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Miami-Dade County  
Community Action and Human Services Department  
**HEAD START/EARLY HEAD START PROGRAM**  
**REGISTRATION REQUIREMENTS**

**ALL DOCUMENTS MUST BE CURRENT TO TIME AT SUBMISSION:**

	Yes	No
<b>Proof of Age:</b> <ul style="list-style-type: none"> <li>• <b>EHS</b> - Pregnant women can be any age. Children: Birth to age 3 years after September 1, 2018.</li> <li>• <b>HS</b> - Children <b>must</b> be at least 3 years old on or before September 1, 2018, or no more than five (5) years old after September 1, 2018.</li> </ul>		
<b>Proof of parent's/legal guardian gross income for the past 12 months or the last calendar year (2017).</b>	<ul style="list-style-type: none"> <li>• Signed Income Tax 1040</li> <li>• W-2 form(s)</li> <li>• pay stubs</li> <li>• Unemployment Compensation</li> <li>• Written statement from employers on letterhead</li> <li>• Social Security Supplemental Income (SSI) print-out</li> <li>• TANF print-out</li> <li>• Child Support Agency</li> <li>• Income Statement Form</li> </ul>	
<b>Proof of Parent's Identification</b>	<ul style="list-style-type: none"> <li>• Driver's license/Passport</li> <li>• State issued picture I.D.</li> <li>• Employer issued picture I.D.</li> <li>• Military picture I.D.</li> <li>• Homeless Shelter picture I.D.</li> </ul>	
<b>Proof of Miami-Dade County Residency</b>	<ul style="list-style-type: none"> <li>• Driver's license with address listed</li> <li>• State issued picture I.D. with address listed</li> <li>• Utility Bills (lights, phone, cable, etc.)</li> <li>• Lease/Rental and/or Mortgage Agreement</li> </ul>	
<b>Proof of Disability</b>	<ul style="list-style-type: none"> <li>• Individualized Educational Plan (IEP) /IFSP</li> </ul>	
<b>Proof of Suspected Disability</b>	<ul style="list-style-type: none"> <li>• Doctor's Statement outlining concerns</li> </ul>	
<b>Proof of Homelessness</b>	<ul style="list-style-type: none"> <li>• Written Statement from Homeless Facility</li> </ul>	
<b>Proof of Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Written Statement from Treatment Program</li> </ul>	
<b>Proof of Domestic Violence</b>	<ul style="list-style-type: none"> <li>• Written Statement from Domestic Violence Agency</li> <li>• Court Documentation (within the last year)</li> </ul>	
<b>Proof of Student Status</b>	<ul style="list-style-type: none"> <li>• Current transcript</li> </ul>	
<b>Proof of Education eight grade and below</b>	<ul style="list-style-type: none"> <li>• Written Statement from applicant/School Transcript</li> </ul>	
<b>Proof of Parental Disability</b>	<ul style="list-style-type: none"> <li>• Written SSI recipient letter/Doctor's statement</li> </ul>	
<b>Proof of Pregnancy</b>	<ul style="list-style-type: none"> <li>• Written Medical Documentation (current)</li> </ul>	
<b>Proof of Public Housing Residency</b>	<ul style="list-style-type: none"> <li>• MDPHA Written Rental/Lease Agreement</li> </ul>	
<b>Proof of Foster Caret/Legal Custody</b>	<ul style="list-style-type: none"> <li>• Documentation from Foster Care Agency/ Court Award</li> </ul>	
<b>Proof of Guardianship/Legal Custody</b>	<ul style="list-style-type: none"> <li>• Documentation from Court System/ Court Award</li> </ul>	

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** \_\_\_\_\_



# 0 – 5 AN



Konte Miami-Dade  
 Depatman Aksyon Kominotè ak Sèvis Sosyal  
**KONDISYON ENSKRIPSYON POU**  
**PWOGRAM HEAD START/EARLY HEAD START**  
**(Kopi Paran/Gadyen Legal la)**

Ou dwe bay dokimantasyon pou prèv nesans, prèv revni, yon pyès idantite ki gen foto Paran/Gadyen an ak prèv rezidans nan Konte Miami-Dade lè ou pote demann admisyon an. Enfòmasyon sa yo sèvi pou detèmine kalifikasyon pou pwogram nan. Si ou te make “wi” nan lis kontwòl sikonstans fanmi an sou paj 2 demann nan ou dwe bay dokimantasyon pou bagay sa yo. Pèsonèl la disponib pou ede ou ranpli demann nan.

**TOUT DOKIMAN YO DWE AJOU NAN MOMAN W AP SOUMÈT YO A:**

<b>Prèv Laj:</b> <ul style="list-style-type: none"> <li>• <b>EHS</b> – Fi ansent kapab gen nenpòt ki laj. Timoun: Depi lè yo fèt jiska laj 3 zan apre 1ye septanm 2018.</li> <li>• <b>HS</b> – Timoun yo <b>dwe</b> gen omwen 3 zan nan dat oswa anvan 1ye septanm 2018, oswa pa gen plis pase senk (5) an apre 1ye septanm 2018.</li> </ul>	<ul style="list-style-type: none"> <li>• Ak Nesans</li> <li>• Paspò</li> <li>• Sètifika Anprent Pye avèk Siyati Lopital la</li> <li>• Fòmilè Afidavi Laj Notarye</li> <li>• Deklarasyon doktè (fi ansent)</li> </ul>
<b>Prèv revni brit paran/gadyen legal la pou <u>12 mwa ki sot pase yo oswa dènye ane kalandriye a (2017).</u></b>	<ul style="list-style-type: none"> <li>• Deklarasyon Enpò sou Revni 1040 siyen</li> <li>• Fòmilè W-2</li> <li>• souch chèk salè</li> <li>• Alokasyon Chomaj</li> <li>• Deklarasyon ekri anplwayè yo sou papye ki gen antèt</li> <li>• Revni Siplemanchè Sekirite Sosyal la (SSI) enprime</li> <li>• TANF la enprime</li> <li>• Òganis Pansyon Alimantè pou Timoun</li> <li>• Fòmilè Deklarasyon Revni</li> </ul>
<b>Prèv Idantifikasyon Paran an</b>	<ul style="list-style-type: none"> <li>• Lisans chofè /Paspò</li> <li>• Kat idantite avèk foto eta a emèt</li> <li>• Kat idantite anplwayè a emèt/Kat idantite militè</li> <li>• Kat idantite Sant Akèy pou Sanzazil la</li> </ul>
<b>Prèv Rezidans nan Konte Miami-Dade</b>	<ul style="list-style-type: none"> <li>• Lisans chofè</li> <li>• Kat idantite avèk foto eta a emèt avèk adrès sou li</li> <li>• Bòdwo Sèvis Piblik (limyè, telefòn, kab, elatriye)</li> <li>• Kontra Lokasyon ak/oswa Prè Ipotekè</li> <li>• Lèt TANF/SSI/Chomaj</li> </ul>
<b>Prèv Andikap</b>	<ul style="list-style-type: none"> <li>• Plan Ansèyman Endividyalize (IEP)</li> <li>• Plan Sèvis Endividyèl ak Familyal IFSP</li> </ul>
<b>Prèv Andikap yo Sispèk</b>	<ul style="list-style-type: none"> <li>• Evalyasyon ak deklarasyon doktè/terapis la k ap dekri enkyetid yo</li> </ul>
<b>Prèv Verifikasyon Absans Domisil</b>	<ul style="list-style-type: none"> <li>• Deklarasyon yon etablisman pou sanzazil oswa yon travayè sosyal</li> <li>• Deklarasyon kandida a</li> </ul>
<b>Prèk Toksikomani</b>	<ul style="list-style-type: none"> <li>• Deklarasyon Pèsonèl Pwogram Tretman an</li> </ul>
<b>Prèv Vyolans Familyal</b>	<ul style="list-style-type: none"> <li>• Deklarasyon Òganis/Pèsonèl ki okipe Vyolans Familyal la</li> <li>• Dokimantasyon Tribinal (pandan ane ki sot pase a)</li> </ul>
<b>Prèv Estati Etidyan</b>	<ul style="list-style-type: none"> <li>• Relvednòt Ajou /Orè Kou</li> </ul>
<b>Prèv Edikasyon Wityèm Ane ak Pi Ba</b>	<ul style="list-style-type: none"> <li>• Deklarasyon Kandida a /Relvednòt Eskolè Ofisyèl</li> </ul>
<b>Prèv Andikap Paran</b>	<ul style="list-style-type: none"> <li>• Lèt Benefisyè SSI /Deklarasyon Doktè</li> </ul>
<b>Prèv Gwosès</b>	<ul style="list-style-type: none"> <li>• Dokimantasyon Medikal (ajou)</li> </ul>
<b>Prèv Rezidans nan Lojman Piblik</b>	<ul style="list-style-type: none"> <li>• Kontra Lokasyon MDPHA</li> </ul>
<b>Prèv Swen nan Fwaye Dakèy-Gad Legal</b>	<ul style="list-style-type: none"> <li>• Dokimantasyon nan men Òganis Swen nan Fwaye Dakèy la/Òdonans Gad la</li> </ul>
<b>Prèv Gad Legal</b>	<ul style="list-style-type: none"> <li>• Dokimantasyon nan men Sistèm Tribinal la /Òdonans Gad la</li> </ul>

Paran yo dwe verifiye enfòmasyon yo bay sou demann admisyon an ak dokimantasyon dapwi an vre ak kòrèk epi yo rapòte tout revni paran/gadyen legal la(yo). Nenpòt ki fo enfòmasyon ou fè ekspres soumèt gen dwa gen kòm konsekans yo mete timoun nan deyò nan pwogram nan. Demann admisyon enkonplè ak dokimantasyon ki manke ap retade pwosesis enskripsyon an.



Konte Miami-Dade  
 Depatman Aksyon Kominotè ak Sèvis Sosyal  
 Pwogram Head Start/Early Head Start  
**DEMANN ADMISYON**  
 Enfòmasyon sou Fanmi an



Non Granmoun Prensipal la: \_\_\_\_\_

Dat nesans: \_\_\_\_\_

Non Timoun ki Kalifye a: \_\_\_\_\_

Dat nesans: \_\_\_\_\_

Enfòmasyon Jeneral:				
Adrès Rezidans:	Vil	Eta	Zip Kòd	Konte: MIAMI-DADE
Adrès Postal (si li diferan):	Vil	Eta	Zip Kòd	
Nimewo Telefòn	Lakay, Travay, Selilè, Imèl	Prensipal ✓	Nòt	
Kantite Moun ki Rete nan Kay la _____ Kantite Moun nan Fanmi an _____ Kantite Total Timoun _____ Laj 0-3 _____ Laj 4-5 _____ Laj omwen 6 _____ <small>(Rete avèk Timoun nan) (Se revni paran an oswa gadyen an ki soutni yo)</small>				
<b>Estatè Paran an:</b> <input type="checkbox"/> Byolojik/Adopte/Boparan <input type="checkbox"/> Paran Dakèy* <input type="checkbox"/> Gadyen Legal* <input type="checkbox"/> Granparan* <input type="checkbox"/> Nyès/Neve* <input type="checkbox"/> Lòt, presize* _____  <input type="checkbox"/> Yon sèl paran <input type="checkbox"/> De paran * Ou dwe bay dokiman jiridik pou enskri timoun nan.		<b>Lang Prensipal fanmi an lakay:</b> <input type="checkbox"/> Angle <input type="checkbox"/> Panyòl <input type="checkbox"/> Kreyòl <input type="checkbox"/> Afriken <input type="checkbox"/> Ewopeyen ak Slav <input type="checkbox"/> Zil Pasifik <input type="checkbox"/> Lazi de Lès <input type="checkbox"/> Mwayennoryan ak Lazi di Sid <input type="checkbox"/> Endyen Ameriken /Natik Natal Alaska <input type="checkbox"/> Amerik di Nò ak Santral, Amerik di Sid <input type="checkbox"/> Lòt, dwe presize: _____		<b>Sant ou Mande a:</b> _____ _____
<b>Revni Fanmi an:</b>				
TANF: <input type="checkbox"/> Wi <input type="checkbox"/> Non <input type="checkbox"/> Ansyen    SSI: <input type="checkbox"/> Wi <input type="checkbox"/> Non    Bon Alimantè/SNAP: <input type="checkbox"/> Wi <input type="checkbox"/> Non    WIC: <input type="checkbox"/> Wi <input type="checkbox"/> Non    Nimewo WIC _____				
<b>POU PÈSONÈL HS/EHS LA</b>	<b>Sous Revni yo:</b>		<b>Montan:</b>	<b>Kantite Fwa:</b>
				<input type="checkbox"/> Chak semèn <input type="checkbox"/> Chak mwa <input type="checkbox"/> Chak 2 semèn <input type="checkbox"/> De fwa pa mwa <input type="checkbox"/> Chak ane
				<input type="checkbox"/> Chak semèn <input type="checkbox"/> Chak mwa <input type="checkbox"/> Chak 2 semèn <input type="checkbox"/> De fwa pa mwa <input type="checkbox"/> Chak ane
				<input type="checkbox"/> Chak semèn <input type="checkbox"/> Chak mwa <input type="checkbox"/> Chak 2 semèn <input type="checkbox"/> De fwa pa mwa <input type="checkbox"/> Chak ane
<b>Paregzanp: Revni Travay:</b> 1040, W-2, souch chèk salè, lèt anplwayè, Pansyon/Retrèt Sekirite Sosyal, Alokasyon Chomaj, Pansyon Alimantè pou Timoun tribinal ódone. <b>Lajan ki pa fèt nan Travay:</b> Asistans Piblik (tankou TANF oswa SSI), Ranbousman pou Swen nan Fwaye Dakèy epi si gen Lòt, tanpri presize.		<b>Revni Total:</b>		
<b>Nòt sou Revni an:</b>				
<b>Kontak nan Ka Ijans: (tanpri ranpli byen)</b>				
<b>Non:</b>			<b>Relasyon:</b>	
Adrès:	Vil:	Zip:	Telefòn:	Telefòn:
<b>Non:</b>			<b>Relasyon:</b>	
Adrès:	Vil:	Zip:	Telefòn:	Telefòn:
<b>Founisè Swen Medikal/Dantè: (tanpri ranpli byen)</b>				
(Founisè Swen Medikal): Èske timoun nan gen yon sous swen medikal aksesib kontini kounye a (fwaye medikal)? <input type="checkbox"/> Wi <input type="checkbox"/> Non				
<b>Non Doktè a:</b>		Adrès:	Telefòn:	
<input type="checkbox"/> Si Li Pa Gen Doktè*    *POU <b>PÈSONÈL LA SÈLMAN</b> (Pèsonèl la voye paran an kot yon Founisè Swen Medikal):		Dat:	Non Manm Pèsonèl la:	
(Founisè Swen Dantè): Èske timoun nan gen yon sous swen dantè aksesib kontini kounye a (fwaye dantè)? <input type="checkbox"/> Wi <input type="checkbox"/> Non				
<b>Non Dantis la:</b>		Adrès:	Telefòn:	
<input type="checkbox"/> Si Li Pa Gen Dantis*    *POU <b>PÈSONÈL LA SÈLMAN</b> (Pèsonèl la voye paran an kot yon Founisè Swen Dantè):		Dat:	Non Manm Pèsonèl la:	



**Konte Miami-Dade**  
**Depatman Aksyon Kominotè ak Sèvis Sosyal**  
**Divizyon Head Start/Early Head Start**  
**ENFÒMASYON SOU TIMOUN KI KALIFYE A**



**Timoun ki Kalifye a (Nouvo Patisipan):**

<b>Non fanmi</b>		<b>Non batèm</b>		<b>Dezyèm non</b>		<b>Ti non</b>		<b>Sifiks</b>	
<b>Dat Nesans:</b>		<b>Sèks:</b> <input type="checkbox"/> G <input type="checkbox"/> F		<b>Prèw laj la verifiye:</b> <input type="checkbox"/> Wi <input type="checkbox"/> Non		<b>Sous verifikasyon laj la:</b> <input type="checkbox"/> Ak Nesans <input type="checkbox"/> Paspò <input type="checkbox"/> Deklarasyon Doktè (Fi Ansent) <input type="checkbox"/> Afidavi Laj Notarye <input type="checkbox"/> Lòt(Presize):			
<b>Ras:</b> <input type="checkbox"/> Azyatik <input type="checkbox"/> Nwa oswa Afwo-Ameriken <input type="checkbox"/> Endyen Ameriken oswa Natif Natal Alaska <input type="checkbox"/> Awayen Natif Natal oswa lòt Moun Zil Pasifik <input type="checkbox"/> Blan <input type="checkbox"/> Metis  <b>Etnisite:</b> <input type="checkbox"/> Orijin Ispanik oswa Latino <input type="checkbox"/> Orijin ki pa Ispanik ni Latino  <b>Nasyonalite:</b> _____		<b>Metriz Angle:</b> <input type="checkbox"/> Ankenn <input type="checkbox"/> Fèb <input type="checkbox"/> Modere <input type="checkbox"/> Konpetan		<b>Kalifikasyon pou Medicaid:</b> <input type="checkbox"/> Li Gen Medicaid <input type="checkbox"/> Li Posib pou Li Kalifye <input type="checkbox"/> Li Pa Kalifye Nimewo Medicaid: _____					
		<b>Lòt Lang Li Pale:</b> <input type="checkbox"/> Ankenn <input type="checkbox"/> Fèb <input type="checkbox"/> Modere <input type="checkbox"/> Konpetan		<b>Non Founisè Swen Sante a:</b> _____ Nimewo Asirans la: _____ <input type="checkbox"/> Lòt/Kouvèti Sante Prive (bay non founisè a): _____					
		<b>Relasyon Granmoun Prensipal la avèk Timoun nan:</b> <input type="checkbox"/> Byolojik <input type="checkbox"/> Ptit-pitit * <input type="checkbox"/> Akèy* <input type="checkbox"/> Adopte* <input type="checkbox"/> Bofis/Bèlfi <input type="checkbox"/> Nyès/Neve * <input type="checkbox"/> Gadyen Legal* <input type="checkbox"/> Lòt* (presize) _____		<b>Nou bay referans pou:</b> _____ Demann pou Florida KidCare la te ranpli nan Dat: _____ Manm Pèsonèl la: _____ Dat: _____					
		<b>Relasyon Dezyèm Granmoun nan avèk Timoun nan:</b> <input type="checkbox"/> Byolojik <input type="checkbox"/> Ptit-pitit * <input type="checkbox"/> Akèy* <input type="checkbox"/> Adopte* <input type="checkbox"/> Bofis/Bèlfi <input type="checkbox"/> Nyès/Neve * <input type="checkbox"/> Gadyen Legal* <input type="checkbox"/> Lòt* (presize) _____		<b>Èske gen yon Òdonans Pwoteksyon oswa yon Òdonans Entèdiksyon Kominike ki gen pou wè avèk timoun sa a?</b> <input type="checkbox"/> Wi <input type="checkbox"/> Non  * Ou dwe bay dokimantasyon jiridik pou enskri timoun nan.					

**Bezwen Espesyal /Andikap:**

<b>Evalyasyon yon Andikap Lekòl Piblik Konte Miami-Dade Dyagnostike –Plan Ansèyman Endividyalize (IEP):</b>		<input type="checkbox"/> Non <input type="checkbox"/> Wi	<b>Si se WI Dat:</b>
<b>Pwogram Early Steps - Plan Sèvis Endividyèl ak Familyal (IFSP):</b>		<input type="checkbox"/> Non <input type="checkbox"/> Wi	<b>Si se WI Dat:</b>
<b>Dyagnostik Pwofesyonèl (òtòfoni, terapi pou aktivite toulejou, elatriye):</b>		<input type="checkbox"/> Non <input type="checkbox"/> Wi	<b>Si se WI Dat:</b>
<b>Akseswa Èd Li Itilize:</b> <input type="checkbox"/> Li pa gen akseswa èd <input type="checkbox"/> Linèt <input type="checkbox"/> Lantiy Kontak <input type="checkbox"/> Beki <input type="checkbox"/> Wòkè <input type="checkbox"/> Baton <input type="checkbox"/> Chèz Woulan <input type="checkbox"/> Aparèy Ôtopedik <input type="checkbox"/> Aparèy pou Tande			

**Sèvis Sante:**

Èske pitit ou a ap resewva tretman medikal pou :  Anemi  Opresyon  Dyabèt  Nivo Plon Elve  Lòt, presize:  
 Li p ap resewva tretman medikal

Bay lis tout alèji ou konnen, bezwen alimantè li oswa lòt domèn preyokipasyon medikal/dantè: **Dekri yo:**  
 Ou pa konn ankenn

**Sikonstans Fanmi an: (tanpri ranpli byen)**

Make <input checked="" type="checkbox"/> nan espas apwopriye a	Wi	Non	Make <input checked="" type="checkbox"/> nan espas apwopriye a	Wi	Non	
Toksikomani Dokimante			Absans Domisil: Depi konbyen tan ou pa gen kay: _____ Non Ôganis la: _____			
Vyolans Familyal Dokimante			Si ou reponn Wi, eksplike:			
Edikasyon Paran <8 <sup>èm</sup> ane Dokimante			ELC-Bon Sibvansyon pou Gadri (EHS-CCP sèlman) Si se Wi Dat:			
Paran Adolesan <17 an Dokimante			Pa sanble ap resewva Sèvis Sosyal ni gen Bezwen Espesyal			
Rezidan Lojman Piblik (MPHA) Dokimante			<b>Nòt:</b>			
Paran / Etidyan k ap Travay Dokimante						
Andikap Paran Dokimante			<b>**Sous ki Rekòmande Fè Demann nan: (obligatwa)</b>			
Frè/Sè k ap Retounen nan Head Start/Early Head Start			<input type="checkbox"/> Early Learning Coalition <input type="checkbox"/> MCI <input type="checkbox"/> Apwòch Kominotè <input type="checkbox"/> Pwogram pou Andikape <input type="checkbox"/> Referans Trininal Òdone <input type="checkbox"/> Depatman Timoun ak Fanmi <input type="checkbox"/> Early Head Start <input type="checkbox"/> Fanmi/Zanmi <input type="checkbox"/> Ansyen Paran <input type="checkbox"/> Lopital/Dispansè <input type="checkbox"/> Healthy Start <input type="checkbox"/> Liy Èd Telefonik <input type="checkbox"/> Lojman Piblik <input type="checkbox"/> Ôganizasyon Piblik oswa Prive ki pa Gen Bi Fè Pwofi <input type="checkbox"/> Lekòl Piblik <input type="checkbox"/> Ôganis Resous ak Referans <input type="checkbox"/> Aksè San Rekòmandasyon <input type="checkbox"/> South Florida Workforce <input type="checkbox"/> WIC <input type="checkbox"/> Biwo Chomaj <input type="checkbox"/> Youth Fair <input type="checkbox"/> Enprime HS/EHS <input type="checkbox"/> Lòt (Tanpri, presize): _____			
Tranzisyon sòti nan Early Head Start al nan Head Start						
Fanmi ki deplase poutèt katastwòf						
Fi Ansent Dokimante						
Yon ôganis pou byennèt timoun bay referans pou sèvis yo - Dokimante						



Konte Miami-Dade  
 Depatman Aksyon Kominotè ak Sèvis Sosyal  
 Divizyon Head Start/Early Head Start  
 ENFÒMASYON SOU MANM FANMI AN



**Granmoun Prensipal la (Paran/Gadyen Legal):**

Non fanmi	Non batèm	Dezyèm non	Dat nesans	Sèks: <input type="checkbox"/> Gason <input type="checkbox"/> Fi
<input type="checkbox"/> Rete Avèk Fanmi an		<input type="checkbox"/> Bay Soutyen Finansye		
<b>Metriz Lang:</b> Anglè <input type="checkbox"/> Ankenn <input type="checkbox"/> Fèb <input type="checkbox"/> Modere <input type="checkbox"/> Konpetan Lèt Lang Li Pale: _____ <input type="checkbox"/> Ankenn <input type="checkbox"/> Fèb <input type="checkbox"/> Modere <input type="checkbox"/> Konpetan	<b>Ras:</b> <input type="checkbox"/> Azyatik <input type="checkbox"/> Nwa oswa Afwo-Ameriken <input type="checkbox"/> Endyen Ameriken oswa Natif Natal Alaska <input type="checkbox"/> Awaysen Natif Natal oswa lòt Moun Zil Pasifik <input type="checkbox"/> Blan <input type="checkbox"/> Metis	<b>Edikasyon:</b> <input type="checkbox"/> Yon diplòm etid siperyè oswa yon lisans <input type="checkbox"/> Yon diplòm etid dezan, lekòl pwofesyonèl, oswa pa fini kolèj <input type="checkbox"/> Gradye dezyèm sik segondè oswa fè GED <input type="checkbox"/> 9 <sup>yèm</sup> – 12 <sup>yèm</sup> ane <input type="checkbox"/> pi ba pase 8 <sup>yèm</sup> ane		
<b>Fòmasyon Pwofesyonèl/Lekòl:</b> <input type="checkbox"/> Li nan fòmasyon pwofesyonèl oswa nan lekòl <input type="checkbox"/> Li <b>PA</b> nan fòmasyon pwofesyonèl ni nan lekòl	<b>Etnisite:</b> <input type="checkbox"/> Orijin Ispanik oswa Latino <input type="checkbox"/> Pa gen orijin Ispanik ni Latino			

**Dezyèm Granmoun nan (Paran/Gadyen Legal):**

Non fanmi	Non batèm	Dezyèm non	Dat nesans	Sèks: <input type="checkbox"/> Gason <input type="checkbox"/> Fi
<input type="checkbox"/> Rete Avèk Fanmi an		<input type="checkbox"/> Bay Soutyen Finansye		
<b>Metriz Lang:</b> Anglè <input type="checkbox"/> Ankenn <input type="checkbox"/> Fèb <input type="checkbox"/> Modere <input type="checkbox"/> Konpetan Lèt Lang Li Pale: _____ <input type="checkbox"/> Ankenn <input type="checkbox"/> Fèb <input type="checkbox"/> Modere <input type="checkbox"/> Konpetan	<b>Ras:</b> <input type="checkbox"/> Azyatik <input type="checkbox"/> Nwa oswa Afwo-Ameriken <input type="checkbox"/> Endyen Ameriken oswa Natif Natal Alaska <input type="checkbox"/> Awaysen Natif Natal oswa lòt Moun Zil Pasifik <input type="checkbox"/> Blan <input type="checkbox"/> Metis	<b>Edikasyon:</b> <input type="checkbox"/> Yon diplòm etid siperyè oswa yon lisans <input type="checkbox"/> Yon diplòm etid dezan, lekòl pwofesyonèl, oswa pa fini kolèj <input type="checkbox"/> Gradye dezyèm sik segondè oswa fè GED <input type="checkbox"/> 9 <sup>yèm</sup> – 12 <sup>yèm</sup> ane <input type="checkbox"/> pi ba pase 8 <sup>yèm</sup> ane		
<b>Fòmasyon Pwofesyonèl/Lekòl:</b> <input type="checkbox"/> Li nan fòmasyon pwofesyonèl oswa nan lekòl <input type="checkbox"/> Li <b>PA</b> nan fòmasyon pwofesyonèl ni nan lekòl	<b>Etnisite:</b> <input type="checkbox"/> Orijin Ispanik oswa Latino <input type="checkbox"/> Pa gen orijin Ispanik ni Latino			

**ANPLWA: (Paran/Gadyen Legal)**

<b>Granmoun Prensipal la:</b> <input type="checkbox"/> <b>ANPLWAYE</b> Depi: _____ <input type="checkbox"/> <b>PA ANPLWAYE</b> (sa vle di p ap travay, retirete, oswa andikape) Depi: _____ <input type="checkbox"/> Manm Fòs Ame Ameriken <input type="checkbox"/> Veteran Militè <input type="checkbox"/> N/A	<b>Dezyèm Granmoun nan:</b> <input type="checkbox"/> <b>ANPLWAYE</b> Depi: _____ <input type="checkbox"/> <b>PA ANPLWAYE</b> (sa vle di p ap travay, retirete, oswa andikape) Depi: _____ <input type="checkbox"/> Manm Fòs Ame Ameriken <input type="checkbox"/> Veteran Militè <input type="checkbox"/> N/A
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**Lèt Manm Fanmi (Ki resevwa soutyen revni paran oswa gadyen legal la):**

Granmoun/Timoun	Non fanmi	Non batèm	Dat nesans	Sèks	Relasyon avèk Timoun nan
<input type="checkbox"/> Granmoun <input type="checkbox"/> Timoun				<input type="checkbox"/> Gason <input type="checkbox"/> Fi	
<input type="checkbox"/> Granmoun <input type="checkbox"/> Timoun				<input type="checkbox"/> Gason <input type="checkbox"/> Fi	
<input type="checkbox"/> Granmoun <input type="checkbox"/> Timoun				<input type="checkbox"/> Gason <input type="checkbox"/> Fi	
<input type="checkbox"/> Granmoun <input type="checkbox"/> Timoun				<input type="checkbox"/> Gason <input type="checkbox"/> Fi	
<input type="checkbox"/> Granmoun <input type="checkbox"/> Timoun				<input type="checkbox"/> Gason <input type="checkbox"/> Fi	
<input type="checkbox"/> Granmoun <input type="checkbox"/> Timoun				<input type="checkbox"/> Gason <input type="checkbox"/> Fi	

**Verifikasyon (siyati an obligatwa):** *Tanpri Li Anvan Ou Siyen*

Mwen verifiye enfòmasyon ki nan pake demann admisyon sa a, epi prèv laj ak revni mwen bay pou detèminasyon kalifikasyon an kòrèk ak vre dapre sa mwen konnen. Mwen konnen si mwen bay fo enfòmasyon sou revni/laj sa ta kapab gen kòm konsekans yo mete timoun nan deyò nan pwogram nan.

**Non Paran/Gadyen an, an**  
 Lèt Detache: \_\_\_\_\_ Dat: \_\_\_\_\_

**Siyati Paran/Gadyen an:** \_\_\_\_\_ Dat: \_\_\_\_\_



Miami-Dade County  
Community Action and Human Services Department  
**Head Start / Early Head Start**



**ELIGIBILITY DETERMINATION FORM**  
(For Head Start/EHS Staff Only)

1. Primary Adult Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
2. Eligible Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
3. Child's date of enrollment into program: \_\_\_\_\_ 1<sup>st</sup> Year Child's date of entry into program: \_\_\_\_\_  
2<sup>nd</sup> Year Child's date of entry into program: \_\_\_\_\_ 3<sup>rd</sup> Year Child's date of entry into program: \_\_\_\_\_
4. Earned Income Annual Amount: \_\_\_\_\_ Unearned Income Annual Amount: \_\_\_\_\_ Total: \_\_\_\_\_  
**CALCULATION AREA FOR INCOME (IF NEEDED)**

5. Verify Eligibility – Enrollment by Type of Eligibility:

- Income below 100% of federal poverty guidelines \_\_\_\_\_%
- Over-Income* above 100% of federal poverty guidelines \_\_\_\_\_%
- \*Homeless
- \*Foster Care
- Supplemental Security Income (SSI)(Public Assistance)
- Temporary Assistance to Needy Families (TANF)(Public Assistance)

**Relevant Time Period used for calculation of income:**

- Last Calendar Year \_\_\_\_\_ or
- Previous 12 months \_\_\_\_\_

6. Family Size: (Supported by the income of the parent(s) or legal guardian-see page 1 of application): \_\_\_\_\_

7. Documentation used to determine eligibility for the previous twelve months or last calendar year:

- Income Tax Form(s) 1040
- W-2/1099
- Written statements from employer(s)
- Pay Stub(s)
- Grants/Scholarships
- Unemployment documentation
- TANF documentation/Public Assistance
- SSI documentation/Public Assistance
- \*Homeless Shelter documentation
- \*Foster Care documentation
- Court-ordered Child Support documentation
- Income Statement Form

Other eligibility documentation: \_\_\_\_\_

**HS/EHS Staff Eligibility Determination signature** (required):

Date of in-person interview: \_\_\_\_\_ Completed by Staff Name \_\_\_\_\_  
(Please print)

***Based on my examination and verification of the age and income documents provided by parent or guardian, I have determined that the child is eligible to participate in the HS/EHS program.***

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

Staff name  
printed: \_\_\_\_\_ Title: \_\_\_\_\_

Administrative  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_