

STAFFORD COUNTY HEAD START/EHS & VPI Program
APPLICATION FOR ENROLLMENT SY 2021-2022

Head Start Offers: Monday-Friday comprehensive preschool from August to May, school bus transportation to and from school, breakfast & lunch, highly qualified educational and support staff. **THERE IS NO FEE FOR HEAD START!**
Program Requirements: Must provide proof of residency of Stafford County, proof of income, original birth certificate, immunization records, school physical and dental examination.
PLEASE FILL OUT EVERY QUESTION FULLY; BLANKS MAY LEAD TO A DELAY IN PROCESSING. PROOF OF INCOME IS REQUIRED BEFORE THE APPLICATION CAN BE PROCESSED.

INCOME VERIFICATION INFORMATION (All Information is Confidential)

Provide proof of your total income for 2020. (Provide all that apply, your W-2, 1040 Tax Form, TANF, 3 paycheck stubs, Court Payments, Child Support, Letter from employer/Inkind statement, Disability/Social Security, or other documentation.)

1.: Parent(s) residing in the household (1 or 2): _____ Children in immediate family: _____ Total: _____
Are you? : Single Married Separated Divorced (check one)

2. Name of Child: _____, _____, _____
Last First Middle

3. Child's Date of Birth: ____/____/____ (MM/DD/YEAR) **Boy** **Girl** (Check one)

4. Name of Mother: _____ Name of Father: _____

Custodial Parent: _____ Relationship to Child: _____

5. Child's Race: Biracial/Multi-Racial American Indian or Alaskan Native Asian Black or African American
Native Hawaiian/ Other Pacific Islander Other Unspecified,White

Child's Ethnicity: Hispanic - Yes No (check one)

6. Parent/Guardian's Primary Language: _____ Child's Primary Language: _____

In what language would you prefer we communicate to you? _____

English Proficiency of parent: Little Moderate Proficient None (Check one)

7. Mom's Cell # :(____) _____ Opt In for Text: Yes or No Mom's Work #: (____) _____

Dad's Cell #: (____) _____ Opt In for Text: Yes or No Dad's Work #: (____) _____

Home #: () _____ Email: _____

8. Child's Primary Address: (Include City, State, & Zip code) Directions to Home: (Please be as detailed as possible)

9. How long have you been living at this address (referring to applicant's parents/guardian)? _____

10. Elementary School Serving Neighborhood: _____

11. Does your child have health insurance? Yes or No If yes, Name _____

Do you receive SNAP or and WIC ? (Please check.)

12. If space is available, Head Start gives consideration to children with special needs, such as speech, language delays, Developmental delays. Does your child receive special services from a school or agency? Yes ___ No ___

13. How did you hear about us? (Please check) Church DSS WIC Health Dept. Agency Friend Poster Paper

Return this form to Stafford County Head Start, 610 Gayle Street, Fredericksburg VA, 22405. For more information or for help filling out this application, call the Head Start Office at (540) 368-2559, or Fax (540) 368-1978. The Stafford County School Board does not unlawfully discriminate against any person on the basis of: race, sex, age, color, religion, national origin, political affiliation or disability. Inquiries regarding non-discrimination should be directed to the Executive Director of Human Resources, Stafford County Public Schools, 31 Stafford Ave., Stafford, Virginia 22554, Phone (540)658-6560, FAX: (540)658-5950. Head Start does serve children with disabilities, **with income eligible children taking priority**. Reasonable accommodations upon request. Completing an application for the program does **NOT** guarantee enrollment.

Please fill out the Selection Criteria on the back, check off everything that applies to you.

Head Start /EHS/ VPI SELECTION CRITERIA

The Federal Register states that every applicant be given a ranked priority for enrollment spaces. Stafford County Head Start is funded to serve three (3) and four (4) year old children. Ten percent of the children can be from over income families, but the child must have a disability or high-risk criteria. **Early Head Start program is for pregnant teen moms, infant and toddlers under 3 years of age.**

The below information helps Head Start rank your application. **All information is confidential and treated as such.** In order to rank your child's application please check the items below as this information will expedite the enrollment process. Income verification must be submitted prior to consideration of your child's application.

- Both parents live in the household with the child (1)
- One parent lives in the household with the child (2)
- Mom or/and dad in college or training program (1)
- Child raised by Guardian, Grandparent or Relative (3)
- Child referred by another agency (2)
- Child does not speak English (5)
- ESL Family (4)
- Section 8 Housing/Subsidized housing (4)
- Living in Sub-Standard Housing (5)
- Living with relatives or others (not) by choice (9)
- Family has no personal vehicle (3)
- Parent or guardian is a high school dropout (11)
- Disabled Parent, type of disability _____ (12)
- Parent or Guardian Incarcerated (13)
- Loss of Parent due to Death (14)
- Family diagnosed with mental health issues (16)
- Domestic Violence in the family (17)
- Child Abuse/Neglect/Substance Abuse in the family (18)
- Applicant is a Foster Child (23)
- McKinney-Vento (Family is living in a Homeless shelter/motel or transitional housing) (25)
- Sibling previously attended by Head Start/EHS (1)
- Relocating from another Head Start/EHS (15)
- Applicant previously attended Stafford County Head Start/EHS(19)
- Child has a health risk _____ (10)

- Both Parents Working (Mom FT/PT, Dad FT/PT) (2)
- Both Parents Unemployed (8)
- One Parent Working FT/PT (If a Two Parent Household)
- One Parent Staying at home with Children under 3 (4)
- Single Parent Working (full time/ Part time) (5)
- Single Parent Unemployed (6)
- Single Parent Not Receiving Child Support (7)
- Over 25% of income to Medical Bills (6)
- Over 50% of income to housing & utilities (7)
- Over 75% of income to housing & utilities (8)
- TANF/SSI Recipient (Attach Copy of Proof) (24)

Please circle and provide documentation
 Child has a disability, Yes _____ or No(20)
 Child has a current IEP/IFSP, Yes _____ or No (21)
 Are you currently working with Child Find _____ or PEIDS _____ ?

Household Information		Lives with child			
Name	Birthday	M F	yes	no	
Father:					
Mother:					
Brothers & sisters(oldest first)					
1.					
2.					
3.					
4.					
5.					
Other in the household (Relation)					
1.					
2.					
3.					

(Relates to Teen applicant only)

- One or both parents in public school or returning to public school (6)
- Endangerment of not graduating from school (8)
- Teen Parent with an IEP (12)
- Teen Parent with no driver's license (9)
- Teen parent on Birth Control (7)
- Applicant is a pregnant teenager or currently a teen parent (22)

Please check one, Home base _____ or Center base _____

Comments or Additional information:

I understand that by signing this application, contact may be made to any individual or agency to verify my information. **The information I have provided on this application is true to the best of my knowledge. If any part is false my participation in this program may be terminated.**

Parent/Guardian Signature _____ **D.O.B** ____/____/____ **(MM/DD/Year)**

Relation to child _____ **Today's date** _____