



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. Michaela Manning may call you under some circumstances for a brief interview. This 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), SNAP (Supplemental Nutrition Assistance Program), 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 month of current pay stubs, 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 complete the Unemployment Verification form if a spouse is providing living expenses, Non-Income Verification Declaration for other families.
- **For parents unemployed:** Complete the Unemployment Verification form if spouse is providing living expenses, Non-Income Verification Declaration for other families that have ZERO income.
- **For parents receiving Social Security or Disability:** recipients will need a benefit verification letter, this can be found at ssa.gov/mysocialsecurity
- **ALL written statements must be notarized.**



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

Medical Documentation: If the child is diagnosed with a disability or is medically fragile, we will need the certified IEP/IFSP or other relevant documents from your child's physician or therapist(s).

After all needed documentation has been returned (childapp@nadcinc.org) we will process your application as quickly as possible. Once we are finished, we will contact you via email or phone call to let you know if you have been accepted or waitlisted. **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 2022-2023 Application



Applicant Name: _____

Family Information			
Primary Caregiver:			
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> _____ _____ _____ </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-bottom: 1px solid black; margin-bottom: 5px;"> _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div>			
County of Residence:	Work Phone:	Home Phone:	Legal Guardian of the applicant?
		Cell Phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to applicant: _____
Language Spoken in Home:		How well does this person speak English?	
Primary: English Spanish Other: _____		<input type="checkbox"/> Very Well <input type="checkbox"/> Not Well	
Secondary: English Spanish Other: _____		<input type="checkbox"/> Well <input type="checkbox"/> Not at All	
Occupational Status:		Education Level:	
<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		<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: _____	
Place of Employment:		Family Type:	
Name: _____		<input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent	
Address: _____		Household Size: _____	
Name of School Attending: _____		Type of Housing: (Choose only one)	
Military Status:		<input type="checkbox"/> Apartment <input type="checkbox"/> House	
I am currently on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Community Shelter <input type="checkbox"/> Migrant Housing	
I am a Veteran of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No Housing <input type="checkbox"/> Mobile Home/Trailer	
Medical Insurance:		<input type="checkbox"/> Hotel/Motel Room <input type="checkbox"/> Other: _____	
<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: _____			

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
County of residence:	Nationality:	Legal Guardian of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to applicant: _____
	Cell Phone:	
	Work Phone:	

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) Partnership location: Evening Shade Daycare, Highland Wee Care, Highland Kiddo College		

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) Partnership location: Evening Shade Daycare, Highland Wee Care, Highland Kiddo College		

Verification Signature(s):	
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.	
_____	_____
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

Please list EVERYONE living in your household not already listed on the application here:

Name: <hr/> First Name Middle Name Last Name		
Date of Birth:	Gender:	Hispanic or Latino:
Race:	Nationality:	Disabled:
Phone Number:	Education Level:	Medical Insurance:
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"/> Child doesn't apply Place of Employment or School: Name: _____ _____ Address: _____ _____	Relationship to applicant:	Social Security Number:
Name: <hr/> First Name Middle Name Last Name		
Date of Birth:	Gender:	Hispanic or Latino:
Race:	Nationality:	Disabled:
Phone Number:	Education Level:	Medical Insurance:
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"/> Child doesn't apply Place of Employment: Name: _____ _____ Address: _____ _____ Name of School Attending: _____	Relationship to applicant:	Social Security Number:
Name: <hr/> First Name Middle Name Last Name		
Date of Birth:	Gender:	Hispanic or Latino:
Race:	Nationality:	Disabled:
Phone Number:	Education Level:	Medical Insurance:
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"/> Child doesn't apply Place of Employment: Name: _____ _____ Address: _____ _____ Name of School Attending: _____	Relationship to applicant:	Social Security Number:

If needed, please list additional household members information on the back of this page.



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: Please note, this form **MUST** be notarized. If you are having trouble finding a notary, please contact Central Office.

How do you pay for your housing, utilities and food? (HUD, SNAP, Savings, etc.)

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: _____

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 to receive points under the criteria for No Income.

Staff Signature: _____ Date: _____

AFFIDAVITS _____

Signature of Affiant _____

State of _____ County of _____

Acknowledged before me, this _____ day of _____, _____.

Signature of Notary Public _____

My commission expires: _____



Seal of Office



**NADC Head Start & Early Head Start
Unemployment Verification**



I _____ am unemployed at this time.

I do NOT receive unemployment benefits
(please complete the no-income verification form)

I do receive Unemployment Benefits in the amount of _____ per _____.
(please attach a copy of a months' worth of statements)

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: _____

AFFIDAVITS

Signature of Affiant _____

State of _____ County of _____

Acknowledged before me, this _____ day of _____, _____.

Signature of Notary Public _____

My commission expires: _____



Seal of Office



**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 the 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:** _____



NADC Head Start & Early Head Start Social Service Need Questionnaire



The goal of our program is to provide services to the families who need it the most. If any of the following apply to your family, please check the box below and provide a brief description of the situation. In an of these circumstances apply, one of our Family Services Specialists will reach out to you via email or phone to request an interview.

- Family is experiencing domestic violence
- Family has experienced a recent diagnosis of severe disability/mental health issue
- Family is experiencing a family member dealing with substance abuse
- Family is an immigrant/refugee family
- Family is in crisis (victim/witness of a violent crime or victim/witness of emotional or physical trauma)
- One or both parents are currently incarcerated, on probation, or on parole
- None of these apply

If you selected none of these apply, you do not need to continue filling out this form. Staff and parent signatures are still required, and the “Not Eligible” box should be checked. If you answered anything other than “None of these apply” please continue filling out this form.

How would you like to be contacted for your interview? Please list days of the week and time of day that you prefer.

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 to receive points under the criteria for High Social Service Need.

Staff Signature: _____ Date: _____