Fauquier Community Action Committee, Inc. Head Start Program

**Eligibility Requirements**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Received

1. Verification of Address/ Identification ­\_\_\_\_\_\_\_\_\_\_\_
2. W-2\_\_\_\_\_\_\_ Tax Return\_\_\_\_\_\_\_\_ Paystub\_\_\_\_\_\_\_\_ Notarized Letter\_\_\_\_\_\_\_\_\_ VEC\_\_\_\_\_\_\_\_

TANF\_\_\_\_\_\_\_\_ SSI \_\_\_\_\_\_\_\_\_\_\_ Child Support\_\_\_\_\_\_\_\_ Foster \_\_\_\_\_\_\_\_\_\_\_\_ SNAP \_\_\_\_\_\_\_

1. Eligibility Verification/Income Worksheet ­­­­\_\_\_\_\_\_\_\_\_\_\_
2. Birth Certificate ­\_\_\_\_\_\_\_\_\_\_\_
3. Social Security Cards \_\_\_\_\_\_\_\_\_\_\_
4. Custody Information \_\_\_\_\_\_\_\_\_\_\_
5. Emergency/Bus/Evacuation Information \_\_\_\_\_\_\_\_\_\_\_
6. Permission and Authorization Form \_\_\_\_\_\_\_\_\_\_\_
7. Privacy Act Statement \_\_\_\_\_\_\_\_\_\_\_
8. Medical Packet \_\_\_\_\_\_\_\_\_\_\_
9. Physical \_\_\_\_\_\_\_\_\_\_ Immunization Record \_\_\_\_\_\_\_\_\_\_\_
10. 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: \_\_\_\_\_\_\_\_\_\_\_

 June 2015

June 2023



June 2023

**Fauquier Community Action Committee, Inc. Head Start Program**

**Intake Form**

Intake Date\_\_\_\_\_\_\_\_\_ Birth Certificate #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_ Verified by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (first) (middle) (last)

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

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_F Last 4 of SSN \_\_\_\_\_\_\_\_\_ Verified by: \_\_\_\_\_\_\_\_\_

Mother's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 of SSN \_\_\_\_\_\_\_\_\_ Verified by: \_\_\_\_\_

Education Level: Less than High School Grad \_\_\_\_\_\_\_ High School Grad or GED \_\_\_\_\_\_\_

 Associates/Vocational/Some \_\_\_\_\_\_\_ Bachelor or advanced degree \_\_\_\_\_\_\_

 Currently Enrolled in school \_\_\_\_\_\_\_, area of study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 of SSN \_\_\_\_\_\_\_\_\_ Verified by: \_\_\_\_\_

Education Level: Less than High School Grad \_\_\_\_\_\_\_ High School Grad or GED \_\_\_\_\_\_\_

 Associates/Vocational/Some \_\_\_\_\_\_\_ Bachelor or Advanced degree \_\_\_\_\_\_\_

 Currently Enrolled in school \_\_\_\_\_\_\_, area of study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Type: Single(mother/father) \_\_\_\_\_\_Two Parent\_\_\_\_\_\_\_Foster Family\_\_\_\_\_\_\_Grandparent\_\_\_\_\_\_

 **Name Relationship Sex D.O.B. SSN Verified by**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

\*More than 7 in the household continue on the back------------------------------------------------------->

Health Insurance: Private \_\_\_\_Medicaid\_\_\_\_ ins. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Insurance \_\_\_\_\_Applied\_\_\_\_\_\_\_\_\_\_

Are you, or any member of your household disabled? Yes\_\_\_ No \_\_\_Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: Are you Hispanic or Latino? Yes \_\_\_\_\_ no \_\_\_\_\_

Race: White\_\_\_\_; Black/Afro American \_\_\_\_; Asian\_\_\_\_ Biracial/Multiracial \_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? Flyer \_\_\_\_\_\_\_Word of Mouth \_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*2nd Year Update: No changes\_\_\_\_\_ Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

June 2023

**Fauquier Community Action Committee, Inc. Head Start Program**

**Emergency Form/Formulario de Emergencia**

Child's Name (Nombre del Nino):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (Domiicilio):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (# de Celular):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father (Padre):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone (# de Casa):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Domicilio):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (# de Celular):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Information/Informacion 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 June 2023

**Fauquier Community Action Committee Inc., Head Start Program**

Bus Route/Evacuation Information (Información del Autobús y Evacuación)

**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.)

*June 2023*

**Bus Route Information/Información de la Ruta de Autobús**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_

(nombre del niño) (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)?):

**Morning Pick Up Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Dirección donde levantar en la mañana)*

**Afternoon Drop off Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Dirección donde entregar en la tarde)*

**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 *(numero para llamar en caso de emergencia, un adulto en la parade del bus)*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Fauquier Community Action Committee, Inc.***

***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. Brigance (3 and 4 year olds/*niños de 3 y 4 años)\_\_\_\_\_\_*  4. Pre-K Pals (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 premiso 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 Mental 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) June 2023

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_

June 2023

**Fauquier Community Action Committee, Inc.**

**Head Start**

**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: \_\_\_\_\_\_\_\_\_\_\_\_

June 2023

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: \_\_\_\_\_\_\_\_\_\_\_\_

June 2023

**FCAC Head Start**

**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 Staff Signature---Date

 (Firma del Padre-Guardián----Fecha) (Firma del personal---- Fecha)

 June 2023

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

\*Appropriate paperwork such as the divorce decree shall be attached if a parent is not allowed to pick up the child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date

 **June 2023**