

Fauquier Community Action Committee, Inc. Head Start Program

Eligibility Requirements

Student: _____ PY: _____

Date Received

- 1. Verification of Address/ Identification _____
- 2. Income: W-2 ___ Tax Return ___ Paystub ___ Notarized Letter ___
TANF ___ SSI ___ Child Support ___ Foster ___ SNAP ___ Homeless ___ _____
- 3. Eligibility Verification/Income Worksheet _____
- 4. Birth Certificate _____
- 5. Social Security Cards _____
- 6. Custody Information _____
- 7. Emergency/Bus/Evacuation Information _____
- 8. Permission and Authorization Form _____
- 9. Privacy Act Statement _____
- 10. Medical Packet _____
- 11. Physical _____ Immunization Record _____
- 12. Private Health Insurance _____ Medicaid _____

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

For Office Use Only:

In Person Interview _____ Phone Interview _____ Person Completing Interview: _____

Age _____ Eligibility Category:

Family of: _____ 1. Categorically Eligible _____ Category _____

Disability/IEP: _____ 2. Income Eligible _____

Rating Score: _____ 3. Over Income _____ by _____

Staff Verifying Completion _____ Date: _____ Acceptance Date: _____

Fauquier Community Action Committee, Inc. Head Start Program
Emergency Form/Formulario de Emergencia

Child's Name (Nombre del Niño): _____

Date of Birth (Fecha de Nacimiento): _____ Sex (sexo): _____ Center: _____

Street Address (Domicilio): _____

Mailing Address (Domicilio de Correo) _____

Parent-Guardian Information/Información de los Padres/Guardián

Mother (Madre): _____ Home Phone (# de Casa): _____

Address (Domicilio): _____ Cell Phone (# de Celular): _____

Email: _____

Not in Home _____ Address Unknown _____

Father (Padre): _____ Home Phone (# de Casa): _____

Address (Domicilio): _____ Cell Phone (# de Celular): _____

Email: _____

Not in Home _____ Address Unknown _____

Emergency Information/Información de Emergencia

Child's Physician (Medico del niño/a): _____ Phone (Teléfono): _____

*Emergency Contacts: Someone other than child's parent/guardian/Contactos de Emergencia que no sean los padres del niño/a

1. _____ Relationship To Child (Relacion) _____

(address/domicilio) _____

Home Phone: _____ Cell Phone: _____ Other: _____

(Telefono de Casa)

(Numero de Celular)

(Otro)

2. _____ Relationship To Child (Relacion) _____

(address/domicilio) _____

Home Phone: _____ Cell Phone: _____ Other: _____

(Telefono de Casa)

(Numero de Celular)

(Otro)

Person (s) Authorized To Pick Up Child (Personas autorizadas para recoger el niño/a) : _____

Person (s) Not Authorized To Pick Up Child (Personas no autorizadas para recoger a su hijo/a): _____

Allergies to Food Or Drugs (Alergias a Comida o Medicamentos): _____

Fauquier Community Action Committee Inc., Head Start Program
Bus Route/Evacuation Information (Información del Autobús y Evacuación)

Bus Route Information/Información de la Ruta de Autobús

Child's Name: _____
(nombre del niño)

D.O.B. _____
(Fecha de Nacimiento)

What address will your child be picked up and dropped off at? (Donde va a levantar y entregar a su hijo(a)?)

Pick Up/ Drop off Address: _____
(Dirección donde levantar y recoger)

Special Instructions/Meeting Spot: _____
(Instrucciones Especiales/Lugar de espera)

Name of all Adults(s) at this address who may receive child: _____
(Nombre de las personas que puedan recibir al niño/a cuando el autobús llegue)

Alternative number to call in case of emergency, authorized adult at drop off location (número para llamar en caso de emergencia, un adulto en la parada del bus)

Name: _____ Number: _____

Evacuation Release

Mother/Guardian (Madre/Guardian) Place of Employment (Lugar de Empleo) _____

Address of Employment (Domicilio del Trabajo) _____

Cell Phone Number (#Celular) _____ Work Phone Number (# del Trabajo) _____

Father/Guardian (Padre/Guardian) Place of Employment (Lugar de Empleo) _____

Address of Employment (Domicilio del Trabajo) _____

Cell Phone Number (# Celular) _____ Work Phone Number (# Trabajo) _____

Please check one of the following to indicate which procedure you would like us to follow in the event of an evacuation: (Compruebe por favor uno del siguiente para indicar que procedimiento usted quisiera que siguiéramos en el evento de una evacuación):

_____ Please send my child home on the regular school bus (Por favor manda a mi niño/a para la casa en el bus regular)

_____ The school is to hold my child at the evacuation site until a parent or authorized person arrives. (La escuela debe sostener a mi niño en el sitio de la evacuación hasta que llega un de los padres o personas autorizadas.)

Fauquier Community Action Committee, Inc. Head Start Program
Head Start Permission and Authorization Form

Child's Name: _____ Program Year 20____-20_____

Permission for Screenings (Permiso para Evaluaciones)

I give permission for my child to receive the following developmental/sensory screenings while in the Head Start Program. (Yo doy permiso para que mi hijo reciba las siguientes evaluaciones médicas y del desarrollo mientras que está en el programa de Head Start.

The following developmental and sensory screenings will be completed at your child's Head Start Center (Lo siguiente será completado en el Centro de Head Start de su hijo/a):

1. Vision/ Hearing (Visión/Audiencia) _____
2. Speech/Language (Lenguaje/Habla) _____
3. Brigrance (3 and 4 year olds/niños de 3 y 4 años) _____
4. VALLS (4 year olds/niños de 4 años) _____
5. Devereux Early Childhood Assessment for Preschoolers (DECA-P2) _____
(Evaluación temprana para niños de Devereux para prescolares)

***Parents will be informed of the date/time of all screenings and invited to attend. All results will be shared with the parents/guardians (Los padres serán informados sobre la fecha/hora de todas las evaluaciones y serán invitados a asistir. Todos los resultados se compartirán con los padres/guardianes).

Authorizations/Permissions (Permiso y Autorizaciones)

I (yo) _____ the Parent/Guardian of (padre/guardian de) _____
give permission/authorization for (autorizo a/que):

1. Head Start permission to obtain immediate medical care and transportation by emergency personnel for my child if any emergency occurs when parent and/or emergency contacts cannot be located. (Doy permiso a Head Start para obtener asistencia médica de inmediato si ocurre alguna emergencia si aún caso no pueden ser localizados.)
yes (si) _____ no _____
2. For my child to participate in the center's transportation and field trips. (Doy permiso a Head Start para que mi hijo participe en el transporte y las excursiones) yes (si) _____ no _____
3. My child to be photographed by FCAC, Inc. Head Start and other agencies. Photographs may be used for agency publications/advertisements, power points, website and/or in the classroom. (Doy permiso para que le tomen fotografías a mi hijo/a. Las fotografías pueden ser utilizados en publicaciones/anuncios, entrenamientos, sitio web y/o en el salón)
yes (si) _____ no _____
4. All classrooms will have a Menta! Health consultant in the classroom once a month to make classroom observations. I give permission for my child to be a part of the observations. (Todas las clases tendrán un consultor de Salud Mental en el salón de clases una vez al mes para hacer observaciones en el salón de clases. Doy permiso para que mi hijo sea parte de las observaciones.)
yes (si) _____ no _____

Parent/ Guardian Signature: _____ Date: _____
(Firma del Padre/Guardian) (Fecha)

Fauquier Community Action Committee, Inc. Head Start Program

PRIVACY ACT STATEMENT: The information obtained during this client intake interview is being collected by FCAC-Head Start to determine the applicant's eligibility to receive services from FCAC-Head Start Program. All information given will be verified for accuracy. The information requested will be held in strictest confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used to determine eligibility and for reporting purposes.

ACTA DE DECLARACION PRIVADA: La información obtenida durante la entrevista está siendo recogida por el Comité de Acción Comunitaria de Fauquier --FCAC (Fauquier Community Action Committee Inc.) para determinar la elegibilidad de los solicitantes para recibir servicios de FCAC. La exactitud de la información será verificada y será estrictamente confidencial, tal como está establecido en el Acta de Protección Privada de Virginia y será usada para determinar la elegibilidad y para rendir informe sobre este propósito.

Warning: Section 1001 of Title 18 Code of the United States makes it a criminal offense to make a willingly false statement or misrepresentation to any Department of Agency of the United States as to any matter within its jurisdiction. The penalty for which includes fines up to \$10, 000 and/or imprisonment for up to five years.

AVISO: La sección 1001 del título 18 del Código de los Estados Unidos toma como ofensa criminal el hacer voluntariamente falsas declaraciones o mal interpretar a alguna Agencia o Departamento de los Estados Unidos en Materia de su Jurisdicción. La multa por cualquier violación a la ley puede ser superior a los \$10,000 y/o arresto por cinco años.

I **certify** that I have read the Privacy Act Statement and Warning above and that the information given on this form is true and accurate to the best of my knowledge.

Certifico que he leído el Acta de Declaración Privada y el Aviso acerca de la información dada en estos formularios, la cual a mi leal saber y entender es verídico y exacto.

Signature (Firma): _____ Date: _____

Fauquier Community Action Committee, Inc. Head Start Program

Eligibility Verification

Child's Name: _____

Date: _____

Verify Eligibility, Check which category of eligibility does this child fall into:

Income Eligibility Category

- 100 % Federal Poverty Guidelines
- Income between 100% -130% of Federal Poverty Guidelines: _____
- Disabilities (I.E.P.)
- Categorically Eligible (Homeless, TANF, SSI, SNAP, Foster Child)

What documentation was used to determine eligibility?

_____ Income Tax Form 1040

_____ Notarized Letter

_____ W-2 / 1099

_____ SSI Documentation/Letter of Benefits

_____ Pay Stub

_____ TANF /SNAP /Benefit Documentation

_____ Unemployment

_____ Documentation of Homelessness

_____ Child Support

_____ Virginia Employment Commission Verification (VEC)

_____ Letter of Declaration

_____ Other: _____

Total Income _____

Date: _____

Parents/Guardian Signature: _____

Date: _____

Staff's Signature: _____

Date: _____

FCPS Signature

Verifying Eligibility: _____

Date: _____

Fauquier Community Action Committee, Inc. Head Start Program

Income Worksheet

Applicant: _____ Date: _____

Time Frame: _____ to _____ Total Income: \$ _____

Previous Year Income:

Total Income from 20_____ (tax return/w2/VEC/notarized letter) =

Divide by 12 (months) =

Multiply by _____ (months needed for previous year) = 1.

Current Year Income:

YTD from (paystub/VEC/notarized letter) = 2.

Total Income (box 1 + box 2) =

Staff Signature: _____ Date: _____

Fauquier Community Action Committee, Inc. Head Start Program

Parent Engagement Responsibility Form

Families play a critical role in helping their child be ready for school and a lifetime of academic success. Parents/ guardians are the child's primary and most important teacher and supporter. The success of the Head Start program depends on the prompt response of the parents to participate in their child's education. The establishment of a mutual partnership entitles you to certain responsibilities. The responsibilities include, but are not limited to: (Las familias juegan un rol importante en preparar al niño (a) para la escuela y para el éxito académico el resto de su vida. Los padres/guardianes son los primeros y más importantes maestros y apoyo del niño(a). El éxito del programa de Head Start depende de la pronta respuesta de los padres a participar en la educación de su niño(a). El establecimiento de una mutua relación le proporciona algunas responsabilidades. Las responsabilidades incluyen, pero no están limitadas a:

- Attend Parent Orientation. (Asistir a la Orientación de Padres)
- Participate in Parent Meetings. (Participar en las Reuniones de Padres)
- Contribute in the process of making decisions about the operation of the program. (Contribuir en las decisiones que se hacen en el manejo del programa.)
- Volunteer in the classroom. (Participar en el salón como voluntario)
- Attend training and workshops. (Participar en los entrenamientos y clases ofrecidas)
- Work with your child in cooperation with the staff. (Trabajar con su niño(a) en cooperación con el personal)
- Have an authorized person present to deliver and receive your child at the approved and designated bus stop daily (Tener una persona autorizada en el lugar donde el autobús recoge y entrega a su niño(a) diariamente.)
- Respond to all notices from Head Start concerning the health and welfare of your child. (Responder a todas las notificaciones de Head Start acerca de la salud o el bienestar de su niño(a).)
- Provide feedback and suggestions to staff for the improvement of the program. (Proveer sugerencias o respuestas al personal para el mejoramiento del programa.)
- Commit and participate in reaching the goals set in my family partnership agreement. (Comprometerme y participar en obtener las metas establecidas en el contrato de participación familiar.)

Parent-Guardian Signature---Date
(Firma del Padre-Guardián----Fecha)

Staff Signature---Date
(Firma del personal---- Fecha)

Child's Name _____
First Middle Last

Date Child Seated in the Program: _____ Drop/Transition Date: _____

OFFICE USE ONLY
IDENTITY VERIFICATION

Place of Birth (City/County & State) Birth Date Birth Certificate Number

Proof of the child's identity may include a certified copy of the child's birth certificate, notification of birth (hospital, physician or midwife record), baptismal record, school record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the program assumes responsibility for the child directly from the school. While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Previous Child Day Care Programs and Schools Attended

*Custody paperwork shall be attached if a parent is not allowed to pick up the child.

Staff Signature

Date