**LAJ 0 – 5 KAN**

**MIAMI-DADE COUNTY**

 **(DEPATMAN SÈVIS IMEN AK AKSYON KOMINOTÈ)**

 **(DIVIZYON PWOGRAM BON DEPA/PWOGRAM BON DEPA BONÈ)**

**SA YO EGZIJE POU ANREJISTRE**

**(Kopi Paran (yo)/Responsab Legal)**

**Ou bezwen prezante dokiman suivan yo lè wap soumèt aplikasyon an, si li aplikab. Yo sèvi ak enfòmasyon sa yo pou detèmine elijibilite w nan pwogram lan. Bay kopi dokiman yo si gen nenpòt atik ki gen "wi" ki tcheke nan sikonstans fanmi a ki sou lis pou tcheke a ki nan paj 2 nan aplikasyon an. Gen anplwaye ki disponib pou yo ede w ranpli aplikasyon an. Dokiman tcheke pou bay anplwaye yo.**

|  |  |
| --- | --- |
| **Prèv pou montre laj:** * **EHS** - Fanm ansent. Depi nesans jiska laj 3 zan apre 1ye septanm 2017.
* **HS** - Timoun yo **fèt** pou gen 3 oswa 4 tran nan dat, oswa apre dat 1ye septanm 2017, oswa pa plis ke senk (5) kan apre 1 ye septanm 2017.
 | * **Batistè**
* **Paspò**
* **Fòm Afidavit Notarye sou Laj**
* **Deklarasyon doktè (fanm ansent)**
 |
| **Prèv pou montre revni paran/titè legal la anvan taks pou 12 dènye mwa yo oswa pou ane sivil (2016) la.**  | * **Deklarasyon Taks 1040 ki siyen e ki gen non timoun ki elijib la sou li**
* **Fòm W-2 (yo)**
* **Souch chèk**
* **Alokasyon Chomaj**
* **Deklarasyon anplwayè ou ekri sou papye ki gen antèt anplwayè a**
* **Lèt Alokasyon Siplemantè Revni Sekirite (SSI)**
* **Lèt ki detaye TANF**
* **Ajans Pansyon Timoun**
* **Fòm pou Deklare Revni**
 |
| **Prèv pou Montre Idantite Paran an** | * **Lisans Chofè/Paspò**
* **Kat Idantite Leta bay**
* **Kat Idantite Anplwayè/Kat Idantite Militè**
* **Kat Idantite Sanzabri (Homeless)**
 |
| **Prèv Rezidans Konte Dade** | * **Lisans Chofè**
* **Kat idantite leta ki gen foto ak adrès**
* **Fakti Sèvis Piblik (elektrisite, telefòn, kab, elatriye)**
* **Kontra Lwaye/Lokasyon oswa/ak Kontra Ipotèk**
* **TANF/SSI/Lèt Biwo Chomaj**
 |
| **Prèv Enfimite** | * **Plan Edikatif Endividyèl (IEP)**
* **IFSP Plan Sipò Fanmi Individyèl**
 |
| **Prèv Enfimite yo Sispèk**  | * **Evalyasyon Doktè/Terapis ak deklarasyon ki dekri enkyetid yo**
 |
| **Prèv Verifikasyon Sanzabri** | * **Deklarasyon etablisman sanzabri a oswa deklarasyon travayè sosyal la bay**
* **Deklarasyon moun kap aplike a**
 |
| **Prèv Abi Sibstans** | * **Deklarasyon Anplwaye Pwogram Tretman an bay**
 |
| **Prèv Vyolans Domestik**  | * **Deklarasyon Anplwaye/Ajans Vyolans Domestik bay**
* **Dokiman Tribinal (depi ane dènyè)**
 |
| **Prèv ki montre ou se etidyan** | * **Nòt Lekòl**
 |
| **Prèv Edikasyon Uityèm Ane ak Nivo ki Pi Ba** | * **Deklarasyon Moun kap Aplike a/Nòt Ofisyèl Lekòl la**
 |
| **Prèv Andikap Parantal** | * **Lèt yo bay moun kap resevwa SSI/Deklarasyon Doktè**
 |
| **Prèv Gwosès** | * **Dokiman Medikal (ajou)**
 |
| **Prèv ou Rete nan Lojman Piblik** | * **Kontra Lwaye/Lokasyon MDPHA**
 |
| **Prèv timoun nan nan yon mezon d'akèy ki gen Responsabilite Legal**  | * **Dokiman Ajans ki plase timoun nan mezon dakèy/Desizyon Tribinal la**
 |
| **Prèv Titè Legal/Responsabilite Legal** | * **Dokiman Sistèm Tribinal la bay/Desizyon Tribinal la**
 |

Paran yo pral sètifye enfòmasyon yo bay nan aplikasyon an ak dokiman ki sipòte aplikasyon an se laverite e yo kòrèk e paran(yo)/responsab legal yo deklare tout revni yo. Si gen nenpòt enfòmasyon ki delibereman pa kòrèk, yo ka mete timoun nan deyò nan pwogram lan poutèt sa. Si yon aplikasyon pa konplè e si yon dokiman pa konplè, sa pral retade anrejistreman an.

Miami-Dade CAHSD Head Start / EHS – January 2017

**Office Use Only**

**(Checked upon receipt of Documentation)**

**MIAMI-DADE COUNTY**

**COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT**

**HEAD START/EARLY HEAD START DIVISION**

**REGISTRATION REQUIREMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| **Proof of Age :*** **EHS** - Birth to age 3 years after September 1, 2017.
* **HS** - Children **must** be 3 or 4 years of age on or before September 1, 2017, or no more than five (5) years old after September 1, 2017.
 | * Birth Certificate
* Passport
* Notarized Affidavit of Age Form
* Doctor’s statement (pregnant women)
 |  |  |
| **Proof of parent’s/legal guardian gross income for the past 12 months or the last calendar year (2016).**  | * Signed Income Tax 1040 with eligible child name listed
* W-2 form(s)
* pay stubs
* Unemployment Compensation
* Written statement from employers on letterhead
* Social Security Supplemental Income (SSI) print-out
* TANF print-out
* Child Support Agency
* Income Statement Form
 |  |  |
| **Proof of Parent’s Identification** | * Driver’s license/Passport/I.D. from Homeless Shelter
* State issued picture I.D.
* Employer issued I.D.
* Military I.D.
 |  |  |
| **Proof of Dade County Residency** | * Driver’s license with address listed
* State issued picture I.D. with address listed
* Utility Bills (lights, phone, cable, etc.)
* Lease/Rental and/or Mortgage Agreement
 |  |  |
| **Proof of Disability** | * Individualized Educational Plan (IEP) /IFSP
 |  |  |
| **Proof of Suspected Disability**  | * Doctor’s Statement outlining concerns
 |  |  |
| **Proof of Homelessness** | * Written Statement from Homeless Facility
 |  |  |
| **Proof of Substance Abuse** | * Written Statement from Treatment Program
 |  |  |
| **Proof of Domestic Violence**  | * Written Statement from Domestic Violence Agency
* Court Documentation (within the last year)
 |  |  |
| **Proof of Student Status** | * Current transcript
 |  |  |
| **Proof of Education eight grade and below** | * Written Statement from applicant/School Transcript
 |  |  |
| **Proof of Parental Disability** | * Written SSI recipient letter/Doctor’s statement
 |  |  |
| **Proof of Pregnancy** | * Written Medical Documentation (current)
 |  |  |
| **Proof of Public Housing Residency** | * MDPHA Written Rental/Lease Agreement
 |  |  |
| **Proof of Foster Caret/Legal Custody** | * Documentation from Foster Care Agency/Court Award
 |  |  |
| **Proof of Guardianship/Legal Custody** | * Documentation from Court System/Court Award
 |  |  |

Parents will certify that the information provided on the application and supporting documentation is true and correct and that all parent(s)/legal guardian(s) income are reported. Deliberate misrepresentation of any information submitted may be subject to the child being terminated from the program. An incomplete application and documentation will delay the enrollment process.

|  |  |  |
| --- | --- | --- |
| **Documentation provided:** | **STAFF NAME/DATE** |  |
| **Documentation provided:** | **STAFF NAME/DATE** |  |
| **Documentation provided:** | **STAFF NAME/DATE** |  |

Miami-Dade CAHSD Head Start / EHS – January 2017

******Miami-Dade County**

**Depatman Sèvis Imen ak Aksyon Kominotè**

**Divizyon Kòmanse Davans/Kòmanse Davans Bonè**

**Enfòmasyon Familyal**

**APLIKASYON**

|  |  |  |  |
| --- | --- | --- | --- |
| **Non Adilt Primè a**: |  | **Dat Nesans**: |  |
| **Non Timoun ki Elijib la** : |  | **Dat Nesans**:  |  |

|  |
| --- |
| Enfòmasyon Jeneral: |
| **Adrès kote w rete**:  **Vil** **Eta Zip Kòd**  | **Konte:****MIAMI-DADE** |
| **Adrès Postal (si li diferan): Vil Eta Zip Kòd** |
| **Nimewo Telefòn(yo)** | **Lakay, nan Travay, selilè, Imèl**  | **Prensipal** | **Nòt** |
|  |  |  |  |
|  |  |  |  |
| **Kantite moun nan kay la** \_\_\_\_\_\_\_ **Kantite moun nan Fanmi a** \_\_\_\_\_\_\_ **Kantite Total Timoun**  \_\_\_\_\_\_\_\_ **Laj**  0-3 \_\_\_\_\_\_\_\_ **Laj** 4-5 \_\_\_\_\_\_\_ (Rete ak Timoun nan) (Se salè paran an oswa Titè a kap sipòte li) |
| **Kondisyon paran an:**🞏 Byolojik/Adopte/Bo paran 🞏 Mezon akèy\* 🞏 Titè Legal\* 🞏 Gran paran\* 🞏 Nyès/Neve\* 🞏 Lòt lyen, presize\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□**Yon paran** □**De (2) paran yo****\* Dokiman legal tribinal la obligatwa pou anrejistre timoun nan.** **STAFF USE ONLY** | **Primary Language of family at home:**🞏 English 🞏 Spanish 🞏 Creole🞏 African 🞏 European & Slavic 🞏 Pacific Island 🞏 East Asian 🞏 Middle Eastern & South Asian 🞏 Native North American /Alaskan 🞏 North Central American, South American 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Center Applying for**: |
| Family Income: |
| **TANF:**□No □Yes □Formerly **SSI:**□No □Yes **Food Stamps/SNAP:** □Yes □No **WIC:** □No □Yes **WIC ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sous Revni** |  | **Jan yo peye l** |
| Revni Travay (1040, W-2, souch chèk, lèt anplwayè) |  | **□** Chak Semèn **□** Chak Mwa **□** Chak 2 semèn **□** Chak Ane **□** De fwa pa mwa |
| Asistans Piblik, Welfare (sètadi TANF, AFDC) |  | **□** Chak Semèn **□** Chak Mwa **□** Chak 2 semèn **□** Chak Ane **□** De fwa pa mwa |
| Pansyon Sekirite Sosyal / Retrèt |  | **□** Chak Semèn **□** Chak Mwa **□** Chak 2 semèn **□** Chak Ane **□** De fwa pa mwa |
| Alokasyon Siplemantè Revni Sekirite (SSI) |  | **□** Chak Semèn **□** Chak Mwa **□** Chak 2 semèn **□** Chak Ane **□** De fwa pa mwa |
| Ranbousman pou swen nan mezon akèy |  | **□** Chak Semèn **□** Chak Mwa **□** Chak 2 semèn **□** Chak Ane **□** De fwa pa mwa |
| Alokasyon Chomaj |  | **□** Chak Semèn **□** Chak Mwa **□** Chak 2 semèn **□** Chak Ane **□** De fwa pa mwa |
| Pansyon Timoun/Pansyon Alimantè |  | **□** Chak Semèn **□** Chak Mwa **□** Chak 2 semèn **□** Chak Ane **□** De fwa pa mwa |
| Lòt sous revni, esplike: |  | **□** Chak Semèn **□** Chak Mwa **□** Chak 2 semèn **□** Chak Ane **□** De fwa pa mwa |
| **Nòt sou Revni:**  |
| **Moun pou kontakte nan ka dijans: (tanpri, fè atansyon lè wap ranpli l)** |
| **Non:** |  | **Kisa li timoun nan ye pou ou:** |  |
| Adrès: |  | Vil: |  | Zip kòd: |  | # Telefòn |  | # Telefòn |  |
| **Non:** |  | **Kisa li timoun nan ye pou ou:** |  |
| Adrès: |  | Vil: |  | Zip kòd: |  | # Telefòn |  | # Telefòn |  |
| **Pwofesyonèl Swen Medikal/Dantè: (tanpri, fè atansyon lè wap ranpli l)** |
| **(Pwofesyonèl ki bay swen medikal):** Èske timoun nan resevwa swen medikal e èske li gen aksè a swen medikal regilyèman (klinik medikal)? **🞏 Wi 🞏 Non** |
| **Non Doktè a:** |  | Adrès: |  | # Telefòn: |  |
| **□ If No Doctor\* \*STAFF USE ONLY (Staff Referred to Medical Provider):** |  | Date: |  | Staff Person Referred by: |  |
| **(Pwofesyonèl ki bay swen dantè):** Èske timoun nan resevwa swen dantè e èske li gen aksè a swen dantè regilyèman (klinik dantè)? **🞏 Wi 🞏 Non** |
| **Non Dantis la:** |  | Adrès: |  | # Telefòn: |  |
| **□ If No Dentist\* \*STAFF USE ONLY (Staff Referred to Dental Provider)**: |  | Date: |  | Staff Person Referred by: |  |

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******Miami-Dade County**

Depatman Sèvis Imen ak Aksyon Kominotè

Divizyon Kòmanse Davans/Kòmanse Davans Bonè

**Enfòmasyon Sou Timoun ki Elijib**

|  |
| --- |
| Timoun ki Elijib la (Nouvo Anrejistreman): |
| **Siyati** | **Prenon** | **Non Batèm** | **Tinon jwèt** | **Sifiks (abrevyasyon tit)** |
| **Dat Nesans:** | **Sèks:** 🞏 G 🞏 F  | **Prèv pou verifye laj li:**🞏 Wi 🞏 Non | **Bay sous verifikasyon laj li**:🞏 Sètifika Nesans 🞏 Paspò 🞏 Deklarasyon Doktè (Fanm Ansent)  🞏 Afidavit Notarye sou Laj li 🞏 Lòt sous (Presize): |
| **Ras:**🞏 Azyatik🞏 Nwa oswa Afwo Ameriken🞏 Endyen Ameriken oswa Natifnatal Alaska🞏 Natifnatal Awayen oswa  nan Lòt Zile Pasifik🞏 Blan 🞏 Birasyal/Milti-rasyal **Etnisite**  🞏 Orijin Ispanik oswa Latino🞏 Orijin ki pa Ispanik ni Latino**Nasyonalite**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Nivo Angle:**🞏 M pa pale Ditou 🞏 Yon Tikal 🞏 Plizoumwen 🞏 Mwen degaje m | **Elijibilite pou Medicaid:**🞏 Mwen Gen Medicaid 🞏 Evantyèlman Elijib 🞏 Mwen pa Elijib Nimewo Medicaid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Non Pwofesyonèl Swen Sante a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Nimewo Asirans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Lòt/Asirans Sante Prive (bay non pwofesyonèl swen sante a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Mwen Pagen Asirans Sante**Yo Ranpli Referans la pou:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yo Ranpli Aplikasyon Florida KidCare Dat la:\_\_\_\_\_\_\_Anplwaye:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ |
| **Lòt Lang yo Pale:** 🞏 M pa pale Ditou 🞏 Yon Tikal 🞏 Plizoumwen 🞏 Mwen degaje m |
| **Relasyon Primè ki genyen ant Timoun nan ak Adilt la:** 🞏 Byolojik 🞏 Pititpitit \* 🞏 Timoun nan mezon akèy\* 🞏 Adopsyon\*🞏 Bofis/Bèlfi 🞏 Nyès/Neve \* 🞏 Titè Legal\* 🞏 Lòt Relasyon\* (presize)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relasyon Segondè ki genyen ant Timoun nan ak Adilt la:** 🞏 Byolojik 🞏 Pititpitit\* 🞏 Timoun nan mezon dakèy\* 🞏 Adopsyon\*🞏 Bofis/Bèlfi 🞏 Nyès/Neve\* 🞏 Titè Legal\* 🞏 Lòt Relasyon \*(Presize)\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Èske gen yon Lòd Pwoteksyon oswa yon Lòd Pa Pran Kontak ki konsène timoun sa a? 🞏 Wi 🞏 Non**  **\* Dokiman legal yo obligatwa pou anrejistre timoun nan.**  |
| **Bezwen Espesyal/Andikap:** |
| **Miami-Dade County Public School Diagnosed Disability Evaluation-Individualized Education (Plan Plan Edikasyon Evalyasyon Endividyèl pou Dyagnostike Andikap nan Lekòl Piblik Konte Miami-Dade (IEP)):** | 🞏 Non 🞏 Wi  | **Si se WI, bay Dat la:** |
| **Early Steps Program-Individualized Family Support Plan (Plan Sipò Fanmi Endividyèl Atravè Pwogram Etap Bonè (IFSP)):** | 🞏 Non 🞏 Wi  | **Si se WI, bay Dat la:** |
| **Dyagnostik Pwofesyonèl (òtofoni, ègofoni, elatriye):**  | 🞏 Non 🞏 Wi  | **Si se WI, bay Dat la:** |
| **Aparèy Fonskyonèl yo Itilize**: 🞏 Pat gen Aparèy Fonksyonèl 🞏 Linèt 🞏 Vè Kontak 🞏 Bekiy 🞏 Wòkè 🞏 Kàn 🞏 Chèz woulant 🞏 Bretèl 🞏 Aparèy Oditif  |
| **Sèvis Sante:** |
| Èske pitit ou resevwa tretman medikal pou: 🞏 Anemi 🞏 Opresyon 🞏 Dyabèt 🞏 Nivo Plon ki Wo 🞏 Lòt tretman, presize:🞏 Li pa resevwa okenn tretman medikal  |
| Site tout alèji, bezwen dyetetik oswa lòt pwoblèm medikal/dantè ki enkyetan dapre sa w konnen: **Dekri l:** 🞏 Nanpwen, dapre sa nou konnen  |
| **Sikonstans Familyal: (tanpri, fè atansyon lè wap ranpli l)** |
| **Konpozisyon Familyal:** Tanpri tcheke 🗹 kaz ki kòrèk la | **Wi** | **Non** | **Kondisyon paran an:** Tanpri tcheke 🗹 kaz ki kòrèk la | **Wi** | **Non** |
| Abi Sibstans yo Anrejistre nan dosye |  |  | Yon Paran |  |  |
| Vyolans Domestik yo Anrejistre nan dosye |  |  | De (2) Paran |  |  |
| Nivo edikasyon Paran an <8yèm ane yo Anrejistre nan dosye |  |  | Paran Nan Mezon Akèy |  |  |
| Paran an se yon jèn timoun <17 ane yo Anrejistre nan dosye |  |  | Titè Legal |  |  |
| Sanzabri: Non Ajans la: | Kantite tan depi li sanzabri:  |  |  | **Sèvis Familyal** Tanpri tcheke 🗹 kaz ki kòrèk la | **Wi** | **Non** |
|  |
| Fanm Ansent yo Anrejistre nan dosye |  |  | Medicaid/ KidCare |  |  |
| Rezidan nan Lojman Piblik yo Dokimante (MPHA) |  |  | Food Stamps/SNAP  |  |  |
| Andikap Parantal yo Anrejistre nan dosye |  |  | WIC |  |  |
| Tranzisyon pou soti nan pwogram Early Head Start (Kòmanse Davans) pou ale nan Head Start (Kòmanse Davans Bonè) |  |  | Asistans Piblik/ Welfare TANF/AFDC |  |  |
| Paran / Etidyan kap Travay yo Anrejistre nan dosye |  |  | Alokasyon Siplemantè Revni Sekirite (SSI) |  |  |
| Frè/Sè kap retounen nan pwogram Head Start/Early Head Start (pwogram Kòmanse Davans/Kòmanse Davans Bonè) |  |  | Se yon Pwogram Mezon Akèy ki refere l  |  |  |
| Yo Anrejistre nan dosye - Se yon ajans byennèt timoun ki refere l pou sèvis  |  |  | Se Florida Department of Children and Families (Depatman Fanmi ak Timoun Florida) oswa yon Lòd Tribinal ki Refere l |  |  |

Miami-Dade CAHSD Head Start / EHS – January 2017 Paj 2

Miami-Dade County

Depatman Sèvis Imen ak Aksyon Kominotè

Divizyon Kòmanse Davans/Kòmanse Davans Bonè

**Enfòmasyon pou Manm Fanmi**

|  |
| --- |
| Adilt Primè (Paran/Titè Legal): |
| **Siyati** | **Prenon** | **Non Batèm** | **Dat Nesans** | **Sèks** 🞏 Gason 🞏 Fi |
| □ **Li rete ak Fanmi**  **□** **Li gen** **Gad Legal** □ **Li Bay Sipò Finansye**  **□** **Yon Jèn Timoun ki se Paran an** |
| **Nivo Lang**: | **Ras:** | **Edikasyon:** |
| **Angle**🞏 M pa pale ditou 🞏 Yon tikal 🞏 Plizoumwen 🞏 Mwen degaje m**Lòt Lang Ou Pale**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 M pa pale ditou 🞏 Yon tikal 🞏 Plizoumwen 🞏 Mwen degaje m | 🞏 Azyatik🞏 Nwa oswa Afwo Ameriken🞏 Endyen Ameriken oswa Natifnatal Alaska🞏 Natifnatal Awayen oswa lòt Zile Pasifik🞏 Blan 🞏 Birasyal/Milti-rasyal | 🞏 Yon diplòm avanse oswa yon diplòm bakaloreya🞏 Yon diplòm asosye (2 zan kolèj), lekòl pwofesyonèl  oswa kèk kou kolèj🞏 Li gradye High school oswa li gen GED 🞏 11 – 9yèm ane🞏 mwenske 8yèm ane |
| **Fòmasyon Travay/Lekol** | **Etnisite:**  |  |
| 🞏 Nan fòmasyon travay oswa lekòl 🞏 PA nan fòmasyon travay oswa lekòl | 🞏 Orijin Ispanik oswa Latino🞏 Orijin ki pa Ispanik ni Latino |
| Adilt Segondè (Paran/Titè Legal):  |
| **Siyati** | **Prenon** | **Non Batèm** | **Dat Nesans** | **Sèks** 🞏 Gason 🞏 Fi |
| 🞏 **Li rete ak Fanmi** 🞏 **Li gen** **Gad Legal** 🞏**Li Bay Sipò Finansye** 🞏 **Yon Jèn Timoun ki se Paran an** |
| **Nivo Lang**: | **Ras:** | **Edikasyon:** |
| **Angle**🞏 M pa pale ditou 🞏 Yon tikal 🞏 Plizoumwen 🞏 Mwen degaje m**Lòt Lang Ou Pale**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 M pa pale ditou 🞏 Yon tikal 🞏 Plizoumwen 🞏 Mwen degaje m | 🞏 Azyatik🞏 Nwa oswa Afwo Ameriken🞏 Endyen Ameriken oswa Natifnatal Alaska🞏 Natifnatal Awayen oswa lòt Zile Pasifik🞏 Blan 🞏 Birasyal/Milti-rasyal | 🞏 Yon diplòm avanse oswa yon diplòm bakaloreya🞏 Yon diplòm asosye (2 zan kolèj), lekòl pwofesyonèl  oswa kèk kou kolèj🞏 Li gradye High school oswa li gen GED 🞏 11 – 9yèm ane🞏 mwenske 8yèm ane |
| **Fòmasyon Travay/Lekol** | **Etnisite:**  |   |
| 🞏 Nan fòmasyon travay oswa lekòl 🞏 PA nan fòmasyon travay oswa lekòl | 🞏 Orijin Ispanik oswa Latino🞏 Orijin ki pa Ispanik ni Latino |
| TRAVEY: (Paran /Gadyen Legal)**Adilt Segondè:**🞏 Ap travay dat Efektif :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Se pap travay (sa vle di pa travay, pran retrèt, oswa andikape)    dat Efektif: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Manm nan Militè Ameriken 🞏 Veteran Militè 🞏 N / A |
| Adilt Primè: 🞏 Ap travay dat Efektif:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Se pap travay (sa vle di pa travay, pran retrèt, oswa andikape)    dat efektif: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Manm nan Militè Ameriken 🞏 Veteran Militè 🞏 N / A |  |
| Lòt Manm Fanmi (Se revni paran an oswa titè a kap sipòte l): |
| **Adilt/Timoun** | **Siyati** | **Prenon** | **Dat Nesans** | **Sèks** | **Rapò li gen ak timoun nan** |
| 🞏Adilt 🞏Timoun |  |  |  | 🞏 Gason 🞏 Fi |  |
| 🞏Adilt 🞏Timoun |  |  |  |  🞏 Gason 🞏 Fi |  |
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**Aplikasyon/ Sous Referans (obligatwa):**

**🞏** Early Learning Coalition (Kowalisayon Aprantisaj Bonè) **🞏** MCI **🞏** Community Outreach (Pwogram Kominotè) **🞏** Lòd Tribinal ki Refere l

**🞏** Department of Children & Families (Depatman Timoun ak Fanmi) **🞏** Disability Program (Pwogram pou Andikape) **🞏** Early Head Start (Kòmanse Davans Bonè) **🞏** Fanmi/Zanmi **🞏** Flea Market (Mache Opis) **🞏** Ansyen Paran **🞏** Lopital/ Klinik Sante **🞏** Healthy Start (Kòmanse Ansante) **🞏**Nimewo telefòn espesyal **🞏** Public Housing (Lojman Piblik) **🞏** Òganizasyon Piblik oswa Prive ki pa Travay pou Lajan **🞏** Lekòl Piblik **🞏** Ajans ki bay Resous & Referans **🞏** Moun nan refere pwòp tèt li **🞏** South Florida Workforce (Fòs Travay nan Sid Florida) **🞏** WIC **🞏** Biwo Chomaj **🞏**Youth Fair (Fwa pou Lajenès) **🞏** Lòt Sous (presize):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Verifikasyon (siyati a obligatwa): Tanpri, li sa ki make a anvan w siyen** |
| **Map verife ke enfòmasyon mwen bay nan pake aplikasyon sa a, ansanm ak prèv sou revni pou elijibilite anrejsitreman an, kòrèk e se laverite dapre sa mwen konnen. Si mwen bay fo revni/fo enfòmasyon, yo ka annile pwogram la.** |
| **Signati Paran oswa Titè**: |  | **Dat:** |  |
| **Paran oswa Titè a, ekri non w avèk lèt majiskil:** |  | **Dat:** |  |

Miami-Dade CAHSD Head Start / EHS – January 2017 Paj 3

Miami-Dade County

Community Action and Human Services Department

Head Start / Early Head Start

FAMILY DEMOGRAPHIC/INCOME ELIGIBILITY VERIFICATION

(*Office Use Only*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Primary Adult Name: |  | Birthdate: |  |
| 2. | Eligible Child Name: |  | Birthdate: |  |
| 3. | Child’s date of enrollment into program: |  | 1st Year Child’s date of entry into program: |  |
|  | 2nd Year Child’s date of entry into program: |  | 3rd Year Child’s date of entry into program: |  |
| 4. | Earned Income Annual Amount: |  | Unearned Income Annual Amount: |  | Total: |  |
| 5. | Verify Eligibility – Enrollment by Type of Eligibility: |  | CALCULATION AREA FOR INCOME(IF NEEDED) |
|  | * Income below 100% of federal poverty guidelines
* *Over-Income* between 101-130% of federal poverty guidelines
* *Over-Income* above 130% of federal poverty guidelines

**Relevant Time Period used for calculation of income:****🞏** Last Calendar Year \_\_\_\_\_\_\_\_ ***or*****🞏** Previous 12 months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \*Homeless
* \*Foster Care
* \*Temporary Assistance to Needy Families (TANF)(Public Assistance)
* \*Supplemental Security Income (SSI)(Public Assistance)
 |
| 6. | Family Size: (Supported by the income of the parent(s) or legal guardian-see page 1 of application): |  |  |
| 7. | What documentation was used to determine eligibility for the last twelve months or calendar year: |  |
|  | * Income Tax Form(s) 1040/1099
 |  | * \*TANF documentation/Public Assistance
 |
|  | * W-2
 |  | * \*SSI documentation/Public Assistance
 |
|  | * Written statements from employer(s)
 |  | * \*Homeless Shelter documentation
 |
|  | * Pay Stub(s)
 |  | * \*Foster Care documentation
 |
|  | * Grants/Scholarships
 |  | * Child Support
 |
|  | * Unemployment documentation
 |  | * Other, specify:
 |  |
|  | Documentation of no income: |  |  |

**Staff Income Verification signature (required):**

**I have examined the income documents checked above and verify that the child is income and age eligible to participate in the program.**

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Signature: |  | Date of Eligibility Verification: |  |
| Staff name printed: |  | Title: |  |
| Administrative Signature: |  | Date: |  |

I have examined the income documents checked above and certify that the child is eligible to participate in the Head Start/Early Head Start Program.

Staff Signature/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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