# East Baton Rouge Parish Head Start/ Early Head Start
# 2018 – 2019 Application

Application for our program does not guarantee enrollment. We do not operate on a first come, first serve basis. Enrollment is based on a point system with points generated by answers within the application process. Selection is made based on points.

*Head Start is a federally-funded program whose mission is to promote child development and school readiness from prenatal through preschool-age children from low-income families, providing comprehensive services to empower diverse families and strengthen communities.*

| ALL DOCUMENTS MUST BE CURRENT AT TIME OF SUBMISSION | |
|---|---|
| **PROOF OF AGE:** (Pick one of the following →)<br>**EHS** – Pregnant women can be any age; Children: 6 – 35 months<br>**HS** – Children must be at least 3 years old on or before September 30, 2018, or no more than five (5) years old after September 30, 2018. | Birth Certificate<br>Signed Hospital Foot Print Certificate<br>Doctor's Statement (Prenatal Mother)<br>Birth Verification Letter |
| **PROOF OF IMMUNIZATIONS:** | Immunization Card, Current *(for applicant only)* |
| **PROOF OF INSURANCE:**<br>If applicable | Medicaid/Medicare Card *(for applicant only)*<br>LaChip Card<br>Private Insurance Card<br>Military Insurance Card |
| **PROOF OF PARENT'S/LEGAL GUARDIAN'S/PRENATAL MOTHER'S GROSS INCOME FOR THE PAST 12 MONTHS OR LAST CALENDAR YEAR (2017)**: (Choose from the following →)<br><br>RELEVANT TIME PERIOD - (A) the 12 months preceding the month in which the application is submitted; or (B) during the calendar year preceding the calendar year in which the application is submitted, whichever more accurately reflects the needs of the family at the time of application. | Check Stubs for Last 12 Months<br>Income Tax (1040) for Year 2017<br>W2's, all for year 2017<br>Unemployment Compensation<br>FITAP/SNAP or Food Stamp Budget Slip(LaCafe)<br>Social Security Statement<br>Supplemental Security Income (SSI)<br>Child Support Documentation<br>Self-Employment Statement<br>Non-Income Verification Form |
| **PROOF OF DISABILITY OR SUSPECTED DISABILITY:**<br>If applicable | Individualized Educational Plan (IEP)<br>Individualized Family Service Plan (IFSP)<br>Doctor/Therapist Evaluation/Statement Outlining Concern |
| **PROOF OF GUARDIANSHIP:**<br>If applicable | Documentation from the Court System/Custody-order |

| EARLY HEAD START CENTERS AND LOCATIONS (6 -35 months) | | |
|---|---|---|
| **Capital Area Early Head Start**<br>3250 N. Acadian Thruway E.<br>Baton Rouge, LA 70805<br>(225) 303-8563 | **Children's World Early Head Start**<br>7200 Maplewood Drive<br>Baton Rouge, LA 70812<br>(225) 355-9776 | **Discovery Early Head Start**<br>9700 Scenic Hwy<br>Baton Rouge, LA 70807<br>(225) 775-7719 |

| HEAD START CENTERS AND LOCATIONS (3-5 years old) | | | |
|---|---|---|---|
| **Capital Area Head Start**<br>3250 N. Acadian Thruway E.<br>Baton Rouge, LA 70805<br>(225) 303-8563 | **Charlie Thomas Head Start**<br>8686 Pecan Tree Drive<br>Baton Rouge, LA 70810<br>(225) 761-4436 | **Child Development & Learning Ctr**<br>7315 Exchange Place Drive<br>Baton Rouge, LA 70805<br>(225) 924-3414 | **Discovery Head Start**<br>9700 Scenic Hwy<br>Baton Rouge, LA 70807<br>(225) 775-7719 |
| **Freeman-Matthews Head Start**<br>1383 Napoleon Street<br>Baton Rouge, LA 70802<br>(225) 387-8531 | **LaBelle Aire Head Start**<br>1919 N. Cristy Drive<br>Baton Rouge, LA 70815<br>(225) 275-0426 | **New Horizon Head Start**<br>1111 N. 28th Street<br>Baton Rouge, LA 70802<br>(225) 344-2152 | **Progress I Head Start**<br>1881 Progress Road<br>Baton Rouge, LA 70807<br>(225) 774-8158 |
| | **Progress II Head Start**<br>1881 Progress Road<br>Baton Rouge, LA 70807<br>225-774-1901 | **Wonderland Head Start**<br>1500 Oleander Street<br>Baton Rouge, LA 70802<br>225-346-0677 | |

**East Baton Rouge Parish Head Start/Early Head Start**
Is
An Equal Opportunity Program
Federal law prohibits discrimination because of race, color, religion, sex, age, national origin and/or special needs.

# East Baton Rouge Parish Head Start/ Early Head Start

4523 Plank Road, Baton Rouge, LA 70805
Main Phone: (225) 358-4504 Intake Phone: (225) 358-1964
http://www.brla.gov/331

## East Baton Rouge Parish Head Start/Early Head Start Application 2018-2019

**Program Applying For: Check One**

| ☐ EARLY HEAD START | ☐ HEAD START | OFFICE USE ONLY |
|---|---|---|
| ☐Prenatal Mom<br>☐Children 6-35 months | • Children 3-5 years old<br>• Birthdates between:<br>Oct 1, 2013 – Sept 30, 2015 | |

**Section A** | **PRENATAL MOM or CHILD APPLYING:** ***Information about the pregnant mom or child who is applying***

**FIRST NAME:** _____ **M.I.:** ____ **LAST NAME:** _____ **DOB:** _____ ☐**MALE** ☐**FEMALE**

**RACE:** (check one)
☐African American/Black ☐Native Hawaiian
☐Asian ☐Pacific Islander
☐American Indian or Alaskan Indian ☐Bi-Racial/Multi-Racial
☐Caucasian/White ☐Other _____

**FOSTER CHILD:** ☐ Yes ☐ No

**ETHNICITY:** Hispanic or Latino Origin ☐ Yes ☐No

**PRIMARY LANGUAGE:** _____

**SECONDARY LANGUAGE:** _____

**HEALTH INSURANCE**: (Check one)
☐Medicaid ☐Private Insurance ☐No Health Insurance
☐LaChip ☐Military Insurance ☐Other _____

**POLICY NUMBER:**_____

**HEALTH CARE PROVIDER:**
Health Insurance Company: _____
Primary Care Physician: _____ Phone:_____
Dentist: _____ Phone: _____

**Section B** | **FAMILY INFORMATION**

**LIVING ADDRESS:**
Address: _____
City: _____ State: _____ Zip: _____

**Primary Home Language** _____
**Secondary Home Language** _____

**HOMELESS:** ☐ Yes ☐ No

**HOUSING:**
☐ Own ☐ Public Housing
☐ Rent ☐ Live with relative/friend

**MAILING ADDRESS***: (If different from living address)*
Address: _____
City: _____ State: _____ Zip: _____

**Transportation**
☐ Private Vehicle
☐ Public Transportation
☐ Friend / Relative

**SPECIAL CONDITIONS:**
Medical Condition/Disability ☐ Yes ☐ No
Currently Pregnant ☐ Yes ☐ No
Substance Abuse ☐ Yes ☐ No
Physical Abuse ☐ Yes ☐ No
Legal Issues ☐ Yes ☐ No

**Has your child been identified by a PROFESSIONAL as having a disability or special need?** ☐ Yes ☐ No
If YES, please explain:
_____
_____

**SERVICES YOUR FAMILY RECEIVES***: (Check all that apply)*
☐None ☐Medicaid/Medicare ☐WIC
☐Food Stamps/SNAP ☐Child Care Assistance ☐FITAP
☐Supplemental Security Income (SSI) ☐Other_____

**PARENTAL STATUS:** ☐One Parent ☐Two Parent ☐Foster Parent ☐Grandparent/Relative ☐Guardian/Other

## Section C | PRIMARY ADULT OR PRENATAL MOM: *Information about pregnant mom or adult responsible for applying child.*

**FIRST NAME:** _____ **M.I.:** ____ **LAST NAME:** _____ **DOB:** _____ ☐**MALE** ☐**FEMALE**

**RACE:** (check one)
☐African American/Black ☐Native Hawaiian
☐Asian ☐Pacific Islander
☐American Indian or Alaskan Indian ☐Bi-Racial/Multi-Racial
☐Caucasian/White ☐Other _____

**HOME PHONE:** ( ) _____ **CELL PHONE:** ( ) _____

**E-MAIL ADDRESS:** _____

**ETHNICITY:** Hispanic or Latino Origin ☐ Yes ☐No

**RELATIONSHIP TO CHILD OR APPLICANT:** *(Check one)*
☐Biological Parent ☐Step-Parent
☐Adoptive Parent ☐Foster Parent
☐Grandparent ☐Self (Pregnant Mother)
☐Other _____

**EMPLOYMENT STATUS:** *(Check one)*
☐Full-Time Work (35 hrs/wk or more) ☐Self-Employed
☐Part-Time Work (Under 35 hrs/wk) ☐Seasonal Employee
☐Unemployed ☐Training or in School
☐Stay at Home Parent ☐Retired or Disabled

**HIGHEST GRADE COMPLETED:** *(Check one)*
☐8th Grade or less ☐High School Diploma ☐Advanced Degree
☐9th Grade ☐GED
☐10th Grade ☐Some College(no degree)
☐11th Grade ☐Associate's Degree
☐12th grade ☐Bachelor's Degree

**INSURANCE PROVIDER:**
☐**Medicaid** ☐**Private**
☐**Military** ☐**Affordable Care**
☐**None** ☐**Other** _____

**MILITARY STATUS:**
☐**Active** ☐**Veteran**

## Section D | SECONDARY ADULT: *Information about the secondary adult responsible for applying child.*

**FIRST NAME:** _____ **M.I.:** ____ **LAST NAME:** _____ **DOB:** _____ ☐**MALE** ☐**FEMALE**

**RACE:** (check one)
☐African American/Black ☐Native Hawaiian
☐Asian ☐Pacific Islander
☐American Indian or Alaskan Indian ☐Bi-Racial/Multi-Racial
☐Caucasian/White ☐Other _____

**HOME PHONE:** ( ) _____ **CELL PHONE:** ( ) _____

**E-MAIL ADDRESS:** _____

**ETHNICITY:** Hispanic or Latino Origin ☐ Yes ☐No

**RELATIONSHIP TO CHILD OR APPLICANT:** *(Check one)*
☐Biological Parent ☐Step-Parent
☐Adoptive Parent ☐Foster Parent
☐Grandparent ☐Self
☐Other _____

**EMPLOYMENT STATUS:** *(Check one)*
☐Full-Time Work (35 hrs/wk or more) ☐Self-Employed
☐Part-Time Work (Under 35 hrs/wk) ☐Seasonal Employee
☐Unemployed ☐Training or in School
☐Stay at Home Parent ☐Retired or Disabled

**HIGHEST GRADE COMPLETED:** *(Check one)*
☐8th Grade or less ☐High School Diploma ☐Advanced Degree
☐9th Grade ☐GED
☐10th Grade ☐Some College(no degree)
☐11th Grade ☐Associate's Degree
☐12th grade ☐Bachelor's Degree

**INSURANCE PROVIDER:**
☐**Medicaid** ☐**Private**
☐**Military** ☐**Affordable Care**
☐**None** ☐**Other** _____

**MILITARY STATUS:**
☐**Active**
☐**Veteran**

## Section E | ADDITIONAL CHILDREN

| FIRST, MIDDLE INITIAL, & LAST NAME | RELATIONSHIP TO APPLYING CHILD OR PREGNANT MOM | DATE OF BIRTH | GENDER |
|---|---|---|---|
| | | | ☐**MALE** ☐**FEMALE** |
| | | | ☐**MALE** ☐**FEMALE** |
| | | | ☐**MALE** ☐**FEMALE** |
| | | | ☐**MALE** ☐**FEMALE** |
| | | | ☐**MALE** ☐**FEMALE** |

**FAMILY SIZE**

| # OF ADULTS IN THE FAMILY: | # OF CHILDREN IN THE FAMILY: | TOTAL # OF FAMILY MEMBERS: |
|---|---|---|
| _____ | _____ | _____ |

**Section F** | **HEAD START CENTERS:** ***Which Head Start Center are you applying for:***

**EARLY HEAD START CENTERS:**

☐Capital Area Early Head Start ☐ Children's World Early Head Start ☐Discovery Early Head Start

**HEAD START CENTERS:**

☐Capital Area Head Start ☐Charlie Thomas Head Start ☐Child Development and Learning Center (CDLC)
☐Discovery Head Start ☐Freeman-Matthews Head Start ☐LaBelle Aire Head Start
☐New Horizon Head Start ☐Progress I Head Start ☐Progress II Head Start
☐Wonderland Head Start

**Section G** | **EMERGENCY CONTACTS**

| | NAME | RELATIONSHIP TO APPLICANT | PHONE NUMBER |
|---|---|---|---|
| **1.** | | | |
| **2.** | | | |
| **3.** | | | |
| **4.** | | | |
| **5.** | | | |

**Section H** | **HOW DID YOU HEAR ABOUT US?**

☐Early Head Start ☐Head Start ☐Agency Referral
☐Family or Friend ☐City-Parish Website Referring Agency: _____ Contact: _____ Ph#: _____
☐Flyers ☐Social Media
☐Walk In ☐LDOE Referring Agency: _____ Contact: _____ Ph#: _____
☐Flyers ☐Newspaper/Radio
☐Early Intervention ☐Other: _____

**CERTIFICATION** | **PLEASE READ, SIGN AND DATE YOUR APPLICATION**

I understand that the information in this application will be held in strict confidence within the agency. I further understand that this is an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in disenrollment of my child from the East Baton Rouge Parish Head Start/Early Head Start Program and could have serious legal consequences for me. Head Start does not discriminate on the basis of race, color, national origin, sex, disability, or age.

| **PARENT/GUARDIAN SIGNATURE:** | **DATE:** |
|---|---|
| | |

**OFFICE USE ONLY**

**Date Received:** _____ **Site:** _____ **Inputted By:** _____