

EAST BATON ROUGE PARISH HEAD START/EARLY HEAD START PROGRAM

4523 Plank Road
 Baton Rouge, Louisiana 70805
 (225) 358-4504 MAIN (225) 358-1964 INTAKE SECTION



2017-2018 Application

A TRADITION OF EXCELLENCE

EARLY CHILDHOOD EDUCATION - COMMUNITY PARTNERSHIP/VOLUNTEERISM - NUTRITIOUS MEALS AND SNACKS - COMPREHENSIVE CHILD AND FAMILY DEVELOPMENT SERVICES - MEDICAL AND DENTAL SERVICES - SOCIAL SERVICES FOR FAMILIES - ACTIVITIES FOR PARENTS - ASSISTANCE FOR CHILDREN WITH SPECIAL NEEDS

| CENTER LOCATIONS | | |
|---|---|--|
| Capital Area Head Start Center 3250 N. Acadian Thruway E. Baton Rouge, LA 70805 (225) 806-6023 | Charlie Thomas Head Start Center 8686 Pecan Tree Drive Baton Rouge, LA 70810 (225) 761-4436 | Child Development & Learning Center 7315 Exchange Place Baton Rouge, La. 70806 (225) 924-3414 |
| Discovery Head Start Center 9700 Scenic Highway Baton Rouge, LA 70807 (225) 775-7719 | Freeman-Mathews Head Start Center 1386 Napoleon Street Baton Rouge, LA 70802 (225) 387-8539 | LaBelle Aire Head Start Center 1919 N. Cristy Drive Baton Rouge, LA 70815 (225) 275-0426 Annex: (225) 273-6770 |
| New Horizon Head Start Center 1111 North 28th Street Baton Rouge, LA 70802 (225) 344-2152 Annex: (225) 389-3014 | Progress 1 Head Start Center 1881 Progress Road Baton Rouge, LA 70807 (225) 774-8158 | Progress 2 Head Start Center 1881 Progress Rd. Baton Rouge, La. 70807 (225) 774-1901 225/774-1939 |
| | Wonderland Head Start Center 1500 Oleander Street Baton Rouge, LA 70802 (225) 346-0677 | |

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH YOUR APPLICATION:

- Applicant’s Birth Certificate/Verification of Birth
- Applicant’s Immunization Card (up-to-date)
- Notarized proof of guardianship (if applicable)
- Social Security Cards for **each** family member
- Applicant’s Medical Card or Health Insurance Card
- Verification of Disability (if applicable)
- Proof of Income: Relevant Time Period- **FROM** _____ **TO** _____
 - Payroll Check Stub (Must have name of company, name of employee, year to date income, hourly pay, pay period) within “Relevant Time Period”
 - All W2’s for “Relevant Time Period”
 - Income Tax Return – 1040 (preceding year)
 - FITAP (welfare)– Budget Slip
 - Social Security Statement
 - Social Security Income (SSI) Statement
 - Child Support Documents
 - Unemployment Compensation
 - Self-employment Statement
 - Non-Income Verification or Self-Declaration and Third Party Agreement

RELEVANT TIME PERIOD - (A) the 12 months preceding the month in which the application is submitted; or (B) during the calendar year preceding the calendar year in which the application is submitted, whichever more accurately reflects the needs of the family at the time of application.

Please do not detach sheets, last page requires signature

An Equal Opportunity Program

FEDERAL LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, AND/OR SPECIAL NEEDS

East Baton Rouge Parish **Head Start**/Early Head Start

Referring Agency

**DATE
STAMP**

| | | | | | |
|---|------------------------------------|-------------------------------------|--------------------|--------------------------|--------------------------------|
| PLEASE CIRCLE ONE CENTER OF CHOICE | Capital Area LaBelle Aire/Annex | Charlie Thomas New Horizon/Annex | CDLC Progress I | Discovery Progress II | Freeman Matthews Wonderland |
|---|------------------------------------|-------------------------------------|--------------------|--------------------------|--------------------------------|

PARENT'S INFORMATION

Parent/Guardian's Name: _____ DOB: _____ Mother Father Grandparent Other

SSN: _____ Race/Ethnicity (optional): African American/Black Asian Caucasian/White Hispanic/Latino Other _____

Address: _____ Home Telephone #: _____ Cell Phone#: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ **Work Phone:** _____

Parent's Martial Status: Single Married Divorced Separated **Child lives with?** Mother Father Legal Guardian

I. CHILD'S INFORMATION

Child's Name: _____

Date of Birth: _____ Age: _____ Social Security #: _____ - _____ - _____ Gender: Male Female

Race/Ethnicity: (Optional)

African American / Black Asian Caucasian / White Hispanic / Latino Native American / Alaskan Other: _____

Language Spoken at Home: Primary: _____ **Secondary:** _____

II. CHILD'S HEALTH INFORMATION: (Submit copy of Health Insurance Card)

No Health Insurance LaCHIP #: _____ MEDICAID #: _____

Health Insurance Company: _____ **Policy #:** _____

Primary Care Physician: _____

Address: _____ Telephone #: _____

Dentist: _____

Address: _____ Telephone #: _____

III. EMERGENCY CONTACTS

In case of Emergency Contact: (Check all applicable). **In case of emergency your child will be transported to the nearest hospital.**

Name: _____ Telephone #: _____ Medical Personnel 911 Share Medical Health Records

In addition to Emergency Contact, child may be released to:

1 Name: _____ Home phone #: _____ Cell Phone #: _____

2 Name: _____ Home phone #: _____ Cell Phone #: _____

3 Name: _____ Home phone #: _____ Cell Phone #: _____

4 Name: _____ Home phone #: _____ Cell Phone #: _____

Medical Conditions / Disabilities: (Submit copy of medical reports/IEP relating to Conditions / Disabilities)

| | | |
|--|---|---|
| Allergies (Type: _____) <input type="checkbox"/> | Autism <input type="checkbox"/> | Orthopedic Impairment <input type="checkbox"/> |
| Birth Defects <input type="checkbox"/> | Developmental Delay <input type="checkbox"/> | Mental Retardation <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Dietary restrictions (Type: _____) <input type="checkbox"/> | Traumatic Brain Injury <input type="checkbox"/> |
| Emotional / Behavior Disorder <input type="checkbox"/> | Epilepsy / Seizures <input type="checkbox"/> | Other: _____) <input type="checkbox"/> |
| Health Impairment <input type="checkbox"/> | Hearing Impairment / Deafness <input type="checkbox"/> | |
| Visual Impairment / Blindness <input type="checkbox"/> | Learning (Type: _____) <input type="checkbox"/> | |
| Sickle Cell Anemia <input type="checkbox"/> | Speech / Language <input type="checkbox"/> | |

| | | |
|-----------------------------------|---|---|
| Relationship: | <input type="checkbox"/> Sibling <input type="checkbox"/> Relative | <input type="checkbox"/> Sibling <input type="checkbox"/> Relative |
| Name: | | |
| Date of Birth: | | |
| Age: | | |
| Soc Sec#: | | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Race/Ethnicity: (Optional) | <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____ | <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____ |
| Language: | Primary _____ Secondary _____ | Primary _____ Secondary _____ |
| Education: | <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> <12 th grade | <input type="checkbox"/> Some College <input type="checkbox"/> High School Diploma /GED <input type="checkbox"/> <12 th grade |

| | | |
|-----------------------------------|---|---|
| Relationship: | <input type="checkbox"/> Sibling <input type="checkbox"/> Relative | <input type="checkbox"/> Sibling <input type="checkbox"/> Relative |
| Name: | | |
| Date of Birth: | | |
| Age: | | |
| Soc Sec#: | | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Race/Ethnicity: (Optional) | <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____ | <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Other: _____ |
| Language: | Primary _____ Secondary _____ | Primary _____ Secondary _____ |
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ACKNOWLEDGEMENT

I certify that, to the best of my knowledge, the information provided in this application is true and accurate. I understand that if any of this information changes or is found to be incorrect, I am obligated to notify this agency immediately. I understand that falsifying information such as family income, number of children, number of household members or relationship may result in the rejection of this application and my child being terminated from East Baton Rouge Parish Head Start/Early Head Start Program.

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Parent / Guardian's Name (PRINT): _____

Parent / Guardian's Signature: _____

Date: _____

An Equal Opportunity Program