



acts of Love

EARLY CHILDHOOD EDUCATION CENTER

Welcome to ACTS of Love

To complete an application for enrollment, please provide the following items:

- Interview Form
- Application for Enrollment
- Family Information, Income, and Contacts
- Non-Income Verification Statement
- Child Residency Questionnaire
- Please provide copies of the following
 - VOE (Verification of Enrollment)
 - Birth Certificate OR
 - Ultrasound Picture (for pregnant applicants only)

Opportunities for WBC Head Start 0-5 Interview Form



Person to Person Interview

Phone Interview

Reason for Phone Interview: _____

Child's Name: _____

Verification of Age: _____

- Birth Certificate
- Other Document
- Other

Verification of Income: _____

- W-2's for 12 months for mom and dad OR
- Pay Stubs/Pay Envelopes for mom and dad (2 from each job held within the last 12 months) OR
- Written statement from Employers OR
- No Income for the past 12 months-See non-income verification form
- Child Support
- Public Assistance (SSI/TANF)

Verification of Categorical Eligibility: _____

- Foster Care – Court order or other legal government issued document stating the child is in foster care
- Homeless
 - Written letter from a homeless
 - Other documentation from parent in application or during interview
 - Written declaration

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 with the agency and is accessible to me during normal business hours.

Parent/Guardian Signature

Date

Staff Signature

Date

Application For Enrollment

Child Information					
First	Middle	Last	Suffix	Nickname	
Birthdate	Gender __Male __Female	Race	Hispanic __Yes __No	Date of Enrollment	Date of Withdrawal
Home Address			Home Phone Number		
English Proficiency: __None __Little __Moderate __Proficient		Other Language:		Other Language Proficiency: __Poor __Moderate __Proficient	
Primary Health Coverage	Other Health Coverage	Insurance #	Medicaid: __ Not Eligible __ On Medicaid __ Potentially Eligible Medicaid #		
Doctor			Dentist		

Parent/Legal Guardian 1					
First	Middle	Last	Suffix	Nickname	
Birthdate:	Gender: __ Male __ Female	Race:	Hispanic: __Yes __No		
English Proficiency: __None __Little __Moderate __Proficient		Other Language:		Other Language Proficiency: __Poor __Moderate __Proficient	
Highest Grade Completed __ Associate's __ Grade 10 __ Bachelor's __ Grade 11 __ Col Deg/Train __ Grade 12 __ Col or Adv Train __ < Grade 9 __ GED __ HS Graduate __ Master's		Employment Status __ Full Time __ Full Time & Training __ Part Time __ Part Time & Training __ Seasonal __ Training or School __ Unemployed __ Retired or Disabled		Child's Relationship __ Natural __ Adopted/Step __ Grandchild __ Niece/Nephew __ Foster __ Other	
				Check all that apply __ Lives with family __ Provides Financial Support __ Teen Parent Custody __ Yes __ No	
Email Address			Phone Number		

Parent/Legal Guardian 2					
First	Middle	Last	Suffix	Nickname	
Birthdate:	Gender: __ Male __ Female	Race:	Hispanic: __Yes __No		
English Proficiency: __None __Little __Moderate __Proficient		Other Language:		Other Language Proficiency: __Poor __Moderate __Proficient	
Highest Grade Completed __ Associate's __ Grade 10 __ Bachelor's __ Grade 11 __ Col Deg/Train __ Grade 12 __ Col or Adv Train __ < Grade 9 __ GED __ HS Graduate __ Master's		Employment Status __ Full Time __ Full Time & Training __ Part Time __ Part Time & Training __ Seasonal __ Training or School __ Unemployed __ Retired or Disabled		Child's Relationship __ Natural __ Adopted/Step __ Grandchild __ Niece/Nephew __ Foster __ Other	
				Check all that apply __ Lives with family __ Provides Financial Support __ Teen Parent Custody __ Yes __ No	
Email Address			Phone Number		

Family Information, Income and Contacts

Family Information						
Living Address	Address Line 2	Zip	City	State	County	
Mailing Address (if different)	Address Line 2	Zip	City	State	County	
Phone Numbers		Type (select one)		Note (extension, best time to call, etc.)		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				
Parental Status __ One __ Two	Primary Language at Home	Homeless Family __ Yes __ No	Active Duty Military __ Yes __ No	Referred by Child Welfare Agency __ Yes __ No	Receiving SNAP __ Yes __ No	WIC __ Yes __ No
						WIC ID (if applicable)

Eligibility Criteria		
TANF __ Yes __ No __ Formerly	Supplemental Security Income __ Yes __ No	Child Support __ Yes __ No
Disability (Has IEP or IFSP) __ Yes __ No	Disability Suspected __ Yes __ No	Incarcerated Parent __ Yes __ No
Previously in Head Start __ Yes __ No	Sibling Enrolled __ Yes __ No	Parent with a disability __ Yes __ No
Receiving Counseling/ Therapy/ rehab __ Yes __ No	Referred by School District/ ECI __ Yes __ No	Victim of Violence __ Yes __ No

Certification: I certify that this information is true. If only part is false, my participation in this agency's programs may be terminated and I may be subjected 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 _____



OPPORTUNITIES
for Williamson & Burnet Counties

**Opportunities for WBC Head Start 0-5
Non-Income Verification Statement**

Head Start Center: _____ Child's Name: _____

This is to verify that my children and I have had no income during the following dates this past 12 months.

Date: _____ To date: _____
Date: _____ To date: _____
Date: _____ To date: _____
Date: _____ To date: _____

Due to the following reasons/circumstances:

- Lack of Work
- Domestic Violence
- Separation from Main Financial Provider
- Divorce
- Lack of child care
- Natural Disaster
- Homelessness
- Other, please explain: _____

I give permission for Head Start Personnel to contact a third party to verify that the information on this form is correct:

Name of person to be contacted: _____
Title/Affiliation if applicable: _____
Phone Number: _____
Relationship to Person: _____

Staff Use Only:

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 can 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

Child Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C.11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help determine the services the student may be eligible to receive.

Check the box that best describes with whom the child resides

- Legal Guardian
- Caregiver(s) who are not legal guardian(s) (Examples: Friends, relatives, parents of friends, etc.)
- Other: _____

Length of Time at Present Address: _____

Length of Time at Previous Address: _____

Please check only one box that best describes where the child is presently living:

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s); if you checked this box, please check one or both of the boxes below if applicable:
 - My home has no electricity
 - My home has no running water
- In the home of a friend or relative because I lost my housing (examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was shipped out, parent(s) in jail, etc.)
- In a shelter because I do not have permanent housing (example: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)
- In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization)
- In a hotel or motel (examples: because of economic hardships, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location
- None of the above describe my present living situation

If you checked "none of the above," briefly explain your situation:

I give permission for ACTS of Love/ Head Start Personnel to contact a third party to verify that I am currently homeless.

Name of person to be contacted: _____

Title/Affiliation: _____ Relationship To Person: _____

Phone Number: _____

Certification: *I certify that this information is true. If any part is false, my participation in this agency's program 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.*

Child's Name: _____

Parent Signature: _____ Date: _____