



Head Start & Early Head Start Eligibility Application



Visit us at:
B.C. Human Services Facility
795 Woodlane Road
Westampton, NJ 08060
(609) 261-2323

www.bccap.org

Mailing Address:
BCCAP Head Start
718 Route 130 South
Burlington, NJ 08016
(609) 386-5800

Dear Parent/Guardian:

Thank you for your interest in the BCCAP Head Start and Early Head Start Programs. Please note the following application is used to apply for both the Head Start and Early Head Start Programs. Head Start and Early Head Start provides free early childhood education to qualified children birth to three, including children with disabilities. In addition, we also provide prenatal and post-natal services for pregnant women in their home. For more information on each program, please refer to the first page of the eligibility application and check off which program and option you are applying for.

In addition to the eligibility application, we will need a copy of the items listed below to determine your child's eligibility. **An eligibility application is required for each child you are applying for.**

Required Information:

Must attach to the eligibility application a copy of your child's: Immunization Record
 Birth Certificate IEP or IFSP (if applicable) Custody paperwork (if applicable)

You must attach income documentation (copies only) for all family members contributing to the household income for the past (12) twelve months. Accepted forms of income documentation are:

- Current 1040 and W-2 form(s) for each working person Pay Stubs
- TANF Determination Letter Social Security/SSI/SSDI Determination Letter
- Child Support Unemployment Determination Letter Foster Care Subsidy Other

You will be notified by letter after we have received all of the above-requested information and your child's eligibility has been determined. Incomplete applications and failure to submit all requested information will delay the eligibility determination.

If your child is determined eligible for the program, he/she will need to complete a physical examination and dental checkup within 30 days of their start date. You will receive the physical and dental forms during enrollment.

If you have questions or need assistance, please call (609) 261-2323.

Completed applications can be hand delivered to all Head Start and Early Head Start locations or mailed to:

BCCAP Head Start and Early Head Start-Eligibility Application
718 Route 130 South
Burlington, NJ 08016

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. USDA is an equal opportunity provider and employer.



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PROGRAM DESCRIPTIONS AND OPTIONS

Please read below about the Head Start and Early Head Start Programs and check the program you are applying for.

Head Start (3-5 years old)

- Child must be three years old by October 1 of the school year and not age eligible for kindergarten
- Transportation in designated areas when available for part day program option only
- NAEYC accredited, licensed facilities in Delanco and Lumberton Townships
- Licensed facility in Browns Mills Township

Two program options available: Please check which program option you prefer:

- Regular Day: Operates from September through June. The hours are 9:00 AM to 3:00 PM four days a week. Fridays are half days (hours are 9:00 AM to 1:00 PM). Transportation in designated areas when available.
- Extended Care: (Limited slots) Operates from September through June. Hours are 7:30 AM to 5:30 PM five days a week. **Please note Browns Mills Center does not offer extended care.** No transportation is offered for this program option. Parents are responsible for dropping and picking up their child within the designated time frame.

Read and complete below if you are applying for extended care: Family must show proof of full time employment, school or job training with no caregiver present or proof of extenuating circumstances that justifies full day services.

Reason you are requesting extended care: _____

- Yes, I have attached the following forms of documentation that are applicable for extended care:
(Two parent households must provide documentation for both parents)
- Letter from employer or school stating work or school schedule on official letterhead. Letter must include actual hours and days of work or school.
 - Other documentation that justifies family need.

Early Head Start (birth to 3 years old; pregnant women)

Two program options available: Please check which option you prefer:

- Center-Based:** Services children 6 weeks to age three at our state licensed facility in **Browns Mills**. Program operates 5 days a week from 9:00 AM to 3:00 PM from September to August. No transportation is offered for this program option. Breakfast, lunch and snacks provided including formula and diapers (if applicable).

Complete below if you are requesting center-based.

Reason you are requesting center-based: _____

- Yes, I have attached the following forms of documentation that are applicable:
(Two parent households must provide documentation for both parents)
- Letter from employer stating work schedule on official letterhead. Letter must include actual work hours and days of work.
 - School or training schedule on official letterhead. Must include school/training hours and days of school or training.
 - Other documentation that justifies family need

- Home-Based:** Services pregnant women and children birth to three years old in the home. Weekly visits in your home for approximately 1 ½ hours with qualified Home Visitors. Home visits will provide activities that promote school readiness by enhancing cognitive, social and emotional development. Pregnant women's home visits will provide prenatal and postnatal services. The program offers bi-monthly socializations for children and pregnant women. Transportation for socializations is available by request.

CHILD APPLICANT INFORMATION

Last Name: _____ First Name: _____

Gender: Female Male Date of Birth: ____/____/____

Race: Black White Hispanic/Latino
 Asian Bi-racial Other _____

Address: _____

(Street)

(City)

(State)

(Zip Code)

Primary Language Spoken: _____ Secondary Language Spoken: _____

Has your child received services from the Child Study Team or Early Intervention program? ____ Yes ____ No

If yes, please describe and provide documentation: _____

Does your child have any other health problems/special needs/disabilities: ____ Yes ____ No

If yes, please describe and provide documentation: _____

MOTHER/GUARDIAN INFORMATION or PREGNANT APPLICANT INFORMATION

Last Name: _____ First Name: _____ Date of Birth: ____/____/____

Relationship to child: _____ Legal Custody: Yes No E-mail: _____

Address: (if different than above): _____

Cell Phone: _____ Home phone: _____ Work phone: _____

Are you currently pregnant? Yes No If yes, are you applying for the Early Head Start-Home Based Program?: Yes No
Provide due date: _____

Highest Level of Education: Less than a high school graduate (Last grade completed _____) High School graduate
 GED Some college/training Associate's degree Bachelor's degree Master's or above degree

Employment/Training Status: Full Time (35+hrs) Full Time & Training/School Part Time
 Part Time & Training/School Unemployed Seasonally Employed Retired/Disabled Training /School

Race: Black White Hispanic/Latino Asian Bi-racial Other _____

FATHER/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ Date of Birth: ____/____/____

Relationship to child: _____ Legal Custody: Yes No E-mail: _____

Address: (if different than above): _____

Cell Phone: _____ Home phone: _____ Work phone: _____

Highest Level of Education: Less than a high school graduate (Last grade completed _____) High School graduate
 GED Some college/training Associate's degree Bachelor's degree Master's or above degree

Employment/Training Status: Full Time (35+hrs) Full Time & Training/School Part Time
 Part Time & Training/School Unemployed Seasonally Employed Retired/Disabled Training /School

Race: Black White Hispanic/Latino Asian Bi-racial Other _____

HOUSEHOLD INFORMATION

<input type="checkbox"/> Single Parent <input type="checkbox"/> Two-Parent Whom do you consider the head of the household/primary adult? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Adult _____ Language spoken at home: _____ Is at least one parent/guardian part of the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your family lack a fixed, regular, and adequate residence? (i.e. share housing due to loss of housing, living in motels, hotels, emergency or transitional housing, public places, cars, abandoned buildings etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe your housing: _____ _____	<p><u>Do you receive?</u></p> WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No Food Stamps (SNAP): <input type="checkbox"/> Yes <input type="checkbox"/> No SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No TANF (General Assistance): <input type="checkbox"/> Yes <input type="checkbox"/> No
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List all **other adults** and **children** living in the household (or children you are financially supporting) other than the individuals listed on the previous page:

Last Name	First Name	DOB	Sex	Relationship to Child

HOUSEHOLD INCOME

List your family income for the past 12 months. Attach your proof(s) of income to the application.

Source of Income	Person Receiving	Frequency
Employer's Name: _____		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Employer's Name: _____		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Public Assistance: <input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSD		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Unemployment		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Foster Care/Adoption Subsidy		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Child Support		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Other		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual

HEAD START & EARLY HEAD START LOCATIONS

Head Start Only	Head Start Only	Head Start and Early Head Start	Early Head Start Home-based Location
Carolynn E. Henderson Center (Delanco Center) 2431 Burlington Avenue Delanco, NJ 08075 (856) 764-2562	W. Fredrick Knighten III Center (Lumberton Center) 100 Rt. 38 & Maple Grove Blvd. Lumberton, NJ 08048 (609) 267-9527	Browns Mills Center 405 Lakehurst Road Browns Mills, NJ 08015 (609) 893-0234	Pemberton Center 231 Fort Dix Road Pemberton, NJ 08068 (609) 726-1482

HEAD START CENTER PLACEMENT PROCESS

BCCAP Head Start has three centers located in Burlington County. Eligible children are assigned to centers based on where the child lives and our transportation route. BCCAP Head Start does not guarantee bus transportation. The program has limited bus slots and does not transport in all areas of Burlington County. If you are requesting your child be picked up and dropped off at another location other than the address listed on this application (such as another family member's house; babysitter's house), please list the address below to ensure we place your child at the proper center. The location must be in Burlington County.

Other Address (street, city, state, zip code): _____

I don't want my child assigned to a center based on location. I am requesting the following Head Start Center from the locations listed above:

OTHER INFORMATION

Is there any additional information you wish to provide such as suspected disability, DCP&P involvement, restraining order, major medical expenses, hardships, etc.?

How did you hear about Head Start? Head Start Staff Head Start Parent Friend/Relative
 Flyer/Poster Door Hanger Brochure Newspaper Website School District
 DCP&P (DYFS) Board of Social Services WIC Other:

I have attached the following required information:

- Copy of the child's immunization record
- Copy of child's birth certificate
- Proof of income
- Signed and dated the application below

Incomplete applications and failure to submit all requested information will delay the eligibility determination.

Certification: *I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.*

Parent/Guardian Signature _____ Date _____