



## East Baton Rouge Parish Head Start/ Early Head Start 2019 – 2020 Application

Enrollment in the Head Start/Early Head Start Program is done on a point system from the answers within the application process. Submitting an application does not guarantee enrollment.

*Head Start promotes child development and school readiness for prenatal through preschool-age children from low-income families, providing comprehensive services to empower families and strengthen communities.*

### ALL DOCUMENTS MUST BE CURRENT AT TIME OF SUBMISSION

|  |   |
|--|---|
| <b>PROOF OF AGE:</b> (Pick one of the following →)<br><b>EHS</b> – Pregnant women can be any age; Children: 6 – 35 months<br><b>HS</b> – Children must be at least 3 years old on or before September 30, 2019, or less than five (5) years old on September 30, 2019.   | Birth Certificate<br>Signed Hospital Foot Print Certificate<br>Doctor’s Statement (Prenatal Mother)<br>Birth Verification Letter  |
| <b>PROOF OF IMMUNIZATIONS:</b>   | Immunization Card, Current <i>(for applicant only)</i>  |
| <b>PROOF OF INSURANCE:</b><br>If applicable  | Medicaid/Medicare Card <i>(for applicant only)</i><br>LaChip Card<br>Private Insurance Card<br>Military Insurance Card  |
| <b>PROOF OF PARENT’S/LEGAL GUARDIAN’S/PRENATAL MOTHER’S GROSS INCOME FOR THE PAST 12 MONTHS OR LAST CALENDAR YEAR (2018):</b> (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 (proceeding current month)<br>Income Tax (1040) for Year 2018W2’s, all for year 2018<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 |
| <b>PROOF OF DISABILITY:</b><br>If applicable   | Individualized Educational Plan (IEP)<br>Individualized Family Service Plan (IFSP)  |
| <b>PROOF OF GUARDIANSHIP:</b><br>If applicable   | Documentation from the Court System/Custody-order   |

### EARLY HEAD START CENTERS AND LOCATIONS (6 -35 months)

|   |   |   |
|---|---|---|
| <b>Capital Area Early Head Start</b><br>3250 N. Acadian Thruway E.<br>Baton Rouge, LA 70805<br>(225) 303-8563 | <b>Children’s World Early Head Start</b><br>7200 Maplewood Drive<br>Baton Rouge, LA 70812<br>(225) 355-9776 | <b>Discovery Early Head Start</b><br>9700 Scenic Hwy<br>Baton Rouge, LA 70807<br>(225) 775-7719 |
|---|---|---|

### HEAD START CENTERS AND LOCATIONS (3-5 years old)

|   |  |   |   |
|---|--|---|---|
| <b>Capital Area Head Start</b><br>3250 N. Acadian Thruway E.<br>Baton Rouge, LA 70805<br>(225) 303-8563 | <b>Charlie Thomas Head Start</b><br>8686 Pecan Tree Drive<br>Baton Rouge, LA 70810<br>(225) 761-4436 | <b>Child Development &amp; Learning Ctr</b><br>7315 Exchange Place Drive<br>Baton Rouge, LA 70805<br>(225) 924-3414 | <b>Discovery Head Start</b><br>9700 Scenic Hwy<br>Baton Rouge, LA 70807<br>(225) 775-7719     |
| <b>Freeman-Matthews Head Start</b><br>1383 Napoleon Street<br>Baton Rouge, LA 70802<br>(225) 387-8531   | <b>LaBelle Aire Head Start</b><br>1919 N. Cristy Drive<br>Baton Rouge, LA 70815<br>(225) 275-0426    | <b>New Horizon Head Start</b><br>1111 N. 28 <sup>th</sup> Street<br>Baton Rouge, LA 70802<br>(225) 344-2152         | <b>Progress I Head Start</b><br>1881 Progress Road<br>Baton Rouge, LA 70807<br>(225) 774-8158 |
| <b>Progress II Head Start</b><br>1881 Progress Road<br>Baton Rouge, LA 70807<br>225-774-1901            | <b>St. Francis Xavier</b><br>1145 Terrace Street<br>Baton Rouge, La 70802<br>(225)387-4877           | <b>Wonderland Head Start</b><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) 358-1930

<https://www.brla.gov/331/Head-Start-Early-Head-Start-Program>

## East Baton Rouge Parish Head Start/Early Head Start Application 2019-2020

### Program Applying For: Check One

|  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>EARLY HEAD START</b><br><input type="checkbox"/> Prenatal Mom<br><input type="checkbox"/> Children 6-35 months | <input type="checkbox"/> <b>HEAD START</b><br><ul style="list-style-type: none"> <li>Children 3-5 years old</li> <li>Birthdates between:<br/>Oct 1, 2014 – Sept 30, 2016</li> </ul> | <b>Early Head Start Pregnant Adult Only</b><br><br><b>Estimated Due Date:</b> _____<br><br>High Risk? <input type="checkbox"/> |
|--|---|--|

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

|   |  |  |  |                                 |
|---|--|--|--|---------------------------------|
| FIRST NAME: _____ M.I.: _____ LAST NAME: _____  |  | DOB: _____   |  | <input type="checkbox"/> MALE   |
|   |  |  |  | <input type="checkbox"/> FEMALE |
| <b>RACE:</b> (check one)<br><input type="checkbox"/> African American/Black<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian or Alaskan Indian<br><input type="checkbox"/> Caucasian/White<br><input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> Bi-Racial/Multi-Racial<br><input type="checkbox"/> Other _____ |  | <b>FOSTER CHILD:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>ETHNICITY:</b> Hispanic or Latino Origin<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
|   |  | <b>PRIMARY LANGUAGE:</b> _____<br><b>SECONDARY LANGUAGE:</b> _____   |  |                                 |
| <b>HEALTH INSURANCE:</b> (Check one)<br><input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Health Insurance<br><input type="checkbox"/> LaChip <input type="checkbox"/> Military Insurance <input type="checkbox"/> Other _____   |  | <b>HEALTH CARE PROVIDER:</b><br>Health Insurance Company: _____<br>Primary Care Physician: _____ Phone: _____<br>Dentist: _____ Phone: _____   |  |                                 |
| POLICY NUMBER: _____  |  |  |  |                                 |

### Section B | FAMILY INFORMATION

|  |  |  |  |
|--|--|--|--|
| <b>LIVING ADDRESS:</b><br>Address: _____<br>City: _____ State: _____ Zip: _____  |  | <b>Primary Home Language</b><br>_____<br><br><b>Secondary Home Language</b><br>_____   | <b>HOMELESS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>HOUSING:</b><br><input type="checkbox"/> Own <input type="checkbox"/> Public Housing<br><input type="checkbox"/> Rent <input type="checkbox"/> Live with relative/friend   |
| <b>MAILING ADDRESS: (If different from living address)</b><br>Address: _____<br>City: _____ State: _____ Zip: _____  |  | <b>Transportation</b><br><input type="checkbox"/> Private Vehicle<br><input type="checkbox"/> Public Transportation<br><input type="checkbox"/> Friend / Relative  | <b>SPECIAL CONDITIONS:</b><br>Medical Condition/Disability <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Currently Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Substance Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Physical Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Legal Issues <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Do you have any concerns about your child's overall health?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, please explain:<br>_____<br>_____  |  | <b>SERVICES YOUR FAMILY RECEIVES: (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> WIC<br><input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> FITAP<br><input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other _____ |  |
| <b>PARENTAL STATUS:</b> <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent/Relative <input type="checkbox"/> Guardian/Other |  |  |  |
| <b>MARTIAL STATUS:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed                                |  |  |  |

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

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| FIRST NAME: _____ M.I.: _____ LAST NAME: _____  |  |  | DOB: _____   |  | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE                            |
| <b>RACE: (check one)</b><br><input type="checkbox"/> African American/Black <input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Bi-Racial/Multi-Racial<br><input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other _____   |  |  | HOME PHONE: (    ) _____ CELL PHONE: (    ) _____  |  |   |
|   |  |  | E-MAIL ADDRESS: _____  |  |   |
|   |  |  | ETHNICITY: Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |
| <b>RELATIONSHIP TO CHILD OR APPLICANT: (Check one)</b><br><input type="checkbox"/> Biological Parent <input type="checkbox"/> Step-Parent<br><input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent<br><input type="checkbox"/> Grandparent <input type="checkbox"/> Self (Pregnant Mother)<br><input type="checkbox"/> Other _____  |  |  | <b>EMPLOYMENT STATUS: (Check one)</b><br><input type="checkbox"/> Full-Time Work (35 hrs/wk or more) <input type="checkbox"/> Self-Employed<br><input type="checkbox"/> Part-Time Work (Under 35 hrs/wk) <input type="checkbox"/> Seasonal Employee<br><input type="checkbox"/> Unemployed <input type="checkbox"/> Training or in School<br><input type="checkbox"/> Stay at Home Parent <input type="checkbox"/> Retired or Disabled |  |   |
| <b>HIGHEST GRADE COMPLETED: (Check one)</b><br><input type="checkbox"/> 8th Grade or less <input type="checkbox"/> High School Diploma <input type="checkbox"/> Advanced Degree<br><input type="checkbox"/> 9th Grade <input type="checkbox"/> GED<br><input type="checkbox"/> 10th Grade <input type="checkbox"/> Some College(no degree)<br><input type="checkbox"/> 11th Grade <input type="checkbox"/> Associate's Degree<br><input type="checkbox"/> 12th grade <input type="checkbox"/> Bachelor's Degree |  |  | <b>INSURANCE PROVIDER:</b><br><input type="checkbox"/> Medicaid <input type="checkbox"/> Private<br><input type="checkbox"/> Military <input type="checkbox"/> Affordable Care<br><input type="checkbox"/> None <input type="checkbox"/> Other _____   |  | <b>MILITARY STATUS:</b><br><input type="checkbox"/> Active <input type="checkbox"/> Veteran |

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

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| FIRST NAME: _____ M.I.: _____ LAST NAME: _____  |  |  | DOB: _____   |  | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE                            |
| <b>RACE: (check one)</b><br><input type="checkbox"/> African American/Black <input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Bi-Racial/Multi-Racial<br><input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other _____   |  |  | HOME PHONE: (    ) _____ CELL PHONE: (    ) _____  |  |   |
|   |  |  | E-MAIL ADDRESS: _____  |  |   |
|   |  |  | ETHNICITY: Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |
| <b>RELATIONSHIP TO CHILD OR APPLICANT: (Check one)</b><br><input type="checkbox"/> Biological Parent <input type="checkbox"/> Step-Parent<br><input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent<br><input type="checkbox"/> Grandparent <input type="checkbox"/> Self<br><input type="checkbox"/> Other _____  |  |  | <b>EMPLOYMENT STATUS: (Check one)</b><br><input type="checkbox"/> Full-Time Work (35 hrs/wk or more) <input type="checkbox"/> Self-Employed<br><input type="checkbox"/> Part-Time Work (Under 35 hrs/wk) <input type="checkbox"/> Seasonal Employee<br><input type="checkbox"/> Unemployed <input type="checkbox"/> Training or in School<br><input type="checkbox"/> Stay at Home Parent <input type="checkbox"/> Retired or Disabled |  |   |
| <b>HIGHEST GRADE COMPLETED: (Check one)</b><br><input type="checkbox"/> 8th Grade or less <input type="checkbox"/> High School Diploma <input type="checkbox"/> Advanced Degree<br><input type="checkbox"/> 9th Grade <input type="checkbox"/> GED<br><input type="checkbox"/> 10th Grade <input type="checkbox"/> Some College(no degree)<br><input type="checkbox"/> 11th Grade <input type="checkbox"/> Associate's Degree<br><input type="checkbox"/> 12th grade <input type="checkbox"/> Bachelor's Degree |  |  | <b>INSURANCE PROVIDER:</b><br><input type="checkbox"/> Medicaid <input type="checkbox"/> Private<br><input type="checkbox"/> Military <input type="checkbox"/> Affordable Care<br><input type="checkbox"/> None <input type="checkbox"/> Other _____   |  | <b>MILITARY STATUS:</b><br><input type="checkbox"/> Active <input type="checkbox"/> Veteran |

**Section E | ADDITIONAL CHILDREN**

| FIRST, MIDDLE INITIAL, & LAST NAME | RELATIONSHIP TO APPLYING CHILD OR PREGNANT MOM | DATE OF BIRTH | GENDER   |
|------------------------------------|--|---------------|--|
|                                    |  |               | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |
|                                    |  |               | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |
|                                    |  |               | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |
|                                    |  |               | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |
|                                    |  |               | <input type="checkbox"/> MALE<br><input type="checkbox"/> 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  
 St. Francis Xavier 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 termination 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: \_\_\_\_\_ Application Entered By: \_\_\_\_\_