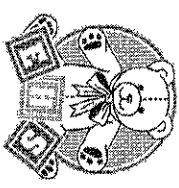


NORTH TEXAS PARENT AND CHILD DEVELOPMENT, INC.  
**EARLY HEAD START**  
 Empowering children and families through education  
 500 Flood St. Wichita Falls, TX 76301  
 Ph: 940.687.5437 Fax: 940.687.0800  
**CHILD APPLICATION**



We are an early education center for children & families.  
 We serve children ages birth to three (0-3) & pregnant women.  
 To participate in our program, families must qualify based on the **poverty guidelines** provided below or;

If you are a **Foster Parent**; are **Homeless**; or receive **SSI/TANF**  
 Your family automatically qualifies for our services.  
 We provide **Center-Based** and **Home-Based** service options.  
 Please ask staff which service your family qualifies for.  
 Thank you for your interest in our program. We look forward to serving you.

**PLEASE PROVIDE THE FOLLING DOCUMENTS WHEN SUBMITTING YOUR APPLICATION.**

- |                                   |  |
|-----------------------------------|--|
| CHILD'S:                          | PARENT'S:  |
| — Birth Certificate               | — Proof of Eligibility   |
| — Medicaid/Private Insurance Card | (Income, TANF/SSI, Homeless Verification, Foster Parent Documentation/CPS Conservatorship, No Income Form) |
| — Current Shot Record             | — Picture I.D.   |
|                                   | — Copy of College/School Admission (if applicable)   |
- APPLICATION WILL NOT BE ACCEPTED IF MISSING DOCUMENTATION**

**2017 POVERTY GUIDELINES**

Persons in family/household	Poverty guideline
1	\$12,060
2	16,240
3	20,420
4	24,600
5	28,780
6	32,960
7	37,140
8	41,320

For families/household with more than 8 persons add \$4,180 for each additional person.

## EARLY HEAD START

### SELECTION CRITERIA (POINTS)

- 20 points: Child's age 0-11 months
- 15 points: Child's age 12-20 months
- 10 points: Child's age 20-29 months
- 5 points: Child's age 30-36 months
- 50 points: Family Income below Poverty Guidelines
- 50 points: Family is currently receiving TANF or SSI (supplemental security income)
- 10 points: Within 130% of Poverty Guidelines
- 200 points: Child in Foster Care-Shelter (CPS has conservatorship) \*must have documentation\*
- 180 points: Child in Foster Care Home or Kinship Placement (CPS conservatorship)\*must have documentation\*
- 500 points: Family is Homeless-lives in public places \*must complete Homeless Verification Form\*
- 300 points: Family is Homeless-lives with others \*must complete Homeless Verification Form\*
- 40 points: Diagnosed Disability- Current I/SP or IEP
- 10 points: Previously diagnosed disability
- 5 points: Suspected Disability-
- 10 points: Child has obvious medical need
- 15 points: Child on waitlist previous year
- 15 points: Child previously enrolled in an Early Head Start Program
- 15 points: Child's primary language is not English
- 100 points: Non-parent Caregiver
- 30 points: Family Preservation – open CPS case
- 10 points: Two Parent Home
- 20 points: Two parents working and/or in school/training
- 20 points: Single Parent Home
- 10 points: One parent working and/or in school/training
- 10 points: Currently a Teen Parent
- 10 points: Family has 3 or more children
- 10 points: Pregnancy/Expectant Family
- Stressors (2 points each) (choose all that apply)**
  - Lack of transportation (family does not have private vehicle)
  - CPS Intervention (not an open case)
  - Family living with relatives
  - Education level below 12<sup>th</sup> grade
  - Teenage parent (when Early Head Start child was born-between 13-19)
  - Migrant Family (family has moved several times in the past 12 months/seasonal/agricultural work)
  - Parent Deployed
  - Parent Disability
  - Sibling Disability
  - Recent Relocation (within 6 months)
  - Recent Unemployment (within 6 months)
  - Working and in School (Including GED Classes, Vo Tech, College)
  - Parent Incarcerated
  - Referred by another agency

**STAFF USE ONLY:**  
 Staff Accepting Application  
 Initial \_\_\_\_\_

## Child Application

### Applicant (Child Applying for Services)

First	Middle	Last	Suffix	Nickname	Birthdate	Gender
					/ /	M / F

Race	Ethnicity	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<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 (Primary Adult)

First	Middle	Last	Suffix	Nickname	Birthdate	Gender
					/ /	M / F

Race	Ethnicity	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<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	Relationship	Custody	Check all that apply
<input type="checkbox"/> < 9 <sup>th</sup> grade <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11th <input type="checkbox"/> H.S. Diploma	<input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's	<input type="checkbox"/> Full Time (35 + hrs) <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time (-35 hrs) <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Retired	<input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> No <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> Lives with family <input type="checkbox"/> Provide financially <input type="checkbox"/> Teen parent <input type="checkbox"/> Subsidized housing <input type="checkbox"/> Military Family

### Adult 2 (Secondary Adult)

First	Middle	Last	Suffix	Nickname	Birthdate	Gender
					/ /	M / F

Race	Ethnicity	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<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	Relationship	Custody	Check all that apply
<input type="checkbox"/> < 9 <sup>th</sup> grade <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11th <input type="checkbox"/> H.S. Diploma	<input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's	<input type="checkbox"/> Full Time (35 + hrs) <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time (-35 hrs) <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Retired	<input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> No <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> Lives with family <input type="checkbox"/> Provide financially <input type="checkbox"/> Teen parent <input type="checkbox"/> Subsidized housing

Additional Child Is this child also applying for services?  Yes  No

First Middle Last Suffix Nickname Birthday Gender  
 / / M / F

Race Ethnicity English Proficiency Other Language Other Language Proficiency  
 Asian  American Indian/Alaska Native  Hispanic  None  Poor  
 Black  Hawaiian/Pacific Islander  Little  Moderate  
 White  Other: \_\_\_\_\_  Non-Hispanic  Moderate  Proficient

Primary Health Coverage Other Health Coverage Insurance # Medicaid # Medicaid # Doctor Dentist  
 Not Eligible  On Medicaid  Potentially Eligible

Additional Child Is this child also applying for services?  Yes  No

First Middle Last Suffix Nickname Birthday Gender  
 / / M / F

Race Ethnicity English Proficiency Other Language Other Language Proficiency  
 Asian  American Indian/Alaska Native  Hispanic  None  Poor  
 Black  Hawaiian/Pacific Islander  Little  Moderate  
 White  Other: \_\_\_\_\_  Non-Hispanic  Moderate  Proficient

Primary Health Coverage Other Health Coverage Insurance # Medicaid # Medicaid # Doctor Dentist  
 Not Eligible  On Medicaid  Potentially Eligible

Additional Child Is this child also applying for services?  Yes  No

First Middle Last Suffix Nickname Birthday Gender  
 / / M / F

Race Ethnicity English Proficiency Other Language Other Language Proficiency  
 Asian  American Indian/Alaska Native  Hispanic  None  Poor  
 Black  Hawaiian/Pacific Islander  Little  Moderate  
 White  Other: \_\_\_\_\_  Non-Hispanic  Proficient  Proficient

Additional Child Is this child also applying for services?  Yes  No

First Middle Last Suffix Nickname Birthday Gender  
 / / M / F

Race Ethnicity English Proficiency Other Language Other Language Proficiency  
 Asian  American Indian/Alaska Native  Hispanic  None  Poor  
 Black  Hawaiian/Pacific Islander  Little  Moderate  
 White  Other: \_\_\_\_\_  Non-Proficient  Proficient

IF YOU NEED MORE SPACE TO LIST OTHER CHILDREN IN HOME, PLEASE ASK STAFF FOR ANOTHER PAGE.

**Family Information**

Living Address Apt# City State Zip County

Mailing Address Apt# City State Zip County

Phone Numbers Type (check one) Note (extension, best time to call)

Cell  Home  Work  Message

Cell  Home  Work  Message

Cell  Home  Work  Message

Parental Status (check one) Primary Language at Home Homeless Family

One Parent  Two Parent  Yes  No Number in Household Number in Family

Did another agency refer you to Early Head Start? Is Parent Incarcerated? Yes / No

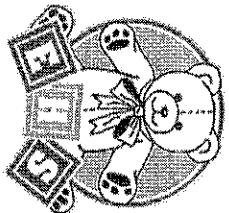
Receiving ECI Services? Yes No Developmental Delays? No Suspected/Diagnosed

TANF SSI WIC Receiving SNAP  
 Yes  No  Formerly  Yes  No  Yes  No  Yes  No

Parent/Guardian Signature: Date:

Annual Income Document(s) Verified Number in Family % of Poverty Level Eligibility (Circle) 0-100% / 100-130% / Public Assistance/Foster/Homeless

Income Verified by: (Signature & Title) Date:



## Early Head Start No Income Statement

Child Name: \_\_\_\_\_

I \_\_\_\_\_ declare that my family's income is \$0.00  
based on the reasons given below:

**Reason given**

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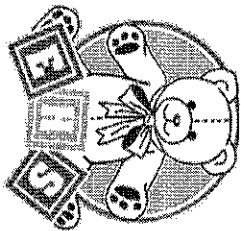
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The Early Head Start staff listed below has made every attempt to verify income by requesting information in accordance with standards.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

EHS Employee signature \_\_\_\_\_ Date \_\_\_\_\_



# Homeless Verification Form

*Any child marked homeless on the eligibility verification form and application must have this form completed.*



Child's Name: \_\_\_\_\_

*According to section 725(2) of the McKinney-Vento Homeless Assistance Act, the term "homeless children and youth" means individuals who lack a fixed, regular, and adequate nighttime residence...; and*

**Mark the ONE statement that best describes the family's situation:**

- (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; **300 points**
- (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. **500 points**
- (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; **500 points**

**Complete the following:**

Family Circumstances: Document the circumstances that created the Homeless situation:

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**Verification Signature:** I verify that the information I have given to the Head Start program is correct and accurately reflects the circumstances outlined on this verification form. I understand that any misrepresentation of critical information could result in the denial of services for my child/children.

Parent/Guardian Signature

Date

Early Head Start Staff Signature

Date