



**Tri-County Community Council
Early Head Start**

Dear Parent/Guardian:

Thank you for considering the Early Head Start – Home Based Program, operated by Tri-county Head Start. We provide in-home early support to pregnant women and parents with infants and toddlers up to three years of age.

Early Head Start is offered at no cost to income-eligible families with children birth to three years old. If your child meets the income and age requirements for our program, you may be contacted by a Early Head Start staff person for additional follow-up. We also give special consideration to children with disabilities and those with a current IFSP.

Tri-County Head Start/Early Head Start is committed to providing quality family and child development services to families in Walton County. Our Home Based Program offers:

- Highly qualified, trained staff
- Individualized teaching
- Parent Involvement Opportunities
- Supportive weekly home visits, in your home, to help you meet your goals for a healthy pregnancy, a nurturing parent-child relationship and the healthy development of your infant/toddler.
- Health and developmental screenings.
- Fun Play Group experiences for infants/toddlers and their parents.

The Play Group experience provides an opportunity for parents and children to participate in a group experience in which families can learn and play together. Parents have a chance to meet and connect with other parents with children a similar age. The Play Groups are provided in a child friendly play space and held at a time that is convenient for most of the families enrolled.

We encourage and promote healthy practices that may prevent illness and injuries for children and families. Tri-County Head Start/Early Head Start encourages and supports families to be up-to-date on required child care immunizations and to maintain a regular schedule of well child examinations. **A copy of child's physical and up-to-date immunization record will be required.**

If your child has not had a physical examination in the last 12 months, please call your health care provider today and make an appointment.

If you have any questions, please call (850) 548-9900 for more information.

When you have completed the application, you may return it to any Tri-County office, any Head Start Center, the address below, or fax.

Tri-County Head Start/Early Head Start
2499 Cypress St.
Westville, FL 32464
Phone (850) 548-9900
Fax: (850) 548-5644
tricityheadstart.com

Thank you again for your interest in our program.



**Tri-County Community Council
Early Head Start**

APPLICATION for Early Head Start
SOLICITUD del Programa Early Head Start

For Office Use Only	
Application Rec'd Date: ____	
Process Date	Initials

PLEASE PRINT CLEARLY/ FAVOR de ESCRIBIR CLARAMENTE

If you need assistance completing this application/ Si usted necesita ayuda en completar esta aplicacion,
Please call/favor de llamar a (850) 548-9900.

Date/Fecha: _____

Home Base Services Applying For/Salon Para El Cual Esta Aplicando:

<input type="radio"/> Infant & Toddler Home Base Program Infantes & Ninos Programa de Base El Hogar	<input type="radio"/> Pregnant Women Home Base Program Mujer Embarazada Programa de Base El Hogar
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Adults in the Home (Supported by Income)/Adultos En El Hogar (Sostenido Por Ingresos)

Last Name, First Name Apellido, Primer Nombre	Birth Date Fecha De Nacimiento	Sex Sexo	Employment Status Status (See Table Below) Estatu De Empleo (vea la Tabla Abajo)	How is This Adult Related to Applicant Child Cual Es El Parentesco De Este Adulto Con El Nino De Solicitud	Primary Language Secondary Language Idioma Primario Idioma Secundario
Pregnant Woman applying for services Mujer Embarazada aplicando para servicios	___/___/___	F		N/A	
Primary Adult of applicant child Adulto Primario del nino en malricula	___/___/___	M F			
Secondary Adult/ Adulto Secundario	___/___/___	M F			
Other Adult/ Otro Adulto	___/___/___	M F			
Other Adult/ Otro Adulto	___/___/___	M F			

Employment Status/ Estado Ne Empleo

F =FULL TIME/TIEMPO COMPLETO	U =UNEMPLOYED/DISEMPLEADO
P =PART TIME/MEDIO TIEMPO	R =RETIRED/DISABLED/RETIRADO/DISCAPACITADO
S =SEASONAL/DEL TEMPORADA	
T =TRAINING/SCHOOL/ENTRENAMIENTO	B = TRAIN/SCHOOL & WORKING/ENTRENAMIENTO/ESCUELA Y TRABAJANDO

Does your family have a permanent fixed, regular, and adequate nighttime residence?
 Tu familia cuenta actualmente con una residencia fija y adecuada? Yes/Si No

Address/Direccion

Phone/Telefono _____ **Message/Cell Phone/Mensaje/Telefono Celular** _____

City/Ciudad _____ **FL** _____ **State/Estado** _____ **Zip Code/Codigo Postal** _____

Mailing Address if different/Direccion del correo si es diferente

Parental Status

One/Uno
 Two/Dos
 Foster/deCrianza
 Legal Guardian/Tutor Legal
 Teen parent/Madre Adolescente

Race of Child/Raza Del Nino

Black/Afro-Americano
 White/Caucasico
 Hispanic/Hispano
 Native American/Nativo Americano
Asian/Asiatico
 Other (please Specify)/Otro (Favor de especificar) _____

Applicant Child/Nino Solicitante					
Last Name, First Name Apellido, Primer Nombre	Birthdate/ Fecha De Nacimiento	Sex/Sexo	How related to Primary Adult Parentesco Con ElAdulto Primario	Primary Language Idioma Primario	Child's School Escuela Del Nino
1.	__/__/__	M F			
2.	__/__/__	M F			
3.	__/__/__	M F			
4.	__/__/__	M F			
5.	__/__/__	M F			
6.	__/__/__	M F			

Number of adults in household: _____ **Number of children in household:** _____

Services or financial assistance (Mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Medical financial assistance (Medicaid/Medicare) | <input type="checkbox"/> Child Support/Alimony |
| <input type="checkbox"/> Public housing assistance | <input type="checkbox"/> Foster Care/Adoption subsidy |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Energy program assistance |
| <input type="checkbox"/> Public Assistance/Welfare TANF | <input type="checkbox"/> SSI (Disability Income) |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Child Protective Services |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Other (specify) _____ |

Insurance: Private Florida Kid Care Medicaid None Other _____

**Enrollment priority is given to eligible families who have special needs.
Please check any circumstances you would like to be considered:**

Does your child have Special Needs? Yes No (if yes, mark below where appropriate)
Does your child receive therapy? Yes No

Diagnosed medical or biological issues currently affecting your child (mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Multiple disabilities including deaf-blind |
| <input type="checkbox"/> Asthma (requires medication) | <input type="checkbox"/> Non-Categorical/Developmental Delay |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Communication Disorder | <input type="checkbox"/> Overweight |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Severe Tooth Decay |
| <input type="checkbox"/> Eczema (requires medication) | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Emotional/Behavioral Disorder | <input type="checkbox"/> Sickle Cell |
| <input type="checkbox"/> Health Impairment _____ | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Hearing impairment including deafness | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Visual Impairment including blindness |
| <input type="checkbox"/> High Lead Levels | <input type="checkbox"/> Underweight |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Other: _____ |

Diagnosed medical or biological issues currently affecting you, your child, or any of your immediate family members living in the house (mark all that apply)

- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Developmental Disability
- Diabetes
- Mental Illness
- Other: _____

Environmental issues currently affecting you, your child, or your family (mark all that apply)

- Child Abuse/Neglect
- Family is Homeless (includes families living in temporary shelters, hotels, vehicles, or moving frequently between the homes of family or friends.
- Transportation
- Parental Substance Abuse
- Domestic Violence
- Incarceration
- Parole/Probation
- Divorce/Separation (in last 24 months)
- Death in the family (in last 24 months)
- You or a family member have been without food in the past month
- Disaster/tragedy/severe trauma/Major family change or crisis

Are you or a member of your family an employee of Tri-County Head Start? Es Usted o en miembro de su familia empleado de Head Start?	Yes/Si	No
Name of Relative/Nombre de empleado _____		

Which of the following agencies/Professionals are you currently involved with?
Con cuales de las agencias/profesionales siguientes esta usted implicado actualmente?

<input type="checkbox"/> School District/ Distrito escolar	<input type="checkbox"/> WIC	<input type="checkbox"/> DCF/CPS Family Prevention DCF/CPS/Prevencion Familiar
<input type="checkbox"/> Alcohol/Drug Treatment Program Programa de tratamiento para alcohol y drogas	<input type="checkbox"/> Shelter/Refugio	<input type="checkbox"/> Assigned Social Worker/ Trabajador Social Asignado
<input type="checkbox"/> Job Training/Entrenamiento de empleo	<input type="checkbox"/> Mental Health Program/mental del programa	
<input type="checkbox"/> Doctor/Foster Agency/Agencias de cuidado/doctores		

PLEASE INITIAL EACH STATEMENT AND SIGN BELOW:
FAVOR DE PONER SUS INICIALES EN CADA FRASE Y FIRMAR ABAJO:

I understand that this is the first step in the application process and does not guarantee my acceptance
Yo entiendo que esto es el primer paso en el proceso de aplicaciones y no garantiza mi aceptacion

I understand that I may be contacted by Early Head Start staff for additional follow up.
Yo entiendo que yo sera contactado por personal de Early Head Start para seguimiento adicional.

I understand that priority is given to income and age eligible families.
Yo entiendo que se da prioridad a las familias que son elegibles por ingresos.

I certify that this information is true and that incorrect information may disqualify my family from the program.
Yo afirmo que esta informacion es verdad y que informacion incorrect puede descalificar a mi familia de esta programa.

Parent/Legal Guardian Signature Firma De Padre/Tutor Legal	Print Name Escriba Su Nombre En Molde	Date Fecha
Parent/Legal Guardian Signature Firma De Padre/Tutor Legal	Print Name Escriba Su Nombre En Molde	Date Fecha

When Completed Return to:

Tri County Head Start/Early Head Start
2499 Cypress St.
Westville, FL 32464

Your nearest Tri-County Office or Head Start Center.

Special consideration for children with disabilities with current IFSP.
Consideracion especial a ninos con incapacidades y IFSP.

YOU MUST SUBMIT PROOF OF AGE AND INCOME (LAST 12 MONTHS) WITH APPLICATION.



**Tri-County Community Council
Early Head Start**

Estimados padres,

Gracias por considerar el programa de Early Head Start, operado por Tri-County Head Start/Early Head Start. Proporcionamos servicios de ayuda en el hogar a las mujeres embarazadas y a los padres de infantes y niños hasta tres años de edad.

Early Head Start se ofrece sin costo a las familias elegibles con niños recién nacidos hasta los tres años de edad. Si su niño puede satisfacer los requisitos de ingresos y de edad para nuestro programa, usted puede ser contactado por una persona del personal si se ocupa más información. También damos la consideración especial a los niños con incapacidades o con un IFSP actual.

Tri-County Head Start/Early Head Start está comprometido a proporcionar servicios del desarrollo de la familia y niño de calidad a las familias a través de los condados Walton County. Nuestro programa basada en el hogar ofrece:

- Personal calificado y entrenado
- Enseñanza individualizada
- Oportunidades para el involucramiento de los padres
- Visitas semanales de apoyo en su hogar o sitio designado para ayudarle a satisfacer sus metas para un embarazo sano, a una relación formativa de padre niño y el desarrollo sano de su infante/nino.
- Análisis de salud y desarrollo
- Experiencias en un grupo de juego para infantes/ninos y los padres.

La experiencia del Grupo de Juego proporciona una oportunidad para los padres y los niños de participar en una experiencia de grupo en la cual las familias puedan aprender y jugar juntas. Los padres tienen una ocasión de satisfacer y de conectar con otros padres con niños de la edad similar. Los grupos de Juego se proporcionan en un espacio amistoso y a la hora que conveniente para la mayoría de las familias alistadas.

Animamos y promovemos las prácticas sanas que pueden prevenir enfermedad y perjuicio para los niños y las familias. Tri-County Head Start/Early Head Start anima y apoya a familias que sean corrientes en las vacunas y de mantener un horario regular de exámenes físicos. Una copia de un examen físico y de las vacunas Corrientes será requerida.

(Si no ha tenido un examen en los últimos 12 meses, favor de llamar a su proveedor de cuidado de salud ahora y haga una cita para la examinación física completa de su niño.

Si tiene preguntas favor de llamar al (850) 548-9900 para más información.

Cuando haya completado la solicitud, regrese o envíela por fax a la dirección abajo.

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2499 Cypress St.
Westville, FL 32464
Phone (850) 548-9900
Fax (850) 548-5644
tricountyheadstart.com

Gracias otra vez por su interés en nuestro programa.