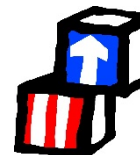


## HEAD START/EARLY HEAD START Application Process



***No child is automatically accepted. Every child is put on a waiting list.  
A quick application does not guarantee acceptance into the program.***

Our programs do not operate on a first-come / first-served basis. When an opening becomes available in the option you requested, all children on the waiting list for that option are considered.

To complete a quick application, you can:

- Call and request an application to be mailed to you or come into your local Head Start office and complete one.
- Print a mail-in form from our website – [www.capc-pensacola.org](http://www.capc-pensacola.org)

**The following required information can be mailed or brought into our office. Your child is not eligible for selection and will not be placed on the wait list without the following documentation.**

1. Proof of your total household income (for both parents if in same household) for the last 12 months (paycheck stubs, IRS tax form 1040, child support, public assistance, financial aid, scholarships, grants etc.)
2. An official copy of your child's birth certificate.
3. If your child has a disability that affects his/her ability to learn we'll need a copy of your child's IEP/ IFSP.
4. If applicable – A copy of any legal documentation (guardianship, adoption, etc.)
5. Proof of residency

**The application form and required documents can be either:**

**Mailed:**

Head Start  
710 N. C Street  
Pensacola, FL 32501

**Brought in:**

**OR** Your local Head Start Center

**Faxed:**

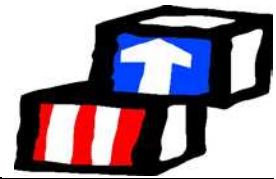
**OR** 850-438-6742

***The computer gives points to determine acceptance into the program.*** If your child is selected, a Family Advocate or Home Visitor will contact you to schedule an enrollment visit.

**It is important to report any address or phone number changes to a Family Advocate.**



### CAPC Head Start/Early Head Start Program Application



<input type="checkbox"/> Head Start (Center based)	<input type="checkbox"/> Early Head Start
<input type="checkbox"/> Head Start (Childcare partner)	<input type="checkbox"/> Current year
<input type="checkbox"/> Head Start (Title 1 site)	<input type="checkbox"/> Next year

**A. APPLICANT (CHILD APPLYING FOR SERVICES)**

First Name	Middle Name	Last Name and Suffix	Date of Birth	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Primary Language		Ethnicity
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> English	<input type="checkbox"/> Korean	<input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic or Non-Latino Origin
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> White	<input type="checkbox"/> Bi-Racial/Multi Racial	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Chinese	_____	
Living Address	Address Line 2	Zip Code	City	State
Mailing Address (if Different)	Address Line 2	Zip Code	City	State
Contact Number	Type	Alternate Number	Type	

**B. Primary Parent or Guardian**

First Name	Middle Name	Last Name	Date of Birth	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Primary Language		Ethnicity
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> English	<input type="checkbox"/> Korean	<input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic or Non-Latino Origin
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> White	<input type="checkbox"/> Bi-Racial/Multi Racial	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Chinese	_____	
Employment Status	Student Status	Custody Arrangement if applicable	Paternal rights established?	
<input type="checkbox"/> Full-time (35 or more hrs a week)	<input type="checkbox"/> Full-time	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Part-time (less than 35 hrs a week)	<input type="checkbox"/> Part-time	Income Received (documentation required for past 12 months)		
<input type="checkbox"/> Self employed	<input type="checkbox"/> Not a student	<input type="checkbox"/> Wages	<input type="checkbox"/> Alimony	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Unemployed	School Name	<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Grants <input type="checkbox"/> TANF
<input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Child Support	<input type="checkbox"/> Veteran's	<input type="checkbox"/> Pension <input type="checkbox"/> Other
Highest Grade completed		Parent's relationship to child		Lives in house with child
<input type="checkbox"/> Grade 10 or less	<input type="checkbox"/> College degree/training cert	<input type="checkbox"/> Natural/adopted/step child		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Grade 11	<input type="checkbox"/> College or advance training	<input type="checkbox"/> Foster child		Did parent go to Head Start
<input type="checkbox"/> GED	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Grand child		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Certificate of completion	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Niece or Nephew		Other kids in Head Start
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please select all the below items that are TRUE about your household				
<input type="checkbox"/> Child abuse or neglect	<input type="checkbox"/> Homeless	<input type="checkbox"/> Active duty military	<input type="checkbox"/> Receive SNAP (food stamps)	<input type="checkbox"/> Receive WIC
<input type="checkbox"/> Applying child has an IEP/IFSP	<input type="checkbox"/> Applying child has a suspected disability	<input type="checkbox"/> At Risk	<input type="checkbox"/> In Crisis	

**C. Secondary Parent or Guardian**

First Name	Middle Name	Last Name	Date of Birth	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Primary Language		Ethnicity
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> English	<input type="checkbox"/> Korean	<input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic or Non-Latino Origin
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> White	<input type="checkbox"/> Bi-Racial/Multi Racial	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Chinese	_____	
Employment Status	Student Status	Income Received (documentation required for past 12 months)		
<input type="checkbox"/> Full-time (35 or more hrs a week)	<input type="checkbox"/> Full-time	<input type="checkbox"/> Wages	<input type="checkbox"/> Alimony	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Part-time (less than 35 hrs a week)	<input type="checkbox"/> Part-time	<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Grants <input type="checkbox"/> TANF
<input type="checkbox"/> Self employed	<input type="checkbox"/> Not a student	<input type="checkbox"/> Child Support	<input type="checkbox"/> Veteran's	<input type="checkbox"/> Pension <input type="checkbox"/> Other
<input type="checkbox"/> Retired or Disabled				

Highest Grade completed		Parent's relationship to child		Lives in house with child	
<input type="checkbox"/> Grade 10 or less	<input type="checkbox"/> College degree/training cert	<input type="checkbox"/> Natural/adopted/step child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Grade 11	<input type="checkbox"/> College or advance training	<input type="checkbox"/> Foster child	<b>Did parent go to Head Start</b>		
<input type="checkbox"/> GED	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Grand child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Certificate of completion	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Niece or Nephew	<b>Other kids in Head Start</b>		
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Master's	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**C. Other members in household you support (Do not include anyone listed above)**

First Name	Last Name	Date of Birth	Relationship to child

Referred by \_\_\_\_\_

**D. Other ways we can reach you (people we can call and your e-mail address)**

First Name	Last Name	Phone Number
E-mail 1		E-mail 2

I certify that the information given in this application is correct and true. I understand that should the program determine that the information given is false or incorrect; my child could be dropped from the program.

\_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Items below are For Office Use Only**

The following documents are attached:

- 1) Child's Birth Certificate
- 2) Proof of family income with signed eligibilty verification
- 3) Proof of Residency
- 4) Guardianship Papers (If Applicable)
- 5) IEP/IFSP (If Applicable)

Yes	No	N/A

\_\_\_\_\_  
Intake Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Application is Complete and ready to submit to Admissions

\_\_\_\_\_  
Intake Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Application has been verified by Admissions

\_\_\_\_\_  
Admissions Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Size	100% Poverty	130% Poverty
1	\$11,770	\$15,301
2	\$15,930	\$20,709
3	\$20,090	\$26,117
4	\$24,250	\$31,525

Family Size	100% Poverty	30% Poverty
5	\$28,410	\$36,933
6	\$32,570	\$42,341
7	\$36,730	\$47,749
8	\$40,890	\$53,157

For families with more than 8 persons, add \$4,160 for each additional person