Thank you for your interest in Durham Early Head Start. Please complete the entire application. The information and the answers you provide will remain confidential and will not be shared without prior consent, and are used to help guide the selection process. Once your application is reviewed, if determined eligible; it will be processed and your child's name will be added to our waiting list.

We MUST have all of the following items to process your child's application

☐ **APPLICATION COMPLETED AND SIGNED** (signature and date required)

☐ **PROOF OF ALL INCOME RECEIVED-** (pay stubs for 1 month, W-2 or 1040 Tax form, documentation of child support payments received, unemployment income, scholarships and grants, letter from employer, High School Schedule OR statement of no income. If family receives SSI/SSA or Work First/TANF, you must provide documentation stating the monthly income.)

☐ **PROOF OF CHILD'S AGE –** child's full name and date of birth (birth certificate, Mother's Copy or Medicaid card, etc.)

☐ **PROOF OF DURHAM COUNTY RESIDENCY –** (copy of any of the following documents with parent's name and **current** physical address (electric, water, gas, or tax bill, lease agreement, deed, passport or I.D. If you are living with someone, that person must provide a written statement that you live with them along with a copy of any of the mentioned documents in their name.)

IF YOUR CHILD HAS AN IFSP, PLEASE ATTACH A COPY TO THIS APPLICATION IF AVAILABLE.

For questions or help completing this application please call
Durham Early Head Start at (919) 439-7107
Visit us at www.chtop.org

Durham Early Head Start

In addition to considering our established selection criteria, this program retains the right to determine the impact of certain factors (i.e. subsidy status, sibling placement, classroom/caseload need, and partnering with community childcare) during the selection process.

***Note* Spanish Applications and Assistance are available upon request**

Incomplete applications WILL NOT be processed

Please mail or drop off application and all required paperwork to

1201 S. Briggs Avenue, Suite 110, Durham, NC 27703

You can also fax it to: 866-839-1642

REMINDER: Durham Early Head Start does not provide transportation to centers (bus passes are available).

Information Sheet 2017

Early Head Start is a comprehensive child development and family support program for low-income families with children aged birth to three years old and for expectant families.

EHS offers:

- **<u>Home-Based Services</u>-** Weekly 90 minute home visits and bi-monthly parent-child playgroups. Parent-child services focusing on child development and parent education.
- **<u>Center-Based Services</u>-** Full day/full-year child care services for children under the age of 3 located in Durham at one of our five partnering child care centers.

Requirements:

- Must reside in Durham County
- Family must meet income guidelines (see chart to right), or receives SSI or Work First, is Homeless or child is in Foster Care. Children with documented disabilities (IEP/IFSP) may be considered regardless of income
- Child under the age of 3 or is an expectant family

2017 Federal Poverty Guidelines		
Family Size	Family Yearly Income 100%	Family Yearly Income 125%
1	**$12,060**	**$15,075**
2	**$16,240**	**$20,300**
3	**$20,420**	**$25,525**
4	**$24,600**	**$30,750**
5	**$28,780**	**$35,975**
6	**$32,960**	**$41,200**
7	**$37,140**	**$46,425**
8	**$41,320**	**$51,650**
For each additional person, add $4,180		

When a slot in any of the five centers becomes available for your child's age group, we will choose a name from our waiting list, and if your child is selected, our staff will contact you. Please ensure that your contact information remains current.

Feel free to call and check on your application any time after two weeks.

Please contact us if your address, phone number(s), income or other family information changes. If your child is selected for a space in the program, we will call and send a letter based on the information we have on file.

If your child is not selected for the school year, you will be contacted in the spring of next year to apply for the following year, if you are still interested.

CHILD'S INFORMATION

☐ Unborn

____ ____/____/____ or ____/____/_____ ☐ Male

NAME OF CHILD APPLYING/EXPECTANT MOTHER Date of Birth due Date ☐ Female

____

HOME ADDRESS CITY/STATE ZIP CODE

____

MAILING ADDRESS (If different from above)

What race do you consider this child to be? (Check one):

☐ American Indian or Alaska Native ☐ Asian ☐ Black/African-American ☐ White ☐ Native Hawaiian or Pacific Islander

☐ Biracial/Multi-racial ☐ Other _______________

What Ethnicity do you consider this child? (Check one): ☐ Latino or Hispanic Origin ☐ Non-Latino or Non-Hispanic Origin

Who is this child being raised by?

☐ Married Parent/Guardian(s) ☐ Unmarried Parent/Guardian(s) living together

☐ Single/widowed/separated or divorced Parent/Guardians (only one parent or guardian is involved in raising child)

☐ Divorced or Separated Parent/Guardians (both parents are actively involved in raising the child)

☐ Foster Parent(s) ☐ Grandparent(s) ☐ Other: _________________

Child's health insurance coverage: ☐ Medicaid ☐ Health Choice ☐ None ☐ Other ________________

Where does this child go for check-ups/shots? ____

Where does this child go for dental care? ____

Where does this child go when sick? ____

ADDITIONAL INFORMATION FOR PRENATAL APPLICANTS

What is your expected Delivery Date? ____

Who provides your Prenatal Care? ____

When did you first receive prenatal care? ____

Is this pregnancy considered high risk? ____

Have you been or are you on bed rest for this pregnancy? ____

When was your last dental visit? ____

☐ Center Based ☐ Home Based

IMPORTANT: We encourage families to provide a copy of recent physical exam and shot record when applying for DEHS. We require a copy of the child's most recent physical exam and shot record for all enrolled children before they can start in the classroom. Please call us at 919-439-7107 if you need help getting these records.

PARENT & FAMILY INFORMATION

	Primary Parent /Guardian	Secondary Parent / Guardian
Name of parents:		
Date of birth:		
Gender:	☐ Male ☐ Female	☐ Male ☐ Female
Relationship to Child	☐ Biological/Adoptive Parent ☐ Step Parent ☐ Foster Parent ☐ Grandparent ☐ Other Relative (specify): ____________ ☐ Other/No Relationship (Explain):_______________	☐ Biological/Adoptive Parent ☐ Step Parent ☐ Foster Parent ☐ Grandparent ☐ Other Relative (specify): ____________ ☐ Other/No Relationship (Explain): _______________
Home Address:		
Mailing Address: (if different from above):		
Contact Information:	_______________ ☐ Cell ☐ Home ☐ Work ☐ Other _______________ ☐ Cell ☐ Home ☐ Work ☐ Other	_______________ ☐ Cell ☐ Home ☐ Work ☐ Other _______________ ☐ Cell ☐ Home ☐ Work ☐ Other
	☐ I would like to receive text messages regarding program information	☐ I would like to receive text messages regarding program information
E-Mail Address:		
Military Service	☐ Yes ☐ No ☐ Retired/Discharged	☐ Yes ☐ No ☐ Retired/Discharged
Race:	☐ Asian ☐ Black/African American ☐ White ☐ American Indian or Alaska Native ☐ Biracial/Multi-racial ☐ Native Hawaiian or Pacific Islander ☐ Other (specify): ____________	☐ Asian ☐ Black/African American ☐ White ☐ American Indian or Alaska Native ☐ Biracial/Multi-racial ☐ Native Hawaiian or Pacific Islander ☐ Other (specify): ____________
Ethnicity:	☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino	☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino
Primary Languages Spoken in home:		
Speaking, writing and reading in English	How well can you speak English? ☐Well ☐Some ☐Not much or none How well can you read and write English? ☐Well ☐Some ☐Not much or none	How well can you speak English? ☐Well ☐Some ☐Not much or none How well can you read and write English? ☐Well ☐Some ☐Not much or none
What is your employment situation? (check all that apply)	☐ Full-time (30 +hours) ☐ Part-time job (29 hours or less) ☐ Actively seeking employment ☐ Self-employed (explain):____________ ☐ Unable to work due to disability ☐ Homemaker Unemployed or Retired ☐ In Job-training program:_____________ ☐ Student Full-Time (where):____________ ☐ Student Part-Time (where):____________ ☐ Other: (please specify): ________________	☐ Full-time (30 +hours) ☐ Part-time job (29 hours or less) ☐ Actively seeking employment ☐ Self-employed (explain):____________ ☐ Unable to work due to disability ☐ Homemaker Unemployed or Retired ☐ In Job-training program:_____________ ☐ Student Full-Time (where):____________ ☐ Student Part-Time (where):____________ ☐ Other: (please specify): ________________
Last grade completed: (please circle)	0 1 2 3 4 5 6 7 8 9 10 11 12 College? 1 2 3 4 5+	0 1 2 3 4 5 6 7 8 9 10 11 12 College? 1 2 3 4 5+
Highest Degree Received?	☐ GED ☐ HS Diploma ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate ☐ No degree	☐ GED ☐ HS Diploma ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate ☐No degree

Additional Family and Household Information

Is this child's parent/primary guardian pregnant? ☐ Yes ☐ No Due date: ____/____/_____

Counting everyone who lives with your child: How many persons live in the same house? _______ List below everyone who lives in the home with this child (Brothers, Sisters, Aunts, Uncles, Grandparents, and Non-relatives. Attach additional pages if necessary):

NAME	SEX	AGE	Date of Birth	Relationship to Child	Speak English?
				Child Applying	☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**
					☐ **Yes** ☐**No** ☐ **Some**

MALE INVOLVEMENT

Applicable to Durham Early Head Start Children ONLY:

Can Durham Early Head Start send information regarding any program activity to any significant male role model(s) (father, brother, uncle, grandfather, cousin, family friend, etc.) in your child's life? ☐ Yes ☐ No

If yes, please complete the following:

Name: ____

Relationship: ____

Contact Number: ____

EMPLOYMENT AND FINANCIAL SUPPORT INFORMATION

Does your family receive any of the following services or assistance? (Check all that apply):

☐ Medicaid/Medicare ☐ Food Stamps or SNAP ☐ WIC ☐ Housing Assistance ☐ Work first/TANF

☐ Unemployment ☐ Child Support ☐ SSI for: _______________ ☐ SSA for: _______________

☐ DSS foster Care (name of DSS Foster Care Worker: ________________________)

Does this child currently receive Child Care Subsidy (DSS voucher) or other child care scholarship? ☐ Yes ☐ No

	Current Employer	How long have you worked there?	Average # of hours worked per week?	What is your salary?
Parent/Guardian 1		____ Years ____ Months Seasonal: # of months worked per year? ___________		$____________ ☐ Hourly ☐ Weekly ☐ Bi- Weekly ☐Monthly ☐ Twice a month
Parent/Guardian 2		____ Years ____Months Seasonal: # of months worked per year? _________		$____________ ☐ Hourly ☐ Weekly ☐ Bi- Weekly ☐Monthly ☐ Twice a month

OTHER SOURCES OF INCOME THAT MUST BE INCLUDED

Child Support (for all children): Monthly Amount $_______	Social Security Benefits (SSA): Monthly Amount $ ______
Foster Care Payments: Monthly Amount $________	Work Study, Fellowship or Grant Award: Monthly Amount $_______
Work First/TANF: Monthly Amount $________	Unemployment: Monthly Amount $______
Supplemental Social Security Income (SSI): Monthly Amount $________	Other: Monthly Amount $______

Housing Information

How long have you lived at your current residence? _______ ____

How would you describe you current housing situation: ☐ safe, secure and adequate for me and my children ☐ overcrowded

☐ unsafe ☐ unstable/have to move soon ☐ other:____

Is your current address a temporary living arrangement? ☐ Yes ☐ No

Is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

(If yes to ANY of the above questions, staff and applicant MUST complete the Establishing Home Permanency form)

Has this child been in Early Head Start before? ☐Yes ☐No If yes, when? _______________

Does this child have a sibling that is currently enrolled in Early Head Start or Head Start? ☐Yes ☐No

Does this child have a sibling that was previously enrolled in Early Head Start or Head Start? ☐Yes ☐No

Was this child born prematurely (34 weeks or less) or had a birth weight of less that 3lbs and 4 oz.? ☐Yes ☐No
If yes, at how many weeks? _______________ How much did he/she weigh? ________________

Does this child have a chronic health condition or an ongoing medical issue (e.g. asthma, allergies, or seizures)?
☐Yes ☐No If yes, please explain: ____

Has anyone expressed concerns or recommended services based on this child's health, learning, development or behavior?
☐ No ☐Yes, I have concerns ☐ Yes, Pediatrician/Health Care Professional: ________________________________
☐Yes, Family member ☐ Yes, Other: ____
☐Yes, Teacher

If yes, please explain the concerns: ____
____

Has your child had any history of behavior problems or has there been any health or social concerns? ☐Yes ☐No
If yes, please explain: ____
____

Has this child received any developmental screening, assessment or evaluation because of concerns about his/her behavior, health or development, or for early intervention or special education services?
☐No ☐ Yes, CDSA (Infant-Toddler Program) ☐ Yes, Psychologist or Social Worker
☐Yes, Private Therapy Agency ☐ Yes, Pediatrician/Doctor ☐ Yes, CC4C/Health Dept.
☐ Yes, Hospital or Clinic ☐ Yes, Other: ____
☐ Yes, CIDD or TEACCH

If YES, did the evaluation result in eligibility for the child to receive early intervention services (IFSP)?
☐ Yes ☐ No ☐ Unsure

Check all of the following services that your child receives?
☐ Care Coordination for Children (CC4C) ☐ Speech Therapy ☐ Occupational Therapy ☐ Physical Therapy
☐ Special Instruction/Special Education ☐ Behavior support/consultation ☐ other: _________________

Does this child have a current IFSP (Individualized Family Service Plan-Services with the Infant-Toddler Program)?
☐ Yes ☐ No ☐ Unsure

IF YOUR CHILD HAS AN IFSP PLEASE ATTACH A COPY TO THIS APPLICATION

The following questions include issues that are sensitive and private. Your honest answers help us determine your family's needs, as we are directed to do by our Federal Grant. All answers will be kept private and only used for eligibility purposes.

☐ Yes ☐ No Do you consider yourself homeless? (a staff member will ask you for more information)

☐ Yes ☐ No Is finding AND affording a place to live a problem for your family?

☐ Yes ☐ No Has your family ever been involved with Child Protective Services (CPS)?

☐ Yes ☐ No Have you OR your child witnessed alcohol OR drug abuse in your household?

☐ Yes ☐ No Has your child witnessed physical OR verbal violence in your community OR in your home?

☐ Yes ☐ No Do you feel that your neighborhood is unsafe? (Are you afraid to allow your child to play outside?)

☐ Yes ☐ No Does any person living within your home have a disability?

If yes, who and what type of disability____.

☐ Yes ☐ No Does any person living within your home have a mental illness? (Depression, anxiety disorder, bipolar disorder etc.)

☐ Yes ☐ No Does the child's main caregiver have a disability that affects their ability to care for the child?

If yes, please explain: ____.

☐ Yes ☐ No Has your child recently lost one of his/her parents due to:

☐ Death ☐ separation ☐ incarceration ☐ abandonment ☐ divorce

If yes, please explain: ____.

☐ Yes ☐ No Do you OR your child feel lonely, isolated AND/OR have little opportunity to interact with others?

☐ Yes ☐ No Have there been any other serious events which have put stress on your family recently?

If so, please explain: ____

____

In the event that your child is selected, we will contact you by phone. It is very important that we are able to reach you. Please provide the names of two people (other than yourself) who can help us get in touch with you.

____ ________________________ ____________________

Name Phone Number Relationship

____ ________________________ ____________________

Name Phone Number Relationship

I certify that the information, including income, provided in this application is accurate and truthful to the best of my knowledge. If any part is false, my participation in this agency's program may be impacted and possibly terminated and up to being subjected to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

____ _____/_____/_____

Parent/Legal Guardian's Signature Date

Additional Information: ____

____

____

____

____

FOR OFFICE USE ONLY

Applicant interviewed by (Name of Staff): Date: