



Mid-Cumberland Community Action Agency
2023-2024 Head Start / Early Head Start Application

Early Head Start – Age 0-3 on 08/15/2023
 Head Start – Age 3-4 on 08/15/2023

Select the county of services: **Cannon Cheatham Robertson Rutherford Sumner Trousdale Wilson Williamson**
Are you interested in full day/full year child care services? Yes No

Section A: Child Applicant: Information about the child who is applying

Child's Last Name		Child's First Name		Child's Middle Name	
_____		_____		_____	
Date of birth ____/____/____	Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Bi-Racial/Multi-Racial	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Arabic	Limited English Proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No

Section B: Family Information

Living Address: _____ Address _____ City State Zip Code	Family Status <input type="checkbox"/> Foster Household <input type="checkbox"/> Non-Parent Guardian <input type="checkbox"/> One Parent Household <input type="checkbox"/> Two Parent Household	Child Custody <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint <input type="checkbox"/> Other
Mailing Address: (if different from living address) _____ Address _____ City State Zip Code	Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Public Housing/Section 8 <input type="checkbox"/> Homeless <input type="checkbox"/> Live with relative/friend	Are there custody papers? <input type="checkbox"/> Yes <input type="checkbox"/> No

Services/types of income your family receives: (check all that apply)
 Salary/Wages Child Support Unemployment Self-Employed Alimony/Pension Social Security SSDI SSI
 WIC Food Stamps/SNAP TANF/Families First No income Child Care Certificate from DHS

Section C: Primary Adult or Prenatal Mother: Information about adult responsible for applying child or expectant mother
*Please only list adults in the household responsible for financially supporting applying child and are related to the child.

Parent/Guardian Last Name		Parent/Guardian First Name			
_____		_____			
Date of birth ____/____/____	Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Bi-Racial/Multi-Racial	Contact number - (circle one) Home, Cell, Work, Message (____) - ____ - _____		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			Email address: _____		
Primary Language <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Other _____	Limited English Proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to child <input type="checkbox"/> Biological parent <input type="checkbox"/> Step parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Foster parent <input type="checkbox"/> Grandparent/Relative <input type="checkbox"/> Other _____		Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Deployed <input type="checkbox"/> N/A
			Lives in the household: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Stay at home parent <input type="checkbox"/> Training or in school <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Disabled			How long have you been employed? _____		
<input type="checkbox"/> Expectant Mother	Due date? ____/____/____	Have you seen a doctor regarding this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section D: Secondary Adult: Information about the secondary adult responsible for applying child

*Please only list adults in the household responsible for financially supporting applying child and are related to the child.

Parent/Guardian Last Name _____

Parent/Guardian First Name _____

Date of birth _____/_____/_____

Race

-
- American Indian
-
- White
-
-
- Asian
-
- Pacific Islander
-
-
- Black or African American
-
- Bi-Racial/Multi-Racial
-
-
- Other: _____

Contact number - (circle one) Home, Cell, Work, Message

(_____) - _____ - _____

Gender

-
- Male
-
- Female

Email address: _____

Primary Language

-
- English
-
- Vietnamese
-
-
- Spanish
-
- Arabic
-
-
- Other _____

Limited English Proficiency?

-
- Yes
-
-
- No

Hispanic/Latino

-
- Yes
-
-
- No

Relationship to child

-
- Biological parent
-
- Step parent
-
-
- Adoptive parent
-
- Foster parent
-
-
- Grandparent/Relative
-
- Other _____

Military Status:

-
- Active
-
-
- Veteran
-
-
- Deployed
-
-
- N/A

Lives in the household: Yes No

Employment Status

-
- Full-time
-
- Stay at home parent
-
- Training or in school
-
-
- Part-time
-
- Self-employed
-
- Retired
-
-
- Unemployed
-
- Seasonal Employee
-
- Disabled

How long have you been employed?

Section E: Other children and family members supported by guardian's income

*Please only list adults in the household responsible for financially supporting applying child and are related to the child by blood, marriage, adoption, or guardianship.

First Name, Middle Initial, Last Name

Relationship to applying child

Date of Birth

Gender

-
- Male
-
- Female

-
- Male
-
- Female

-
- Male
-
- Female

-
- Male
-
- Female

Total # of adults in household _____

Total # of children in household _____

Section F: Family Services Information

- Does your child have a disability? (If no, please go to question #6) Yes No
- Type of special need or disability _____
- Has the disability been professionally diagnosed? Yes No
If yes, what age? _____ By whom? _____
- Does your child have an IEP or IFSP? Yes No
- Is your child receiving special services for the disability? Yes No _____
- In your opinion, does your child have a special need or disability that has not yet been diagnosed?
 Yes No If yes, please explain: _____

Does the primary caregiver have a diagnosed disability?
 Yes No If yes, please describe: _____Does the primary caregiver have a chronic health issue that affects daily living? Yes No If yes, please describe: _____

- Is your family currently experiencing problems with housing? Yes No
- Has your family been impacted by a natural disaster within the past 24 months? Yes No
- Are you or have you been a migrant or seasonal worker within the past 24 months? Yes No
- Have any members of the household been diagnosed with depression or other mental health condition? Yes No

- Has a household member been incarcerated during the child's lifetime? Yes No
- Has there been a death of a household member within the last 24 months? Yes No
- Are there any abuse concerns at home (child, neglect, spousal) or has the child been abused or neglected? Yes No
- Has a family member struggled with substance abuse or been impacted by opioid abuse? Yes No

Please check all that apply

-
- My child is currently enrolled in EHS
-
- My child is currently enrolled in HS
-
- My child was in a different HS/EHS
-
- My child is enrolled in EHS, applying for HS
-
-
- Sibling is currently enrolled is HS/EHS
-
- Sibling was previously enrolled is HS/EHS

Section G: How did you hear about us?

-
- Family or friend
-
- Former Parent
-
- Community Event
-
- Flyer
-
- Walk-in
-
- Social Media
-
- Mailings
-
- Public Advertisement
-
- Radio
-
-
- Local Agency Referral
-
- Other _____

Section H: Signature

I certify that the information given is true to the best of my knowledge. I further understand that falsification of information could result in the dismissal of my child from this program. I am attaching the required documents to this application.

Parent/Guardian Signature: _____

Date: _____/_____/_____

This application may be mailed to: MCCA HS/EHS Post Office Box 1999 Mt. Juliet, Tn 37122
or dropped off at your local HS/EHS center

Staff use Only

Date Received _____/_____/_____
Staff initials: _____