

Referred by: _____

alameda family services - Early Childhood & Family Support Services

2325 Clement Ave., Suite B, Alameda, CA 94501 ☎ (510) 629-6350 📠 (510) 865-1930

Application for Head Start/Early Head Start Enrollment

Alameda Early Learning and Care - Pregnancy to Pre-K (Ages 0-5)



APPLICANT(S)

Child's Name: _____ Male Female DOB: _____ EHS HS
 Hispanic Non-Hispanic **AND** White Black Asian Native American Pacific Islander Multi-Racial Other: _____

Child's Name: _____ Male Female DOB: _____ EHS HS
 Hispanic Non-Hispanic **AND** White Black Asian Native American Pacific Islander Multi-Racial Other: _____

Child's Name: _____ Male Female DOB: _____ EHS HS
 Hispanic Non-Hispanic **AND** White Black Asian Native American Pacific Islander Multi-Racial Other: _____

Pregnant Mother: _____ DOB: _____ Due Date: _____
 Hispanic Non-Hispanic **AND** White Black Asian Native American Pacific Islander Multi-Racial Other: _____

GUARDIANSHIP & EMPLOYMENT

Parental Status: Single Two Parent Foster Non-Parent Guardianship Joint/Shared Custody

Parent/Guardian-Primary Contact (AO1):

Last Name: _____ First Name: _____

Birth Date: ____/____/____ Male Female Primary Language: _____

Daytime: () _____ Night () _____ Email: _____

Last Grade Completed: _____ Graduated: High School College Head of Household

_____ Part Time Full Time Unemployed

Occupation / School

Parent/Guardian (AO2):

Last Name: _____ First Name: _____

Birth Date: ____/____/____ Male Female Primary Language: _____

Daytime: () _____ Night () _____ Email: _____

Last Grade Completed: _____ Graduated: High School College Head of Household

_____ Part Time Full Time Unemployed

Occupation / School

RESIDENCY

Housing: Homeless Alameda Point Resident Midway Shelter Shared Public Rent Own

Primary Residence: _____ Alameda, CA

Street & Apartment #

Zip Code

Mailing / Other Address: _____

HOUSEHOLD

Total number of family members living in the same household as the applicant(s) who are financially supported by, and related by blood, marriage or adoption to the parent/guardian(s) listed above: _____

List family member(s) who were included in the number reported above, but not already listed in this application:

Name	Date of Birth	Relationship to Child	Gender	Occupation
_____	_____	_____	M F	_____
_____	_____	_____	M F	_____
_____	_____	_____	M F	_____
_____	_____	_____	M F	_____

INCOME

Does any family member living in the household receive benefits from TANF, SSI or Cal-Works? Yes No

If yes, who and what type of benefit? _____

Total household's income over the last 12 months? \$ _____

If zero, how is the family being supported financially? _____

ADDITIONAL FACTORS

Does any member of your household have a diagnosed disability or have other special needs? No Yes

If yes, name(s): _____

Diagnosis/Condition: _____ IEP IFSP

Receiving treatment and/or services from: _____

Is or was any applicant listed enrolled in Head Start or Early Head Start? No Yes Year(s): _____

If yes, name(s): _____ Location(s): _____

Are there any family circumstances that warrant additional placement consideration, such as death, divorce, mental health issues, serious medical conditions, incarceration, domestic violence, substance abuse, child abuse? No Yes

If yes, explain briefly: _____

CERTIFICATION

Documentation of proof of birth and household income must be submitted with this application. Documentation may include any of the following: Notice of Action, W2, Tax Return (first page), recent pay stub, year-to-date income, child support, unemployment, letter from employer or signed statement of no-income. Verification of income will be conducted by Alameda Head Start prior to acceptance into any program option. Documentation of work and/or school schedule for each adult member of the household will be required for households seeking placement in center-based options offering more than part-day services. A copy of an applicant's signed IEP or IFSP must be submitted for priority placement consideration.

Name of person completing application if not the child's legal guardian: _____

Relationship to the child/family: _____ Phone () _____

I hereby certify by this signature that the information presented in this application is true and correct.

Parent/Guardian's Signature

Date

alameda family services
Early Childhood & Family Support Services
2325 Clement Avenue, Suite B, Alameda, CA 94501
Tel: (510) 629-6350 Fax: (510) 865-1930

APPLICATION INFORMATION & INSTRUCTIONS

Alameda Family Services-Early Childhood & Family Support (AFS-ECFS) Division offers a variety of federal and state funded program options that provide comprehensive child development, health and family services to qualified pregnant women, children from birth to five and their families. For us to determine your family's eligibility for services, you must first complete and submit the attached application (one per household) and provide **copies** of the required documentation.

Submit the following for each household:

DOCUMENTATION OF HOUSEHOLD INCOME

_____ Tax Return and W-2 Forms (*1st Page - Most Recent*)

Also, provide copies of your most recent :

- _____ Notice of Action/Childcare Links/ TANF Letter
- _____ Homelessness Documentation
- _____ SSI payment
- _____ Foster Child's Income
- _____ Unemployment check, or documentation of Child Support
- _____ Pay stub with year-to-date income & pay period information
- _____ Documentation of income from employer

Submit the following for each applicant:

PROOF OF AGE (*Provide copy of at least one of the following documents.*)

_____ Birth Certificate _____ Passport _____ Medi-Cal Card (*if applicable*)

IMMUNIZATION RECORD (*Provide copy of both front and back,*)

_____ Immunization Record

Once your application and all required documentation is received, it will be reviewed, assessed, verified and certified by the our Enrollment Office. Prior to attendance we must ensure compliance with federal and state regulations and therefore immediate placements are not available. When an opening is available all eligible families will be assessed and placements made in accordance with our Selection & Placement Criteria.

If you need any assistance completing this application or have any questions, please feel free to contact the Enrollment Office.

Sincerely,

ECFS - Enrollment Office
2325 Clement Avenue, Suite B Alameda, CA 94501
Phone: (510) 629-6333 Alternate Phone (510) 629-6350 Mobile: 510-459-8251 Fax: (510) 865-1930

Early Head Start & General Child Care

Pregnant Women & Infant/Toddlers Birth to 36 Months

Program Options:

- **Learning Together - Prenatal Services**
(Pregnant Women & New Born up to 6 Weeks of Age)
- **Learning Together - In Home Support Services**
(Infant/Toddlers 6 Weeks to 36 Months)
- **Part-Day Classroom Services**
(Toddlers 18 to 36 Months)
- **Full-Day Classroom Services**
(Infant/Toddlers 6 to 36 Months)
- ***EHS-Child Care Partnership Services**
(Toddlers 18 to 36 Months)

Head Start & California State Preschool Programs

Children 3 to 5 Years of Age by Dec 1st

Program Options:

- **Learning Together - Inclusion & Transition Support Services**
(Children 3-5 Years of Age)
- **Part-Day Classroom Services**
(Children 3-5 Years of Age)
- ***Full-Day HS/CSPP Classroom Services**
(Minimum 20 Hours of Work/School or Meets At-Risk Criteria)

** Additional documentation of current income, work/school hours and the ESSD9600 Application Verification Form from the California Department of Education*

Selection & Placement Criteria

Program staff will conduct an initial screening and will conduct an in-person interview prior to placement to ensure the accuracy of the information presented in their Alameda Head Start/Early Head Start Application. The Early Childhood & Family Support Services (ECFS) Enrollment Office will determine age eligibility in accordance with the Head Start Program Performance Standards (HSPPS) 1302.12(b)(1-2ii) and the California Department of Education (CDE)- Early Learning and Child Care Regulations.

Assessing Eligibility:

- 1) Early Head Start/Head Start (EHS/HS) eligibility will be determined based on established Federal Poverty Guidelines and in accordance with the Head Start Program Performance Standards (HSPPS) and assessed for priority placement in the part-day/part-year **Head Start Program Option** (3.5 hours/day) or in the full-day/full-year **Early Head Start Program Option** (6+hours/day).
- 2) Expectant parents and infants 0-6 months of age will be placed in the **Early Head Start Learning Together - Locally Designed Program Option**. Families interested in our center-based program option will be placed on a waiting list until the child is 6 months of age.
- 3) Preschoolers (3-4 years of age by December 1) from families in need of full-day care must also complete and submit required documentation for the **California State Preschool Program** (CSPP).
- 4) Toddlers (18-36 months of age) from families in need of extended care based on work, school, incapacitation, and/or those actively seeking employment CCTR ONLY (over 6 hours/day) must also complete an application for the **California State General Child Care Program** (CCTR).
- 5) Income eligible Preschoolers with diagnosed disabilities who do not qualify for Alameda Unified School District (AUSD) Inclusion Services and children age-eligible (5 years of age by December 1) for Transitional Kindergarten (T-K) in need of additional support services will be considered for placement in the **Head Start Learning Together Home-Base** or **Part-Day Program Option** as determined appropriate based on assessed family need and placement priority.

Determining Placement Priority

Based on the following AFS Board of Directors and Policy Council approved criteria, established in accordance with the HSPPS, the Office of Head Start (OHS) approved Bay Area Cluster Agreement, and CDE regulations, the ECFS Enrollment Office will adhere to the following process when determining age-appropriate enrollment opportunities, assessing placement priority, and facilitating transfer requests.

Early Head Start/Head Start Program Option Priority:

1st: CONTINUITY OF CARE

- Children from families that are currently enrolled who are age eligible to return to the program in which they are currently enrolled.

2ND: INCLUSION SERVICES

- Income eligible children who have a diagnosed disability supported by a signed IEP Individualized Education Program (IEP) AUSD or Individualized Family Service Plan (IFSP) from the Regional Center of the East Bay (RCEB).
- Children from families that do not meet the established eligibility requirements (HSPPS1302.12(c)(1), who have a diagnosed disability supported by an IEP or IFSP when we have not yet met the required 10% of our enrollment opportunities, and not to exceed the 10% allowance for serving over-income families.

Note: Families of children with disabilities residing inside our defined local service area will receive priority placement. To support a continuum of care and in accordance with our Bay Area Cluster Agreement, families of children with disabilities residing outside our local service area will receive support in accessing services provided by the appropriate grantee.

3RD: CONTINUUM OF CARE

- Income eligible children who are at least 6 months of age transitioning from the **Early Head Start Learning Together Home-Base Program Option** to the **Early Head Start Center-Base Program Option**.
- Income eligible children transitioning from Early Head Start to Head Start Program Options.

4TH: FAMILY SUPPORT SERVICES

- Income eligible children with a sibling currently enrolled.

5TH: SUPPORTING SCHOOL READINESS

- Income eligible children who will be 4 years of age by September 1st (Head Start Only).

6TH: SUPPORTING LOW INCOME FAMILIES

- Income eligible children who will be 3 years of age by September 1st (Head Start Only).

7TH: SUPPORTING WORKING FAMILIES

- Children from families who fall below 130% of the Federal Income Poverty Guidelines, not to exceed 35% of participants from income eligible families currently enrolled.
- Children from working families that do not meet EHS/HS eligibility requirements with income above 130% of the Federal Income Poverty Guidelines, not to exceed the 10% allowance for serving over-income families.

8TH: SUPPORTING DUAL LANGUAGE LEARNING

- Recent arrivals and children from families seeking support for Dual Language Learning.

California State Preschool & General Child Care Program Priority

- 1st: Children from families referred by or seeking support from Child Protective Services.
- 2ND: Children with a sibling currently enrolled in state funded programming (CSPP/CCTR).
- 3RD: Family income level based on documentation presented with CSPP/CCTR Application.

Other Priority Placement Considerations:

CHILD CARE PARTNERSHIP PROGRAM OPTIONS: Families with toddlers (18-36 months of age by September 1) who meet both Early Head Start and General Child Care eligibility requirements, and those with preschoolers (3-4 years of age prior to December 1) who meet both Head Start and California State Preschool Program eligibility will receive placement priority.

HOMELESSNESS/TRANSITIONAL AND TEMPORARY HOUSING: Children who are homeless or who reside in temporary or transitional housing receive priority placement in Early Head Start/Head Start Program Options. Priority for placement within other program options may be given to these children when circumstances warrant. Children from families that present at-risk homelessness factors will be assessed and given priority placement according to the severity of the risk.

AUSD-INCLUSION SERVICES PROGRAM OPTION: Children eligible for Head Start with active IEP's eligible for special education services with AUSD in need of inclusion support services will be given priority for placement in our Head Start inclusion classrooms currently located at the College of Alameda and Ruby Bridges Elementary School.

ANGELA AGUILAR CHILD CARE CENTER: Children who reside within the Esperanza Housing Complex have priority consideration for placement at the Angela Aguilar Center.

COLLEGE OF ALAMEDA CHILD CARE CENTER: Children who have a parent or primary care giver enrolled at the College of Alameda will be given priority consideration for placement at the College of Alameda Childcare Center.

RUBY BRIDGES ELEMENTARY SCHOOL: Children who qualify for Head Start with older siblings attending Ruby Bridges Elementary School will be given priority consideration for placement in our on-site preschool classroom.

SUE MATHESON CHILD CARE CENTER: Children from families who reside in the Alameda Point Collaborative Housing have priority for placement at the Sue Matheson Child Care Center.

SUPPORT TO AT-RISK CHILDREN & FAMILIES: Within each category listed, placement priority will be determined based on priority points assessed for the following risk factors: homelessness, death, recent divorce, incarceration, domestic violence, substance abuse, chronic health conditions, and/or mental health concerns.

Federal regulations limit over-income placements to 10% of our funded enrollment.