

Cen-Tex Family Services, Inc. Head Start and Early Head Start  
Eligibility Application

**Head Start And Early Head Start Application:**

**A COMPLETE APPLICATION MUST HAVE THE FOLLOWING ATTACHED TO IT:**

- 1) Copy of your child's birth certificate
- 2) Income Verification (ie: paycheck stubs, 2011 tax return, unemployment benefits, SSI, TANF or child support)
- 3) Supporting documentation if your child has a diagnosed disability (for example ARD and IEP or IFSP documents)
- 4) Foster and Kinship Parents must provide a copy of the placement letter.

**INCOMPLETE APPLICATIONS Will Not Be Considered For Enrollment Or The Wait List.**

Upon enrollment, you will also be required to submit:

1. a current immunization record,
2. a current physical exam,
3. a current dental exam,
4. hematocrit/hemoglobin test results,
5. lead blood test results
6. TB screening.

2012 Income Guidelines for Head Start and Early Head Start			
Family Size	At or Below 100%	100%-130%	Over 130%
1	11,170	14,521	Over 14,521
2	15,130	19,669	Over 19,669
3	19,090	24,817	Over 24,817
4	23,050	29,965	Over 29,965
5	27,010	35,113	Over 35,113
6	30,970	40,261	Over 40,261
7	34,930	45,409	Over 45,409
8	38,890	50,557	Over 50,557
For families with more than 8 persons, add \$3,960 for each additional person			

People who are eligible to participate in the program must not be discriminated against because of race, color, national origin, sex, age or disability. Anyone who believes they have been discriminated against should immediately write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington D.C. 20250-9410.

Visit our website at [www.ctfhs.org](http://www.ctfhs.org)

**Head Start and Early Head Start Centers:**

Elgin Early Childhood Development Center – Head Start and Early Head Start – Ages 0-4, 1002B N Avenue C, Elgin, TX 78621 512-285-4022

Bastrop Early Childhood Development Center Early Head Start Ages 0-3, 607 Mesquite, Bastrop, TX 78602 512-321-7774

Giddings Early Childhood Development Center Head Start and Early Head Start Ages 0-4, 1010 E Industry, Giddings, TX 78942 979-542-9512

Cedar Creek Head Start Center – Ages 3-4 5582 FM 535, Cedar Creek, TX 78612 512-321-2900

Eagle Lake Head Start Center – Ages 3-4 600 Johnnie Hutchins Dr., Eagle Lake, TX 77434 979-234-6863

LaGrange Head Start Center – Ages 3-4 879 Mode Lane, LaGrange, TX 78945 979-968-3584

Lost Pines Early Childhood Development Center Head Start Ages 3-4 151 Tiger Woods Dr., Bastrop, TX 78602 512-308-9129

Emile Head Start Center – Ages 3-4 Emile Elementary, Rm 406 601 MLK Dr., Bastrop, TX 78602 512-308-9107

Smithville Head Start Center – Ages 3-4 308 Southwest Fourth, Smithville, TX 78957 512-237-4449

Stoney Point Head Start Center – Ages 3-4 108 Point Dr, Del Valle, TX 78617 512-247-5530

Cen-Tex Family Services, Inc. Head Start and Early Head Start  
Eligibility Application

<b>Head Start Applying For (serves ages 3-4):</b> Cedar Creek <input type="checkbox"/> Eagle Lake <input type="checkbox"/> Elgin <input type="checkbox"/> Emile <input type="checkbox"/> Giddings <input type="checkbox"/> LaGrange <input type="checkbox"/> Lost Pines <input type="checkbox"/> Smithville <input type="checkbox"/> Stoney Point <input type="checkbox"/>			
<b>Early Head Start Applying For (serves ages 0-3):</b> Bastrop <input type="checkbox"/> Elgin <input type="checkbox"/> Giddings <input type="checkbox"/>			
<b>Home-Based Services:</b> Bastrop <input type="checkbox"/> Elgin <input type="checkbox"/> Giddings <input type="checkbox"/>			
<b>Child's Name (If Pregnancy application, mother's name):</b>			<b>Date of Birth(attach copy of birth certificate)/ If Pregnant Due date:</b>
<b>Child Is Currently a:</b> Child Age 0-3 <input type="checkbox"/> Child Age 3-4 <input type="checkbox"/>			
<b>Child's Primary Language:</b>	<b>Does Child have a disability?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach IEP, IFSP or evaluation If the child is in the process of being evaluated by ECI, school district or other service agency for a suspected disability check here <input type="checkbox"/>	<b>Gender of child:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Is child currently homeless?</b>
<b>Physical Address:</b>		<b>City</b>	<b>Zip</b>
<b>Mailing Address if different from above:</b>		<b>City</b>	<b>Zip</b> <b>County</b>
<b>Mark benefit(s) received by your family: (attach documentation of all benefits received)</b>			
TANF <input type="checkbox"/> SSI <input type="checkbox"/> Grants/Scholarships <input type="checkbox"/> Child Support <input type="checkbox"/> Retirement <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Unemployment <input type="checkbox"/>			
<b>Child lives in a:</b> single-parent household <input type="checkbox"/> two-parent household <input type="checkbox"/> home with Legal Guardian (attach legal guardianship papers) <input type="checkbox"/> Foster Home <input type="checkbox"/>			
<b>School District in which child lives:</b>	<b>Number of children in household (Must list below):</b>	<b>Number of Adults in the household (Must list below):</b>	
<b>Names of household members solely supported by income of the child's parent(s)/guardian (must match the number of adults and children above):</b>	<b>Age of Household Member listed:</b>	<b>Relationship to applicant.</b>	<b>Does this family member have a disability? Please list type of disability.</b>
<b>If needed, list additional members on a separate piece of paper.</b>			

Cen-Tex Family Services, Inc. Head Start and Early Head Start  
Eligibility Application

<b>Primary Parent/Guardian Name:</b>			<b>Relationship:</b>	<b>Date of Birth:</b>
<b>Primary Language:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	<b>Email Address:</b>
<b>Mark all that apply: (attach pay stubs, 2011 W-2 or tax return, or Employer's Statement of Gross Income)</b> Working full-time <input type="checkbox"/> Working part-time <input type="checkbox"/> In school or job training <input type="checkbox"/> Unemployed <input type="checkbox"/>				
<b>Estimated Gross Income of Primary Parent: Complete Only if Primary Parent is Employed</b> Gross Income: _____ Paid: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>				
<b>Secondary Parent/Guardian Name:</b>			<b>Relationship:</b>	<b>Date of Birth:</b>
<b>Primary Language:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	<b>Email Address:</b>
<b>Mark all that apply: (attach pay stubs, 2011 W-2 or tax return, or Employer's Statement of Gross Income)</b> Working full-time <input type="checkbox"/> Working part-time <input type="checkbox"/> In school or job training <input type="checkbox"/> Unemployed <input type="checkbox"/>				
<b>Estimated Gross Income of Secondary Parent: Complete Only if Secondary Parent is Employed</b> Gross Income: _____ Paid: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/>				
Does child have a referral to Head Start or Early Head Start from CPS, a school district or a Mental Health Provider?    Yes <input type="checkbox"/> <b>(attach referral from agency or provider)</b> No <input type="checkbox"/>				
Does child have a medical condition and received a referral to Head Start or Early Head Start by his/her physician?    Yes <input type="checkbox"/> <b>(attach referral from physician)</b> No <input type="checkbox"/>				
Is child exposed to violence in the neighborhood or in the home?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you or your family possess a valid Court Order of Protection?    Yes <input type="checkbox"/> <b>(attach court order)</b> No <input type="checkbox"/>				
Is there a parent/guardian incarcerated?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was child previously enrolled in Head Start or Early Head Start?    Yes <input type="checkbox"/> No <input type="checkbox"/> Where? _____				
Is the parent of child deployed through the military?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>I certify that the information on this application is true and correct. If my family is found to be over income when Cen-Tex staff verifies my income, I understand applicant will be placed on the Over Income waiting list. I also understand that this application DOES NOT AUTOMATICALLY "ENROLL" your child IN THE HEAD START/EARLY HEAD START PROGRAM. You will receive a letter about your application.</b>				
_____ <b>Signature of Parent or Legal Guardian</b>			_____ <b>Date</b>	
_____ <b>Printed Name of Parent or Legal Guardian</b>				

Cen-Tex Family Services, Inc. Head Start and Early Head Start  
Eligibility Application

<b>Family Demographics:</b> The following section is demographic information used by Cen-Tex Family Services, Inc. for Federal program reporting requirements and long and short term agency planning.	
<b>Ethnicity of Child (Mark One)</b>	
<input type="checkbox"/> Hispanic or Latino Origin	<input type="checkbox"/> Non-Hispanic/Non-Latino Origin
<b>Race of child/applicant (Mark only one):</b>	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<b>Child is biracial/multi-racial:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you receive a child care subsidy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child is enrolled in WIC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>My child is currently covered by:</b> ( <u>Must</u> state reason if no health insurance is checked.):	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Private insurance without dental
<input type="checkbox"/> CHIP (Children's Health Insurance Program)	<input type="checkbox"/> Private insurance with dental
<input type="checkbox"/> No Health Insurance: Reason: _____	
<b>My child's medical doctor is:</b>	<b>Dr. Phone #:</b>
<b>Doctor's address:</b>	
<b>Date of last visit and proof of last visit attached:</b>	
<b>My child's dentist is:</b>	<b>Dentist Phone #:</b>
<b>Dentist's address:</b>	
<b>Date of last visit and proof of last visit attached:</b>	
<b>Primary Caregiver:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian	
<b>-Highest level of education obtained:</b>	
<input type="checkbox"/> less than high school : last grade completed _____	
<input type="checkbox"/> High school graduate or GED	
<input type="checkbox"/> Some college, Vocational School, Associates degree	
<input type="checkbox"/> Bachelor's or advanced degree	
<b>Secondary Caregiver:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian	
<b>Highest level of education obtained:</b>	
<input type="checkbox"/> less than high school : last grade completed _____	
<input type="checkbox"/> High school graduate or GED	
<input type="checkbox"/> Some college, Vocational School, Associates degree	
<input type="checkbox"/> Bachelor's or advanced degree	
<b>Cen-Tex does not provide transportation services. Can you transport or make arrangement to transport your child to the center they will be enrolled in?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>All completed original applications must be submitted to Cen-Tex staff at a Head Start/Early Head Start center or mailed to the address below:</b>	
<b>Cen-Tex Family Services, Inc.</b> <b>2402 N. Main St.</b> <b>Bastrop, TX 78602</b>	
<b>Where did you hear about us?</b> Public School <input type="checkbox"/> Cen-Tex Staff <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Posted flyer <input type="checkbox"/> Location: _____ Community Agency <input type="checkbox"/> Name: _____	
The answers to the above questions are not used to determine eligibility in the Head Start program and are not part of the application process.	

## Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive.

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).*

Name of Student: \_\_\_\_\_ Gender:  Male  Female  
*Last First*

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Check the box that best describes with whom the student resides. (**Please note:** legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

- Parent(s)  
 Legal Guardians(s)  
 Caregiver(s) who are not legal guardian(s) (*Examples: friends, relatives, parents of friends, etc.*)  
 Other \_\_\_\_\_

Name of person with whom student resides: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Other Emergency #: \_\_\_\_\_

Length of Time at Present Address: \_\_\_\_\_

Length of Time at Previous Address: \_\_\_\_\_

Name of the school where student is enrolled or in which student is attempting to enroll: \_\_\_\_\_

Last District Attended: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

**Please check only one box that best describes where the student is presently living:**

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) (*if you checked this box, check one or both of the boxes below, if applicable:*) (CODE=N)  
 My home has no electricity (CODE=U)

Cen-Tex Family Services, Inc. Head Start and Early Head Start  
Eligibility Application

- My home has no running water **(CODE=U)**
- In the home of a friend or relative because I lost my housing (*examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.*) **(CODE=D)**
- In a shelter because I do not have permanent housing (*examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing*) **(CODE=S)**
- In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*) **(CODE=S)**
- In a hotel or motel (*examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.*) **(CODE=HM)**
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location **(CODE=U)**
- None of the above describe my present living situation **Briefly describe your situation:** \_\_\_\_\_  
\_\_\_\_\_

**Factors contributing to the student's current living situation (check all that apply):**

- Natural disaster
  - Tornado, storm, flood, etc.
  - Hurricane, name: \_\_\_\_\_
  - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (*i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.*)
- Economic hardship:
  - Loss of job resulting in inability to pay rent or mortgage
  - Income from part-time or low paying job does not cover cost of housing in the area
  - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
  - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own

Cen-Tex Family Services, Inc. Head Start and Early Head Start  
Eligibility Application

None of the above describe the main reasons for my present living situation *Briefly*  
*explain* *the* *contributing* *factors:*

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Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

\_\_\_\_\_  
Date