

Alameda Head Start & Early Head Start

2325 Clement Avenue, Suite A, Alameda, CA 94501

Tel: (510) 629-6350 Fax: (510) 865-1930

APPLICATION INFORMATION

Alameda Head Start/Early Head Start offers 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 as listed:

Submit the following for each household:

DOCUMENTATION OF HOUSEHOLD INCOME

(Provide copies of all of the following that apply.)

- _____ Notice of Action (TANF letter showing amount of benefit)
- _____ SSI Eligibility Notification
- _____ W2 Form OR Income Tax Return (most recent / first page)
- _____ Child's Income (only for foster parents)
- _____ Child Support Payments
- _____ Most recent pay stub, year to date income, unemployment check, support check, personnel letter from your employer, etc.

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 packet is received, it will be reviewed, assessed and verified by the Alameda Head Start/Early Head Start Enrollment Office. Notification of your family's eligibility will be sent to you within three weeks of the receipt of your complete application packet.

Prior to placement we must ensure compliance with federal 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,

AHS/EHS Enrollment Office
2325 Clement Avenue, Alameda, CA 94501
Phone: (510) 629-6356
Fax: (510) 865-1930

Referred by: _____



Alameda Family Services - Head Start/Early Head Start
2325 Clement Ave., Suite A, Alameda, CA 94501 ☎ (510) 629-6350 📠 (510) 865-1930

Application for Enrollment

Pregnancy to Pre-K (Ages 0 - 5) within the City of Alameda

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: _____ Age: _____ 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: _____

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: _____

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 Housing Public Rent Own

Primary Residence: _____ **Alameda, CA**
Street & Apartment # *Zip Code*

Mailing / Other Address: _____

Home: () _____ Cell/Work: () _____ Other: () _____

Email: _____

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 | Age | Relationship | 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