incarceration, separation, divorce, or abandonment?
If yes, please explain: _____.
- Yes No Do you or your child feel isolated and/or have little opportunity to interact with others?
- Yes No Have there been any other serious events which have put stress on your family recently?
If so, please explain: _____

For Families applying for Center-Based services:

Are you currently working more than 32 hours per week or going to school full-time? Yes No

Are you currently receiving child care subsidy for this child? Yes No

If yes, check one: CCSA (Child Care Services Association) DSS (Department of Social Services)

If you want Center-Based childcare, do you have transportation? Yes No

CHILD'S INFORMATION

NAME OF CHILD APPLYING ____/____/____ **Male** **Female**
Date of Birth

Child's Race (Check one):

- White/Anglo Black/African-American Native American Asian Pacific Islander
 Multi-racial or Other (specify): _____

Child's Ethnicity (Check one): Hispanic Not Hispanic

Has your child been in Early Head Start or other Head Start before? Yes No If so, when? _____

Does your child have a sibling that is currently enrolled in Early Head Start or Head Start? Yes No

Does your child have a sibling that was previously enrolled in Early Head Start or Head Start? Yes No

Child's health insurance coverage: Medicaid Health Choice None Other _____

Where does the child go for check-ups, shots and other health care (please list all)? _____

Does your child have a current IFSP (Individualized Family Service Plan)?

- Yes No Unsure Not at this time but has in the past

If yes, please provide a copy and attach it to this application

If yes, what services does your child receive? _____

Has this child received any evaluations because of concerns about his/her behavior, health or development, or for early intervention or special education services?

- No Yes, CDSA Yes, Pediatrician Yes, Hospital or Clinic
 Yes, Psychologist or Social Worker Yes, Health Dept. Yes, other: _____

If yes, did the evaluation result in the child receiving early intervention services (such as therapy, special education, speech services)? Yes No Unsure

If so, who provides services? _____

Was your child born at 36 weeks or less or had a birth weight of less than 3 lbs. and 4 oz.? Yes No

Does your child have a chronic health condition or is she/he medically fragile? Please explain: _____

Has anyone expressed concerns or recommended services based on this child's health, learning, development or behavior?

- No Yes, Family Member Yes, Pediatrician/Health Care Professional: _____
 Yes, Teacher Yes, Child Service Coordinator or other caseworker: _____

If yes, please explain those concerns: _____



WHAT'S NEXT...

You will receive a letter to confirm the status of your application. Children are selected for enrollment based on Early Head Start criteria and the information you have provided in this application.

If no slots are available in our program, eligible children will be placed on a waiting list.

Emergency Contacts (someone other than parent or guardian):

Name

Phone Number

Name

Phone Number

Please contact us if your address, phone number(s), income or other family information changes

IF ACCEPTED INTO OUR PROGRAM THE FOLLOWING WILL ALSO BE REQUIRED:

- Copy of child's immunization record
- Copy of child's most recent Physical Exam or Well Child Checkup