HILL COUNTRY COMMUNITY ACTION ASSOCIATION INC.

P.O. Box 846, San Saba, TX 76877
Phone: (866) 372-5167 ext. 250

Early Head Start Application

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(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.

USDA is an equal opportunity provider, employer, and lender.

Early Head Start Application Instructions

1. Your child must be within the age requirement listed below as of the application date to be age-eligible for the Early Head Start program.

    - Cameron Early Head Start: ages 18 months-36months
    - Copperas Cove North Early Head Start: ages 6weeks-36months
    - Copperas Cove Park Early Head Start: ages 18months-36months
    - Hamilton Early Head Start: ages 6 weeks-18months
    - Kingsland Early Head Start: ages 18months-36months
    - Lampasas Early Head Start: ages 8months-36months
    - Mason Early Head Start: ages 18months-36months
    - Meridian Early Head Start: ages 18months-36months
    - Mexia Early Head Start: ages 6weeks-36months
    - San Saba Early Head Start: ages 6weeks-36 months

2. All three (3) pages of the attached Early 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 3rd page of application or statement of no income if you are currently unemployed

EARLY HEAD START

Early Head Start Application

Hill Country Community Action Association, Inc.
P.O. Box 846 San Saba, TX 76877
Telephone:325.372.5167 ext.250

2026-2027

Child's Name:_____ Date of Birth:_____ Gender:_____
First Last (mm/dd/year)

Race: check one
☐ American Indian/Alaskan Native ☐Asian ☐Black ☐Hawaiian/Pacific Islander ☐White
☐Other:_____

Hispanic:
☐Yes ☐No

Child's Primary Health Coverage:
☐ CHIP ☐Medicaid ☐Private Insurance ☐No Insurance ☐Other

Does your child receive any of the following? If you check, please provide documentation
☐IEP ☐IFSP ☐ ECI Services ☐Treatment Plan with private services
Individualized Education Program Individualized Family Service Plan

Primary Adult: _____ Date of Birth:_____ Gender:_____
First Last (mm/dd/year)

Race: check one
☐ American Indian/Alaskan Native ☐Asian ☐Black ☐Hawaiian/Pacific Islander ☐White
☐Other:_____

Hispanic: Check one
☐Yes ☐No

English Proficiency: Check one
☐Little ☐Moderate ☐None ☐Proficient

Highest Grade Level Completed: Check one
☐Associate's ☐Bachelor's ☐College Degree/Training ☐GED ☐Grade 9 or less
☐Grade 10 ☐Grade 11 ☐Grade 12 ☐High School Graduate ☐Master's

Current Employment Status: Check one
☐Full Time ☐Part Time ☐Seasonal ☐Unemployed ☐Disabled/Retired

Child's Relationship Status: Check One
☐Biological/Adopted/Step ☐Foster child ☐Grandparent ☐Other Relative

Phone Number:_____ Email:_____

 Child's Name:_____ D.O.B_____

*List any secondary adult living in the household. (example: spouse)

Secondary Adult: _____ Date of Birth:_____ Gender:_____
First Last (mm/dd/year)

Race: check one
☐ American Indian/Alaskan Native ☐Asian ☐Black ☐Hawaiian/Pacific Islander ☐White
☐Other:_____

Hispanic: Check one
☐Yes ☐No

English Proficiency: Check one
☐Little ☐Moderate ☐None ☐Proficient

Highest Grade Level Completed: Check one
☐Associate's ☐Bachelor's ☐College Degree/Training ☐GED ☐Grade 9 or less
☐Grade 10 ☐Grade 11 ☐Grade 12 ☐High School Graduate ☐Master's

Current Employment Status: Check one
☐Full Time ☐Part Time ☐Seasonal ☐Unemployed ☐Disabled/Retired

Child's Relationship Status: Check One
☐Biological/Adopted/Step ☐Foster child ☐Grandparent ☐Other Relative

Phone Number:_____ Email:_____

Please list other children/persons living in the household that are currently supported by the primary/secondary adult.

Name	Date of Birth	Gender	Race	Hispanic (Y/N)

Is the family experiencing homelessness? ☐Yes ☐No Primary Language:_____
Homelessness: individuals who lack a fixed, regular and adequate nighttime residence

Living Address: _____
Address City State Zip County

Mailing Adress (if different from living):_____
Mailing address City State Zip

Number of parents in household: ☐One parent ☐Two parent

Check if the family receives any of the following?
☐TANF ☐SNAP ☐SSI
Temporary Assistance for Needy Families Supplemental Nutrition Assistance Program Supplemental Security Income

 Child's Name:_____D.O.B:_____

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 <u>other than</u> 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 that you would like the child to be waitlisted

☐ Cameron ☐Cove North ☐Cove Park ☐Hamilton ☐ Kingland ☐ Lampasas ☐ Mason
☐Meridian ☐Mexia ☐San Saba

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

☐ 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: _____