

**HILL COUNTRY COMMUNITY ACTION ASSOCIATION INC.**

P.O. Box 846, San Saba, TX 76877

Phone: (866) 372-5167 ext. 250

**Head Start Application**

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(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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## Head Start Application Instructions

1. Your child must be 3 years old on or before September 1<sup>st</sup> of the school year or under 5 years old before September 1<sup>st</sup> of the school year to be age-eligible for the Head Start program.
2. All three (3) pages of the attached Head Start application must be completed and submitted to the center of your choice with the following documentation:
  - a. Copy of the child's birth certificate or proof of birth
  - b. Copy of the child's Medicaid card (if applicable)
  - c. Current immunization record (records must contain child's name and be either signed by a physician or stamped by a clinic/hospital)
  - d. If your child has been diagnosed with a disability, documentation from the professional/ISD making the diagnosis or a copy of the child's ARD.
  - e. If you are a guardian or foster parent, documentation indicating guardianship or foster status
  - f. Proof of the following public assistance (if applicable)
    - SNAP (Supplemental Nutrition Assistance Program)
    - TANF (Temporary Assistance for needy families)
    - SSI (Supplemental Security Income)
  - g. Income received as indicated on the 3<sup>rd</sup> page of application or statement of no income if you are currently unemployed







**Family Income- Please attach proof of all income**

- 3 Consecutive checks stubs     IRS Form 1040     W-2 Form     Verification Form
- Self-Employment     Currently not employed (provide a signed & dated written statement)

Other types of income

- Social Security Benefits     Child Support     Veteran's Benefits     Retirement/Pension
- Unemployment Benefits     Workers Comp. Benefits

**Emergency Contacts: Please list contacts other than parent/guardian**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Consent to release child to this person?  Yes     No

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Consent to release child to this person?  Yes     No

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Consent to release child to this person?  Yes     No

**Location Preference: Check all locations you would like the child to be waitlisted**

- Cove North     Cove Park     Cove Sun     Fort Hood     Gatesville     Hillsboro     Lampasas
- Llano     Mason     Mexia     Rockdale

**The following documents will be required to process your application. Your child's application will not be processed until all required documentation is submitted.**

- Birth Certificate     Immunization Record     Income Verification
- Medicaid card (if applicable)     Proof of TANF, SNAP or SSI     Foster/Placement (if applicable)
- IEP/IFSP (if applicable)     Disability through private provider (if applicable)

**Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.**

Parent /Guardian Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Staff Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_