



Welcome to NADC Early Head Start and Head Start Program:

We are proud to offer a world-class program to children and families in Independence, Sharp, Stone, Fulton, and Izard counties. Children are eligible based on age, income, and family needs. Here is what you need to register your child for possible selection. Completing the application does not guarantee eligibility or enrollment. Enrollment is based on availability and the greatest need.

Needed Documentation:



The following documents are required to complete your application. After all, items have been received Ms. Karen Hartsfield will give you a call to complete your application over the phone. The application process will take no longer than 30m to complete.

If you are receiving any of the following: SSI (Supplemental Security Income), TANF (Temporary Assistance for Needy Families) or are a foster family, we will need a copy of your documentation. SSI recipients will need a benefit verification letter, this can be found at ssa.gov/mysocialsecurity

We will need the following for **EACH** employed parent:

- **For parents that work a set schedule:** 1 current pay stub, pay stub must include your name, rate of pay, hours worked, and employer information.
- **For self-employed parents:** a letter from the source of income with current estimated income or current tax return.
- **For parents that are wanting to be in Melbourne or Highland ABC program:** One month of income, must include your name, rate of pay, hours worked, and employer information. Notarized unemployment letter, or written no income statement if a spouse is providing living expenses, Non-Income Verification Declaration for other families.
- **For parents unemployed:** A written no income statement if spouse is providing living expenses, Non-Income Verification Declaration for other families.
- **For parents receiving Social Security or Disability:** recipients will need a benefit verification letter, this can be found at ssa.gov/mysocialsecurity



For child's age verification: Proof of Birth, Birth certificate, or current shot record for each child applying

Court Ordered documentation: Custody order, guardianship papers, letter for Foster children

IEP or IFSP: If the child is diagnosed with a disability

After all needed documentation has been returned (childapp@nadcinc.org) Ms. Karen will contact you to finish your application. Please have all social security numbers, birthdays, medical insurance type, and level of education, on hand for everyone living in the home.





NADC Head Start & Early Head Start 2021-2022 Application



Applicant Name: _____

Family Information			
Primary Caregiver:			
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Middle Name Last Name </div>			
Email:	Date of Birth:	Gender:	Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number:	Race:	Nationality:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Living & Mailing Address:			
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div>			
Home Phone Number:	Work Phone:	Cell Phone:	Legal Guardian of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to applicant: _____
Language Spoken in Home: Primary: English Spanish Other: _____ Secondary: English Spanish Other: _____		How well does this person speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Not Well <input type="checkbox"/> Well <input type="checkbox"/> Not at All	
Occupational Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Attend School Place of Employment: Name: _____ Address: _____ Name of School Attending: _____		Education Level: <input type="checkbox"/> School Full-Time <input type="checkbox"/> Associate Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> GED <input type="checkbox"/> Master's Degree <input type="checkbox"/> Less than High School/ GED <input type="checkbox"/> Some College Last Grade Completed: ____ <input type="checkbox"/> Other: _____	
Military Status: I am currently on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No I am a Veteran of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No		Family Type: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Household Size: _____	
Medical Insurance: <input type="checkbox"/> None <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Employment-Based <input type="checkbox"/> Medicaid <input type="checkbox"/> State Adult <input type="checkbox"/> Other: _____		Type of Housing: (Choose only one) <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Community Shelter <input type="checkbox"/> Migrant Housing <input type="checkbox"/> No Housing <input type="checkbox"/> Mobile Home/Trailer <input type="checkbox"/> Hotel/Motel Room <input type="checkbox"/> Other: _____	

Length of time at current address: <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2+years How many times have you moved in the past 12 months? _____	Housing Payment Arrangement: (Choose only one) <input type="checkbox"/> No Payment for housing <input type="checkbox"/> Own Housing <input type="checkbox"/> Receive Subsidized Housing <input type="checkbox"/> Rent Housing <input type="checkbox"/> Other: _____
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Residency Status:

Yes, No Does the child's family share housing due to economic struggles? (Living with other adults, including relatives)

Yes, No Is the child living in a shelter, hotel, motel, or lack regular, fixed residence? (domestic violence shelter, transitional housing, etc.)

Yes, No Is the child living in a car, park, campground, or public place?

Type of Federal or Other Assistance Received: (Choose ALL that apply)		
Yes	No	SNAP (Supplemental Nutrition Assistance Program, Food stamps)
Yes	No	WIC (Women, Infants, and Children)
Yes	No	LIHEAP (Low Income Home Energy Assistance Program)
Yes	No	TANF (Temporary Assistance for Needy Families)
Yes	No	Alimony
Yes	No	EITC (Earned Income Tax Credit)
Yes	No	VA (Veterans Affairs)
Yes	No	Workers Comp
Yes	No	Child Support
Yes	No	Unemployment
Yes	No	Permanent Supportive Housing
Yes	No	Affordable Care Act Subsidy
Yes	No	Housing Choice Voucher
Yes	No	Public Housing
Yes	No	HUD-VASH (Housing Choice voucher supporting Veteran affairs)
Yes	No	Child Care Voucher

Secondary Caregiver:

First Name Middle Name Last Name

Date of Birth:	Gender:	*Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number:	Race:	*Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone:	Nationality:	Legal Guardian of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cell Phone:	Relationship to applicant: _____

Occupational Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Attend School Place of Employment: Name: _____ Address: _____ _____ Name of School Attending:	Education: <input type="checkbox"/> School Full-Time <input type="checkbox"/> Associate Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> GED <input type="checkbox"/> Master's Degree <input type="checkbox"/> Less than High School/ GED <input type="checkbox"/> Some College Last Grade Completed: ____ <input type="checkbox"/> Other: _____
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Military Status: I am currently on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No I am a Veteran of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Insurance: <input type="checkbox"/> None <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Employment-Based <input type="checkbox"/> Medicaid <input type="checkbox"/> State Adult <input type="checkbox"/> Other: _____
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Child Data (Applicant)			
Child:			
_____		_____	
First Name	Middle Name	Last Name	
Nickname:	Date of Birth:	Gender:	Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number:	Race:	Nationality:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Carrier	Center Preferred: Head Start Locations: Mountain View, Salem, Viola, Batesville, Cave City, Sulphur Rock, Melbourne, Calico Rock, Evening Shade, Highland (Early locations, Batesville, Sulphur Rock, Highland, Mountain View)		

Child Data (Applicant)			
Child:			
_____		_____	
First Name	Middle Name	Last Name	
Nickname:	Date of Birth:	Gender:	Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number:	Race:	Nationality:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Carrier	Center Preferred: Head Start Locations: Mountain View, Salem, Viola, Batesville, Cave City, Sulphur Rock, Melbourne, Calico Rock, Evening Shade, Highland (Early locations, Batesville, Sulphur Rock, Highland, Mountain View)		

Verification Signature(s):	
<p>I certify that the information provided in this application, and the income indicated for enrollment eligibility, are accurate and truthful to the best of my knowledge. Providing false income/information could result in dismissal from the program and may be subjected to legal action. I also understand that the information given to the program will remain confidential and is accessible to me during normal business hours.</p>	
_____	_____
Legal Guardian	Date
_____	_____
Head Start Staff Signature	Date

When is the best day for an Application Staff member to contact you for your follow-up appointment?
Day: Monday Tuesday Wednesday Thursday Friday **Time:** _____
No preference on days or times: *Office Hours: 8:00 am- 4:00 pm*



NADC Head Start & Early Head Start
Non-Income Verification Declaration



If your family income is Zero please explain how you are meeting your living expenses:
How do you pay for your housing, utilities and food?

Three horizontal lines for providing an explanation of living expenses.

I, _____ being aware of the financial situation of _____
(Full name of person providing information) (Parent/ Guardian Name of Child Applying)

Do hereby attest that this family does not have any source of income known to me at this point in time.

In addition, I provide the following for the family due to their inadequate economic status:

- Four checkbox options: I do not provide any type of support, I just am aware of their financial situation. I provide room and board for this family. I only provide temporary housing for this family. I provide financial support for this family.

Printed name of the person providing information: _____

Mailing address: _____

Phone Number: _____ Date Signed: _____

Signature: _____

I certify that this information is true and correct. If any part is false, I understand that my child participation in the program may be terminated and subject to legal action. I also understand that this information will be held in strict confidence within the agency and is available to me during normal business hours.

Signature of Parent applying child: _____ Date: _____

Witness (Staff Only) Signature: _____ Date: _____



**NADC Head Start & Early Head Start
Family Residency Questionnaire**



As of December 12, 2007, with the passage of the Head Start Reauthorization Act of 2007, any child whose current housing situation entitles them to services under section 725(2) of the McKinney-Vento Act (42 U.S.C 11435(2)) is considered automatically eligible for Head Start services. Eligibility may be determined by completing this questionnaire.

Name of Parent filling out questionnaire: _____

Name of Child: _____ Gender: _____ Birthdate: __/__/____ Age: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C 11435. The answers to this residency information help determine whether the child may automatically eligible for Head Start services.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? __ Yes __ No

If you answered NO to both of he questions above, this child is not automatically eligible for Head Start under the McKinney-Vento Act. Staff and parent signatures are still required and the box for “Not eligible should be checked. If you answered YES to either of the questions, please complete the remainder of this form.

Where is the family presently living? (Check one box.)

- In a motel
- In a shelter
- Sharing the housing of others
- Moving Place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.

Address: _____ Zip: _____ Phone: _____

I certify that the information I have given is correct to the best of my knowledge. I understand that is the program determines that my child does not automatically qualify for Head Start services under the McKinney-Vento Act, acceptance into the program will be decided based on the program’s current child eligibility criteria.

Parent/ Guardian Signature: _____ **Date:** _____

Based on the information above and a brief interview with the family, I attest that to the best of my knowledge that this child is **Eligible** **Not Eligible** for enrollment in the Head Start program based on the McKinney-Vento Act.

Staff Signature: _____ **Date:** _____