

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, 2009 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.

2009 Income Guidelines for Head Start and Early Head Start effective until March 1, 2010			
Family Size	At or Below 100%	100%-130%	Over 130%
1	10,830	14,079	Over 14,079
2	14,570	18,941	Over 18,941
3	18,310	23,803	Over 23,803
4	22,050	28,665	Over 28,665
5	25,790	33,527	Over 33,527
6	29,530	38,389	Over 38,389
7	33,270	43,251	Over 43,251
8	37,010	48,113	Over 48,113

For families with more than 8 persons, add \$3,740 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

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 / 512-285-2596

Bastrop Early Childhood Development Center Early Head Start Ages 0-3, 2402 N Main, Bastrop, TX 78602
512-303-7737

Giddings Early Childhood Development Center Head Start and Early Head Start Ages 0-3, 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

Columbus Head Start Center – Ages 3-4 4170 Hwy 71 S, Columbus, TX 78934
979-733-0022

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

Mina Head Start Center – Ages 3-4 1203 Hill St., 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

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Head Start Applying For (serves ages 3-4): Cedar Creek <input type="checkbox"/> Columbus <input type="checkbox"/> Eagle Lake <input type="checkbox"/> Elgin <input type="checkbox"/> Mina <input type="checkbox"/> Giddings (3 year old program only) <input type="checkbox"/> LaGrange <input type="checkbox"/> Lost Pines <input type="checkbox"/> Smithville <input type="checkbox"/> Stoney Point <input type="checkbox"/>			
Early Head Start Applying For (serves ages 0-3): Bastrop <input type="checkbox"/> Elgin <input type="checkbox"/> Giddings <input type="checkbox"/>			
Child Name:		Date of Birth: (attach copy of birth certificate)	
Child Is Currently a: Child Age 0-3 <input type="checkbox"/> Child Age 3-4 <input type="checkbox"/>			
Child Primary Language:	Does Child have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> OR Check if child is in the process of being evaluated by ECI, school district or other service agency for a suspected disability? <input type="checkbox"/> If yes or in process, attach IEP, IFSP or evaluation or referral paperwork	Gender of child: Male <input type="checkbox"/> Female <input type="checkbox"/>	Is child currently homeless?
Physical Address:		City	Zip
Mailing Address if different from above:		City	Zip County
School District in which child lives:	Number of children in household:	Number of Adults in the household:	
Child lives in a: 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"/>			
Mark benefit(s) received by your family: (attach documentation of all benefits received)			
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"/>	
Names of household members solely supported by income of the child's parent(s)/guardian:	Age of Household Member listed:	Do any of the family members listed have a disability?	List type of disability below.
If needed, list additional members on a separate piece of paper.			

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Primary Parent/Guardian Name:			Relationship:	Date of Birth:
Primary Language:	Home Phone:	Work Phone:	Cell Phone:	Email Address:
Mark all that apply: (attach pay stubs, 2009 W-2 or tax return, or Employer's Statement of Gross Income) Working full-time <input type="checkbox"/> Working part-time <input type="checkbox"/> In school or job training <input type="checkbox"/> Unemployed <input type="checkbox"/>				
Estimated Gross Income of Primary Parent: Complete Only if Primary Parent is Employed Gross Income: _____ Paid: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>				
Secondary Parent/Guardian Name:			Relationship:	Date of Birth:
Primary Language:	Home Phone:	Work Phone:	Cell Phone:	Email Address:
Mark all that apply: (attach pay stubs, 2009 W-2 or tax return, or Employer's Statement of Gross Income) Working full-time <input type="checkbox"/> Working part-time <input type="checkbox"/> In school or job training <input type="checkbox"/> Unemployed <input type="checkbox"/>				
Estimated Gross Income of Secondary Parent: Complete Only if Secondary Parent is Employed Gross Income: _____ Paid: Weekly <input type="checkbox"/> Bi-Weekly <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"/> (attach referral from agency or provider) 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"/> (attach referral from physician) 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"/> (attach court order) 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"/>				
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.				
_____ Signature of Parent or Legal Guardian			_____ Date	
_____ Printed Name of Parent or Legal Guardian				

