



## Head Start Campuses

### Atlanta

Phone: 903-796-4118

Fax: 903-796-4110

### Bloomburg

Phone: 903-728-5880

Fax: 903-728-5870

### Daingerfield/Lone Star

Phone: 903-645-3440

Fax: 903-639-1783

### Hughes Springs

Phone: 903-639-1914

Fax: 903-639-1783

### Linden

Phone: 903-756-7248

Fax: 903-756-8818

### Naples

Phone: 903-897-0318

Fax: 903-897-0898

### New Boston

Phone: 903-628-5621

Fax: 903-628-3680

### Pittsburg

Phone: 903-856-1245

Fax: 903-856-6310

### Texarkana

Phone: 903-794-8112

Ext. 4581

Fax: 903-255-3294

## APPLICATION REQUIREMENTS

The following items are needed for completion of your child's application.

### 1. Types of Income (Please bring enough statements to reflect an entire month's pay)

- A. Current Income Tax Form (No W2s)
- B. Current Check Stubs
- C. Unemployment Compensation
- D. Statement from Employer
- E. Child Support
- F. Social Security Benefits

### 2. Proof of benefits from the following sources

- A. TANF/SSI
- B. Food Stamps (Award Letter, Case Number, and Amount Received)

### 3. Birth Certificate

### 4. Current Immunization Records

### 5. Social Security Card for Child

### 6. Photo ID for Parent/Guardian

### 7. Types of Insurance (provide a copy of cards)

- A. Medicaid
- B. CHIP
- C. Private Insurance (Medical & Dental)

### 8. Proof of Residency

- A. Rental Agreement/ rental receipt w/address
- B. Utility bill (water, gas, electric, cable, land line)
- C. Letter stating who lives in home along w/ utility bill

**Please sign and date all applicable spaces of the application. Include all documentation for timely review and processing of application. Applicants will be selected based on a point system, not date of application. Applicants will be notified of acceptance.**



## Applicant & Family Member Information

Applicant <i>(child applying for services)</i>						
First	Middle	Last	Suffix	Birthday	Gender	SSN

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Primary Health Coverage	Other Health Coverage	Insurance #	Medicaid	Medicaid #	Doctor	Dentist
			<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially Eligible			

Adult 1						
First	Middle	Last	Suffix	Birthday	Gender	SSN

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply for this adult:
<input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> HS Diploma <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> GED <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> Some College <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> College Degree	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail Address: _____				

Adult 2						
First	Middle	Last	Suffix	Birthday	Gender	SSN

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply for this adult:
<input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> HS Diploma <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> GED <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> Some College <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> College Degree	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail Address: _____				

Additional Child (Non Applicant) *						
First	Middle	Last	Suffix	Birthday	Gender	SSN

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Additional Child (Non Applicant) *						
First	Middle	Last	Suffix	Birthday	Gender	SSN

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

# Family Information, Income & Contacts

## Family Information

Living Address                                      Address Line 2                                      City                                      State                                      Zip                                      County

Mailing Address (if different)                                      Address Line 2                                      City                                      State                                      Zip                                      County

Phone Numbers                                      Type (check one)                                      Note (for example, an extension or best time to call)

Cell    Home    Work    Other \_\_\_\_\_

Cell    Home    Work    Other \_\_\_\_\_

Cell    Home    Work    Other \_\_\_\_\_

Parental Status (check one)	Primary Language at Home	Homeless Family	Military Family	Referred by Child Welfare Agency	Receiving SNAP
<input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Parent		<input type="checkbox"/> Yes <input type="checkbox"/> No			

## Family Income

TANF	Supplemental Security Income	WIC	WIC ID (if applicable)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Emergency Contacts

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

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 \_\_\_\_\_

**Non-Discriminatory Policy:**  
**CSNT Head Start does not discriminate on the basis of race, color, sex, national origin, age, or disability. To file a complaint of discrimination, write to: Director, Civil Rights Division, MC W-206, Texas Health and Human Services Commission, P.O. Box 149030, Austin, TX 78714-9030**

\* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.



# Head Start

"Building partnerships, changing lives"



Household size: # \_\_\_\_\_ Adults      \_\_\_\_\_ Children 6-18      \_\_\_\_\_ Children under 6  
 \_\_\_\_\_ Previously attended ECI      \_\_\_\_\_ Diagnosed Disability with IEP  
 \_\_\_\_\_ Previously attended Early Head Start

Name of student \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sex:  Female  Male      Birthdate \_\_\_\_\_      Age \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a **temporary living arrangement**? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Is this **temporary living arrangement** due to loss of housing or economic hardship?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered **NO** to both of the above questions,  **STOP HERE.**

\*\*\*\*\*

If you answered YES to either of the above questions, please complete the remainder of this form.

Where is the student presently living? (Check)

- In a motel  
 In a shelter  
 With more than one family in a house or apartment  
 Moving from Place to Place  
 In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Signature of Parent/Legal Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

I certify the above named student qualifies for the Head Start Program under the provisions of the McKinney-Vento Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Service Worker

\*Temporary means less than twelve months