

EAST BATON ROUGE PARISH HEAD START/EARLY HEAD START PROGRAM

4523 Plank Road
 Baton Rouge, Louisiana 70805
 (225) 358-4504



2014 Application

A TRADITION OF EXCELLENCE

- EARLY CHILDHOOD EDUCATION - COMMUNITY PARTNERSHIP/VOLUNTEERISM
- NUTRITIOUS MEALS AND SNACKS - COMPREHENSIVE CHILD AND FAMILY DEVELOPMENT SERVICES
- MEDICAL AND DENTAL SERVICES - SOCIAL SERVICES FOR FAMILIES
- ACTIVITIES FOR PARENTS - ASSISTANCE FOR CHILDREN WITH SPECIAL NEEDS

CENTER LOCATIONS		
Capital Area Head Start/Early Head Start Center 3250 N. Acadian Thruway E. Baton Rouge, LA 70805 (225)359-9201 ext. press 2, then 8 <u>Ages 18 months – 2 years</u>	Children’s World Head Start/Early Head Start Center 7200 Maplewood St. Baton Rouge, La. 70806 (225) 355-9776 <u>Pregnant woman & Ages 6 months – 2 years</u>	World of Learning Head Start/Early Head Start Center 871 O’Neal Ln. Baton Rouge, La. 70816 (225) 275-4011 <u>6 months – 2 years</u>

The following information must be submitted with your application:

- Verification of Pregnancy- *if applicable* (Physician statement indicating trimester, etc.)
- Child’s Birth Certificate
- Child’s Immunization Card (up-to-date)
- Notarized proof of guardianship (if applicable)
- Social Security Cards for each family member
- Child’s Medical Card or Health Insurance Card
- Verification of Disability (if applicable)
- Proof of Income:
 - Current Payroll Check Stubs (2 most recent)(2013)
 - Income Tax Return - 1040A
 - FITAP – Budget Slip
 - Social Security Statement
 - Social Security Income (SSI)
 - Child Support Documents
 - Unemployment Compensation
 - Self-employed Statement (Notarized)
 - Non-Income Verification (Notarized)

Please do not detach sheets, last page requires signature

An Equal Opportunity Program

East Baton Rouge Parish Head Start/Early Head Start Program

DATE
STAMP

Center applying for (choose one (1): Children's World Capital Area World of Learning

Referring Agency _____

Contact Person _____ Telephone # _____

I. EXPECTANT MOTHER'S INFORMATION

Expectant Mother's Name _____

Anticipated Date of Delivery: _____ Prenatal Physician: _____ Address: _____

Phone #: _____

PARENT'S INFORMATION

Parent/Guardian's Name: _____ DOB: _____ Mother Father Grandparent Other

SSN: _____ Race/Ethnicity (optional): African American/Black Asian Caucasian/White Hispanic/Latino Other _____

Address: _____ Home Telephone #: _____ Cell Phone #: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

Parent's Marital Status: Single Married Divorced Separated **Child lives with?** Mother Father Legal Guardian

II. CHILD'S INFORMATION

Child's Name: _____

Date of Birth: _____ Age: _____ Social Security #: _____ - _____ - _____ Gender: Male Female

Race/Ethnicity: (Optional)

African American / Black Asian Caucasian / White Hispanic / Latino Native American / Alaskan Other: _____

Language Spoken at Home: Primary: _____ Secondary: _____

III. CHILD'S HEALTH INFORMATION: (Submit copy of Health Insurance Card)

No Health Insurance LaCHIP #: _____ MEDICAID #: _____

Health Insurance Company: _____ Policy #: _____

Primary Care Physician: _____

Address: _____ Telephone #: _____

Dentist: _____

Address: _____ Telephone #: _____

IV. EMERGENCY CONTACTS

In case of Emergency Contact: (Check all applicable). **In case of emergency your child will be transported to the nearest hospital.**

Name: _____ Telephone #: _____ Medical Personnel 911 Share Medical Health Records

In addition to Emergency Contact, child may be released to:

1Name: _____ Home phone #: _____ Cell Phone #: _____

2Name: _____ Home phone #: _____ Cell Phone #: _____

3Name: _____ Home phone #: _____ Cell Phone #: _____

4Name: _____ Home phone #: _____ Cell Phone #: _____

Medical Conditions / Disabilities: (Submit copy of medical reports/IEP relating to Conditions / Disabilities)

Diagnosed

Allergies (Type: _____) Autism
Birth Defects Developmental Delay
Diabetes Dietary restrictions (Type: _____)
Emotional / Behavior Disorder Epilepsy / Seizures
Health Impairment Hearing Impairment / Deafness
Visual Impairment / Blindness Learning Disability (Type: _____)

Diagnosed

Traumatic Brain Injury
Speech / Language
Sickle Cell Anemia
Mental Retardation
Orthopedic Impairment
Other: _____

FAMILY INFORMATION (Include all members of family)

Living Arrangement: Two Parents Single parent – Mother Only Single parent – Father Only Single parent – Mother & Partner Single parent – Father & Partner Legal Guardian Grandparent Other _____

Housing: Own/Buying Renting House Apartment Homeless/ Shelter Public Housing Assistance Other _____
 How Long at this address _____ Has family moved 2 or more times in the last 12 months? YES NO

Transportation: Private Vehicle Public Transportation Friend / Relative Other: _____

Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Non-Relative <input type="checkbox"/> Other _____	<input type="checkbox"/> Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Non-Relative <input type="checkbox"/> Other _____
Name:		Name:
Date of Birth:		Date of Birth:
Age:		Age:
Social Sec#:		Social Sec#:
Race/Ethnicity: (Optional)	<input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____	<input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____
Language:	Primary _____ Secondary _____	Primary _____ Secondary _____
Education:	<input type="checkbox"/> College /Advance Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> 12 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 9 th grade <input type="checkbox"/> ≥8 th grade	<input type="checkbox"/> College /Advance Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> 12 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 9 th grade <input type="checkbox"/> ≥8 th grade
Employment:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> In-School/Training <input type="checkbox"/> Other _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> In-School/Training <input type="checkbox"/> Other _____
Work Phone #:		Work Phone #:
Monthly Income:	<input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> SSI / SS \$ _____ <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> AFDC \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Worker's Comp \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Retirement \$ _____ <input type="checkbox"/> Other _____ \$ _____ TOTAL MONTHLY INCOME: \$ _____	<input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> SSI / SS \$ _____ <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> AFDC \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Worker's Comp \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Retirement \$ _____ <input type="checkbox"/> Other _____ \$ _____ TOTAL MONTHLY INCOME: \$ _____
Other Public Assistance:	<input type="checkbox"/> Medicaid / Medicare <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medicaid / Medicare <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Other: _____
Special Conditions / Concerns:	Medical Conditions / Disabilities <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____ Health Insurance <input type="checkbox"/> YES <input type="checkbox"/> NO Currently Pregnant <input type="checkbox"/> YES <input type="checkbox"/> NO Substance Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO Physical Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO Legal Issues <input type="checkbox"/> YES <input type="checkbox"/> NO	Medical Conditions / Disabilities <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____ Substance Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO Physical Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO Legal Issues <input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:		

Relationship:	<input type="checkbox"/> Sibling <input type="checkbox"/> Non-Relative <input type="checkbox"/> Other _____	<input type="checkbox"/> Sibling <input type="checkbox"/> Non-Relative <input type="checkbox"/> Other _____
Name:		Name:
Date of Birth:		Date of Birth:
Age:		Age:
Soc Sec#:		Social Sec#:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity: (Optional)	<input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____	<input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____
Language:	Primary _____ Secondary _____	Primary _____ Secondary _____
Education:	<input type="checkbox"/> College /Advance Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> 12 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 9 th grade <input type="checkbox"/> ≥8 th grade	<input type="checkbox"/> College /Advance Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> 12 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 9 th grade <input type="checkbox"/> ≥8 th grade
Employment:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> In-School/Training <input type="checkbox"/> Other _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> In-School/Training <input type="checkbox"/> Other _____
Work Phone #:		Work Phone #:
Monthly Income:	<input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> SSI / SS \$ _____ <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> AFDC \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Worker's Comp \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Retirement \$ _____ <input type="checkbox"/> Other _____ \$ _____ TOTAL MONTHLY INCOME: \$ _____	<input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> SSI / SS \$ _____ <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> AFDC \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Worker's Comp \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Retirement \$ _____ <input type="checkbox"/> Other _____ \$ _____ TOTAL MONTHLY INCOME: \$ _____
Other Public Assistance:	<input type="checkbox"/> Medicaid / Medicare <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medicaid / Medicare <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Other: _____
Special Conditions/ Concerns:	Medical Conditions / Disabilities <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____ Currently Pregnant <input type="checkbox"/> YES <input type="checkbox"/> NO Substance Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO Physical Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO Legal Issues <input type="checkbox"/> YES <input type="checkbox"/> NO	Medical Conditions / Disabilities <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____ Currently Pregnant <input type="checkbox"/> YES <input type="checkbox"/> NO Substance Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO Physical Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO Legal Issues <input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:		

Relationship:	<input type="checkbox"/> Sibling <input type="checkbox"/> Non-Relative <input type="checkbox"/> Other _____	<input type="checkbox"/> Sibling <input type="checkbox"/> Non-Relative <input type="checkbox"/> Other _____
Name:		Name:
Date of Birth:		Date of Birth:
Age:		Age:
Soc Sec#:		Social Sec#:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity: (Optional)	<input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____	<input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____
Language:	Primary _____ Secondary _____	Primary _____ Secondary _____
Education:	<input type="checkbox"/> College /Advance Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> >2th grade	<input type="checkbox"/> College /Advance Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> >12 th grade
Employment:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> In-School/Training <input type="checkbox"/> Other _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> In-School/Training <input type="checkbox"/> Other _____
Work Phone #:		Work Phone #:
Monthly Income:	<input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> SSI / SS \$ _____ <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> AFDC \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Worker's Comp \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Retirement \$ _____ <input type="checkbox"/> Other _____ \$ _____ TOTAL MONTHLY INCOME: \$ _____	<input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> SSI / SS \$ _____ <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> AFDC \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Worker's Comp \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Retirement \$ _____ <input type="checkbox"/> Other _____ \$ _____ TOTAL MONTHLY INCOME: \$ _____
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Comments:		

ACKNOWLEDGEMENT

I certify that, to the best of my knowledge, the information provided in this application is true and accurate. I understand that if any of this information changes or is found to be incorrect, I am obligated to notify this agency immediately. I understand that falsifying information such as family income, number of children, number of household members or relationship may result in the rejection of this application and my child being terminated from East Baton Rouge Parish Head Start/Early Head Start Program..

FEDERAL LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, AND/OR SPECIAL NEEDS.

Parent / Guardian's Name (PRINT): _____

Parent / Guardian's Signature: _____

Date: _____

An Equal Opportunity Program