



# School Board of Brevard County

## Head Start Program



### Application Information Sheet

The Head Start Program is offered for eligible children at selected schools.

#### Requirements:

Children must be 3 years old on or before September 1, 2017 (DOB: 9/2/13-9/1/14)

Children must be 4 years old on or before September 1, 2017 (DOB: 9/2/12-9/1/13)

AND

Eligible for the federal program based on family income guidelines.

1. Complete the Head Start application. Be sure the contact information is correct. This application does not guarantee placement in the Head Start Program.
2. Leave the completed application at one of the schools listed at the bottom of this page.
3. You will be contacted in 2-3 weeks for an eligibility appointment.
4. Parent must bring the following documentation to the appointment.
  - a. Valid photo identification (i.e. driver's license, military identification, etc.)
  - b. Child's original birth certificate
  - c. Child's Medicaid or insurance card
  - d. Proof of ALL household income
    - 2016 Award letter for all social security benefits. (SSI, SSA, etc.)
    - 2016 Income Tax form (1040, 1040A, W-2, 1099, etc.)
    - Check stubs (at least one consecutive month)
    - Child support – total distribution from Clerk of Courts
    - Unemployment Compensation – current unemployment Letter of Eligibility
    - TANF – computer printout from the Department of Children & Families
    - Statement from employer – on letterhead that includes date of hire, pay rate, number of work hours per week, verification signature and date.
    - If you are claiming NO income, you will need to submit a written letter explaining how your family's basic needs are being provided for.
  - e. Proof of Brevard County Residency (two items from below)
    - A lease/ rental agreement (with parent name as the renter),
    - Current utility statement (within the last 30-45 days),
    - Driver's License with current address, or
    - Voter Registration card.
  - f. Current immunization records
  - g. Current physical examination (less than one year old)

North Area	Central Area	South Area
Coquina Elementary Enterprise Elementary Mims Elementary	Cambridge Elementary Cocoa High School Endeavour Elementary Saturn Elementary Sherwood Elementary	Discovery Elementary Jupiter Elementary Palm Bay Elementary Port Malabar Elementary South Area Head Start University Park Elementary

**Please direct questions to the Head Start Administrative Office at 617-7786 ext. 220**



# Head Start Program

Thank you for your interest in the Head Start Program.

This application does NOT guarantee placement in the Head Start Program.

You will be contacted to set up an appointment to determine eligibility.

**It is critical that the phone numbers provided are correct.**

**PLEASE PRINT**

Date of Application \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's DOB \_\_\_\_\_  
(first name) (last name)

Family Size \_\_\_\_\_ (number of family members living in the household supported by parent including applicant)

Family Income \$ \_\_\_\_\_ per year

Please check all that apply: \_\_\_ homeless \_\_\_ SSI \_\_\_ foster care \_\_\_ TANF

Child's Name (as it appears on Birth Certificate) \_\_\_\_\_  
(first) (middle) (last)

Child's DOB \_\_\_\_\_ Child's Race \_\_\_\_\_ Household's Primary Language \_\_\_\_\_

Gender \_\_\_ Male \_\_\_ Female Does your child have an IEP? \_\_\_ YES \_\_\_ NO

**Please list all additional family members living in household.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Was your child previous enrolled in Early Head Start or Head Start? \_\_\_ YES \_\_\_ NO

If yes, what school or location \_\_\_\_\_

What Head Start location are you interested in? \_\_\_\_\_

**School Office Personnel:** Please send the completed Head Start applications to the appropriate school, attention Head Start Family Advocate or Clearlake Education Center, attention Head Start Services Manager.