



# Durham Early Head Start 2010 Application English



## What is Early Head Start?

Early Head Start is a free, comprehensive child development and family support program for eligible children aged birth to three years old and to pregnant women. Children participate in fun and educational activities designed to promote their growth and development. Families receive information and support on a variety of topics, including early childhood education, health, and nutrition, as well as resource and referral information to community agencies as requested.

## Who is Eligible for Durham Early Head Start Services?

- ✓ Pregnant women and children who have not yet turned 3 years of age whose address in Durham is within the following zip codes:

27701	27704	27706	27712
27703	27705	27707	27713

- ✓ Families who meet income eligibility as determined by Federal Poverty Guidelines:

Family Size	Family's Yearly Income
1	\$14,079
2	\$18,941
3	\$23,803
4	\$28,665
5	\$33,527
6	\$38,389
7	\$43,251
8	\$48,113
For each additional family member add: \$3,740	

- ✓ Foster children and children from families receiving public assistance (TANF or SSI) regardless of income
- ✓ Children with documented disabilities may be eligible regardless of income

## What Services are Available?

**Home-Based Services:** Families receive one home visit per week from a qualified Home Visitor who is trained in the research-based Parents as Teachers curriculum. Parents participate in learning activities designed to enhance their child's learning, and receive information and support on parenting issues as well as resource and referral information. Families also have an opportunity to attend a Play Group with other children and families every other week. Home visits in Spanish are available for Spanish-speaking families.

**Center-Based Services:** Children will receive full-day/full year quality childcare in a Durham community childcare center. Early Head Start teachers and staff provide a nurturing and stimulating learning environment for children, and Family Service Coordinators meet individually with parents to provide information and support in a variety of areas, including health, nutrition, parenting, and links to community agencies as needed. Further information may be required for full-time child care.

## For More Information or for Assistance in Filling out Applications, Please Call:

Durham Early Head Start at 919-439-7107

For Home-Based Services, you can also contact Healthy Families Program at 919-419-3474

**Note: Applications and bi-lingual assistance are available in Spanish**

NAME OF CHILD APPLYING \_\_\_\_\_

AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**All information in this application is kept confidential**

**PARENT & FAMILY INFORMATION**

NAME OF ADULT APPLYING FOR CHILD \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MAILING ADDRESS (If different from above) \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL Address - \_\_\_\_\_

WORK PHONE \_\_\_\_\_

How long has this child lived at this address? \_\_\_\_\_

**IF YOU ARE PREGNANT:** Due Date (mm/yy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Are you receiving prenatal services?  Yes  No  
 Do you have a Maternity Care Coordinator or Outreach Worker?  Yes  No Name: \_\_\_\_\_

**FAMILY'S INFORMATION:**

	Mother/Legal Guardian (If applicable)	Father/Legal Guardian (If applicable)
<b>Name:</b>		
<b>Date of Birth:</b>		
<b>What Race/Ethnicity do you consider yourself to be? (Check one)</b>	<input type="checkbox"/> White/Anglo <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Multi-racial or Other (specify): _____	<input type="checkbox"/> White/Anglo <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Multi-racial or Other (specify): _____
<b>Languages Spoken:</b>		
<b>What is the primary language spoken in your home?</b>		
<b>(If English is not your primary language)</b>	<b>How well can you speak English?</b> <input type="checkbox"/> Well <input type="checkbox"/> Some <input type="checkbox"/> Not much or none <b>How well can you read and write English?</b> <input type="checkbox"/> Well <input type="checkbox"/> Some <input type="checkbox"/> Not much or none	<b>How well can you speak English?</b> <input type="checkbox"/> Well <input type="checkbox"/> Some <input type="checkbox"/> Not much or none <b>How well can you read and write English?</b> <input type="checkbox"/> Well <input type="checkbox"/> Some <input type="checkbox"/> Not much or none
<b>What is your employment situation? (Check one)</b>	<input type="checkbox"/> Full-time (30 +hours) <input type="checkbox"/> Part-time job (29 hours or less) <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> In Job-training program: _____ <input type="checkbox"/> Self-employed (please specify): _____ <input type="checkbox"/> Actively seeking employment <input type="checkbox"/> Other: (please specify): _____	<input type="checkbox"/> Full-time (30 +hours) <input type="checkbox"/> Part-time job (29 hours or less) <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> In Job-training program: _____ <input type="checkbox"/> Self-employed (please specify): _____ <input type="checkbox"/> Actively seeking employment <input type="checkbox"/> Other: (please specify): _____
<b>Work Hours:</b>	From: _____ To: _____	From: _____ To: _____
<b>Enrolled in School?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____
<b>Last School Grade Completed (please circle):</b>	0 1 2 3 4 5 6 7 8 9 10 11 12 <b>College?</b> 1 2 3 4 5+	0 1 2 3 4 5 6 7 8 9 10 11 12 <b>College?</b> 1 2 3 4 5+
<b>HS Diploma/GED or College Degree Received?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Degree</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Degree</b> _____

**Family Information continued:**

Name of Head of Household: \_\_\_\_\_

Does the child live with  Both Parents  Father  Mother  Foster Parent(s)  Grandparent(s)  Other \_\_\_\_\_

Who has **LEGAL** custody of the child? \_\_\_\_\_ Is this child a foster child?  Yes  No

Are both parents involved in raising this child?  Yes  No

Are there custody issues?  Yes  No If yes, please explain: \_\_\_\_\_

Are you (check one):  Single  Married  Separated  Divorced  Widowed

List below everyone who lives in the home with this child (Brothers, Sisters, Aunts, Uncles, Grandparents and Non-relatives, etc):

NAME	Sex	Age	Date of Birth	Relationship to Child

**Of the total listed above, how many are supported by this child's parent(s)/legal guardian? \_\_\_\_\_**

We select children based on need. Your honest answers to the following questions help us determine your family's needs. We consider a variety of factors in order to enroll the children with the greatest need. The following questions include issues that are sensitive and private.

**Your answers will be held in the strictest confidence according to program policy.**

- Yes  No Do you have trouble meeting your child's basic needs such as housing, healthcare, and/or food?  
If yes, please explain \_\_\_\_\_.
- Yes  No Have you or your child witnessed alcohol or drug abuse in your household?  
If yes, please explain: \_\_\_\_\_.
- Yes  No Has your child witnessed physical or verbal violence in your community?
- Yes  No Has your child witnessed physical or verbal violence in your home?
- Yes  No Do you feel that your house and/or neighborhood is unsafe?
- Yes  No Are you homeless or live in a shelter?
- Yes  No Have you had problems in the past with keeping a house or an apartment?
- Yes  No Does any family member living within your home, have a documented disability?  
If yes, who? \_\_\_\_\_.
- Yes  No Is this family member receiving SSI (Supplemental Security Income) for disability?
- Yes  No Does either parent have a mental illness?
- Yes  No Is the parent receiving SSI for the mental illness?
- Yes  No Has your child recently lost one of his/her parents due to death or imprisonment?
- Yes  No Or due to separation, divorce or abandonment?
- Yes  No Has your family ever been involved with Child Protective Services (CPS) ?
- Yes  No Is there documented abuse or neglect?
- Yes  No Have you ever lost custody of your child?
- Yes  No Or voluntarily placed him or her in another home?
- Yes  No Do you or your child feel isolated; 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: \_\_\_\_\_  
\_\_\_\_\_

**CHILD'S INFORMATION**  
*(If child NOT born yet, skip this page)*

NAME OF CHILD APPLYING \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Date of Birth  Male  Female

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

- White/Anglo       Black/African-American       Native American       Asian       Pacific Islander  
 Latino/Hispanic       Multi-racial or Other (specify): \_\_\_\_\_

Has your child been in Early Head Start or other Head Start before?  Yes  No When? \_\_\_\_\_

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

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

Child's health insurance coverage:  Medicaid       Health Choice       None       Other \_\_\_\_\_

Was your child born at 36 weeks or less or had a birth weight of less than 3 lbs. and 4 oz.?  Yes  No

Does your child have a chronic health condition or is medically fragile? Please explain: \_\_\_\_\_

Where does the child go for check-ups, shots and other health care (please list all)? \_\_\_\_\_

**IMPORTANT: We encourage families to provide a physical exam and shot record when applying for Early Head Start. We require a current physical exam and shot record for all enrolled children. Please call us at 919-439-7107 if you are having trouble getting these records.**

Has anyone expressed concerns or recommended services based on this child's health, learning, development or behavior?

- No       Yes, Family Member       Yes, Pediatrician/Health Care Professional: \_\_\_\_\_  
 Yes, Teacher       Yes, Child Service Coordinator or other caseworker: \_\_\_\_\_

If yes, please explain those concerns: \_\_\_\_\_

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, Preschool Exceptional Education (school system)  
 Yes, CDSA or CDL       Yes, Pediatrician       Yes, Hospital or Clinic  
 Yes, Psychologist or Social Worker       Yes, CSC/Health Dept.       Yes, other: \_\_\_\_\_

If yes, did the evaluation result in eligibility for the child to receive early intervention services (such as therapy, special education, speech services)?  Yes       No       Unsure

Does your child have an current IFSP (Individualized Family Service Plan) or IEP (Individualized Education Plan)?

- Yes       No       Unsure       Not at this time but has in the past

If yes, please explain: \_\_\_\_\_

**If your child has an IFSP or IEP please provide a copy and attach to this application.**

**I am interested in...(you may select more than one)**

- Home-based services (home visits and parent-child playgroups) **FOR CHILDREN UNDER 3 YEARS and PREGNANT MOMS**
- Center-based services (in a childcare center in Durham) **FOR CHILDREN 6 WEEKS TO 3 YEARS**

**Do you need any of the following?**

- I need childcare to continue working and/or go to school       I need childcare to find a job.
- I need childcare to return to school/job training/other training (explain): \_\_\_\_\_

**Are you currently working and/or going to school more than 30 hours per week?**  Yes  No

**What hours do you need child care?** From: \_\_\_\_\_ To: \_\_\_\_\_

**Are you currently receiving child care subsidy?**  Yes  No **If yes,**  This Child **and/or**  Sibling(s)

**If yes, check one:**  CCSA (Child Care Services Association)  DSS (Department of Social Services)

**If no, have you applied for child care subsidy for this child?**  Yes  No

**If yes, please check:**  CCSA **DATE APPLIED:** \_\_\_\_\_  DSS **DATE APPLIED:** \_\_\_\_\_

**Has this child ever attended a child care center or been cared for out of the home?**  Yes  No

**If yes, where?** \_\_\_\_\_ **How Long?** \_\_\_\_\_

**Is this child currently attending this child care center now?**  Yes  No

**What kind of transportation do you use?**  My car  Bus  Family/Neighbor  Other \_\_\_\_\_

**Please tell us how you found out about Durham Early Head Start. This will help us understand the best ways to reach out to families in our community (check one):**

- A posted flyer/sign I saw (where?): \_\_\_\_\_  From a friend/neighbor/family member
- From someone who works with my family (who?): \_\_\_\_\_  Newspaper
- One of the offices I go to for services (which one?) \_\_\_\_\_
- Other: \_\_\_\_\_

**Are other community agencies providing services to you or anyone else living in your house?**  Yes  No **If yes, please list below.**

AGENCY	PHONE NUMBER	PERSON'S NAME

**Agency's Comments:** \_\_\_\_\_  
 \_\_\_\_\_

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

- Foster Care     Medicaid/Medicare     Food Stamps     WIC     Housing Assistance
- SSI     SSA     TANF/Public Assistance/Work First     Unemployment     Child Support
- Dept. of Social Services – Child Care Subsidy     Child Care Services Association – Child Care Subsidy
- Child Services Coordination (Health Dept)

**Durham Early Head Start**

***Application Consent for Exchange of Information***

(This form must be completed and included with your application for Early Head Start services.)

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

The Durham Early Head Start program operates in partnership with community agencies serving children and families. These partnerships help us to promote access to support programs for families who are eligible to receive them. Your consent for our program staff to discuss your child's needs with other agencies will help to ensure that our services to your family are efficient and unified with other services your family may receive.

**NOTE: Eligibility for the Head Start/Early Head Start programs will not result in the loss of services you already receive.**

**We may need to exchange information contained in this application with the following:**

- Durham County Health Department
- Department of Social Services (DSS)– TANF/Work First, Day Care, Child Protective Services
- Durham Child Development Service Agency (CDSA)
- Child Care Services Association (CCSA)
- Durham's Partnership for Children
- Durham Early Head Start Child Care Partners
- Other(s) (Please complete)

\_\_\_\_\_  
\_\_\_\_\_

**CONSENT TO EXCHANGE INFORMATION WITH CHILD'S HEALTH CARE PROVIDERS:**

**Please list your child's pediatricians and any other place your child is seen for health care or specialty care:**

- Doctor's Office/Health Care Center (please specify): \_\_\_\_\_
- Other Health Care Provider (please specify): \_\_\_\_\_

**I give my consent for the Durham Early Head Start program to exchange information with the agencies listed above. I understand that this consent is voluntary and is valid until my child is enrolled in a Durham Early Head Start program, or until I cancel this release in writing. I understand that this page of my application may be faxed to the above agencies to show my consent for this release.**

\_\_\_\_\_  
**Parent/Legal Guardian's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

	Father/Legal Guardian	Mother/Legal Guardian	Other Relative's Income
Current Employer			
How long?	____ Years ____ Months	____ Years ____ Months	____ Years ____ Months
How many hours a week do you work?			
Monthly/Yearly Income	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Payment Received	<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month	<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month	<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month

**OTHER SOURCES OF INCOME THAT MUST BE INCLUDED**

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

**Submit your most recent W-2, tax statement; at least 3 consecutive pay stubs or a statement from your employer reflecting number of hours worked per week and how much you earn per hour. All proof of income must show the past 12 months. Also include copies any other sources of income received as stated above.**

**Please Note: Applications cannot be processed without income and other required documentation.**

**Application Check List:**

**Please Be sure all necessary documentation is enclosed before application is submitted**

↓ We cannot determine your child's eligibility for our program until we receive the following: ↓

- COMPLETED AND SIGNED APPLICATION (signature required on page 6)
- COMPLETED AND SIGNED CONSENT FOR EXCHANGE OF INFORMATION (page 5)
- PROOF OF INCOME ATTACHED (Copy of W-2, tax statement; or at least 3 consecutive current paystubs. Also include copies of any other sources of income received ) (page 6)
- PROOF OF CHILD'S AGE ATTACHED – (Copy of BIRTH CERTIFICATE or Passport)
- PROOF OF DURHAM RESIDENCY – (copy of any of the following documents with your name and current mailing address - electric, water, gas, phone (not cell) , cable, lease agreement, deed, tax bill)

**For questions or help completing this application or with required documents please call the Durham Early Head Start office at 439-7107**

**I CERTIFY THAT THE INFORMATION, INCLUDING INCOME, PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE**

\_\_\_\_\_  
**Parent/Legal Guardian's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**



**WHAT'S NEXT...**

**You will receive a letter or call to confirm the status of your application. We will let you know if we need more information. Children are selected for enrollment based on EHS criteria and the information you have provided in this application.**

**Once your application is processed, you will be notified of your child's eligibility for the Durham Early Head Start program. If no slots are available, eligible children will be placed on a waiting list. We accept applications year-round.**

**Is there anyone who can help us get in touch with you about the status of your application if we are unable to reach you? If so, please list below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please contact us if your address, phone number(s), income or other family information changes**

**IF ACCEPTED INTO PROGRAM THE FOLLOWING WILL ALSO BE REQUIRED:**

- **Proof of Immunization – copy of child's shot record**
- **Proof of Physical Exam –copy of child's most recent physical exam (within the last 12 months)**

**Please mail or drop off application and all required paperwork to:**

**For Center or Home-Based:**

Durham Early Head Start  
 1201 S. Briggs Avenue, Suite 110  
 Durham, NC 27703  
 919-439-7107

**For Home-Based ONLY:**

Healthy Families Durham  
 411 W. Chapel Hill Street, suite 908  
 Durham, NC 27701  
 919-419-3474, ext. 313

**(We can make copies of documents if needed)**