



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

PROGRAM DESCRIPTIONS AND OPTIONS

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

| <input type="checkbox"/> Head Start (3-5 years old) | <input type="checkbox"/> Early Head Start (birth to 3 years old; pregnant women) |
|---|---|
| <ul style="list-style-type: none"> 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 <p><u>Two program options available: Please check which program option you prefer:</u></p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Extended Care: (Limited slots) Operates from September through June. Hours are 7:30 AM to 5:30 PM five days a week. Please note Nesbit 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.</p> <p>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.</p> <p>Reason you are requesting extended care: _____</p> <p><input type="checkbox"/> Yes, I have attached the following forms of documentation that are applicable for extended care: (Two parent households must provide documentation for both parents)</p> <ul style="list-style-type: none"> 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. | <p><u>Two program options available: Please check which option you prefer:</u></p> <p><input type="checkbox"/> <u>Center-Based:</u> 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).</p> <p><u>Complete below if you are requesting center-based.</u></p> <p>Reason you are requesting center-based: _____</p> <p><input type="checkbox"/> Yes, I have attached the following forms of documentation that are applicable: (Two parent households must provide documentation for both parents)</p> <ul style="list-style-type: none"> 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 <p><input type="checkbox"/> <u>Home-Based:</u> 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.</p> |

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 Is at least one parent/guardian a veteran 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 |
|---|--|

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 |
|-----------|------------|-----|-----|-----------------------|
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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 | Early Head Start-Center Based | Head Start and Early Head Start-Home-Based Office |
|---|--|---|---|
| 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 | Nesbit Center 1 Anderson Road Pemberton, NJ 08015 (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 _____