

Preschool Program

Infant & Toddler Program

Early Head Start & Head Start

What documents do I need to provide?

About MCCAA

MCCAA is a federally funded, non-profit organization providing FREE infant and toddler care and preschool services designed to promote school readiness for children from low-income families.

Our program offers:

- High-quality, comprehensive early childhood education services

- Parent involvement opportunities in the classroom, program planning, and parent committees

- Parental supports and education

- Help connecting parents and children to other services and resources in the community

- Vision, hearing, and dental screenings for enrolled children as well as other health, mental health, and nutrition services

- Prenatal services

- and more!

Child Applicant Documents

- Birth certificate

- Immunization Record

- Custody, adoption, guardianship, or protection

orders (if applicable)

- Disability or special needs documentation

Including IEP/IFSP (if applicable)

Proof of Eligibility

- TANF, SSI, SNAP: Benefit letter that states current

amount being received

- Foster children: Foster placement letter

- Temporary living circumstance due to loss of

housing: Fully document situation in written

statement

- Family income for past 12 months

- Current 1040 U.S. Individual Income Tax form

- W-2s

- Last 4 paycheck stubs with year-to-date gross

amount listed

- Child support for all children in the home

We are required to document the last 12 months of family income from all sources. Every family’s income situation is different and there may be more or different sources of income. The items above are a starting point to verify income. Our enrollment team will review the application and inform you of other needed documentation if applicable.

How do I turn in my application?

Contact us at

615-742-1113

M-F

8:00 am –

4:30 pm

Questions?

Frequently Asked Questions

Can I apply for my disabled child?

Yes! We welcome children with disabilities or special needs and encourage families to apply regardless of income.

How long does the process take?

We do our best to verify eligibility as quickly as possible and parents can assist by ensuring all income/eligibility items needed are fully provided with the application.

When should I apply?

We accept applications and enroll all year long, so please apply as soon as possible!

Does my child need to be potty trained?

No, in fact, we work with families and children to assist in the potty-training process.

Who is eligible for services?

- Low income families

- Recipients of TANF, SSI, or SNAP

- Children in foster care

- Teen Parent

- Families experiencing a temporary living situation due to loss of housing, economic hardship, or similar reason

Drop your application off at any MCCAA EHS, HS, or PreK site.

Mail to: MCCAA HS/EHS PO Box 1999 Mt. Juliet, TN 37121

You can print an application online! Visit our website at:

<https://www.midcumberland.org>



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| 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**   * American Indian □ White * Asian □ Pacific Islander * Black or African American □ Bi-Racial/Multi-Racial * Other: | | | | | | **Primary Language**   * English □ Vietnamese * Spanish □ Arabic * Other | | | | **Limited English Proficiency?**   * Yes * No | | | **Hispanic/Latino**   * Yes * No |
| **Gender**  □ Male □ Female | |
| **Section B: Family Information** | | | | | | | | | | | | | | | |
| **Living Address:**  **Address**  **City State Zip Code** | | | | | | | | | **Family Status**   * Foster Household * Non-Parent Guardian * One Parent Household * Two Parent Household | | | | **Child Custody**   * Mother * Father * Joint * Other   **Are there custody papers?**  □ Yes □ No | | |
| **Mailing Address: (if different from living address)**  **Address**  **City State Zip Code** | | | | | | | | | **Housing**   * Own □ Rent * Public Housing/Section 8 * Homeless * Live with relative/friend | | | |
| **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**   * American Indian □ White * Asian □ Pacific Islander * Black or African American □ Bi-Racial/Multi-Racial * Other: | | | | | | **Contact number - (circle one) Home, Cell, Work, Message**  ( ) - \_ -  **Email address:** | | | | | | | |
| **Gender**  □ Male □ Female | |
| **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?** | | | | | |
| □ **Expectant Mother** | **Due date?**  / / | | | | | **Have you seen a doctor regarding this pregnancy?**  □ Yes □ No | | | | | | | | | |

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| **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**  ( ) - \_ -  **Email address:** | | | | | | | |
| **Gender**  □ Male □ Female |
| **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** | | | | | | | | | | | | | |
| 1. Does your child have a disability? (If no, please go to question #6) □ Yes □ No 2. Type of special need or disability 3. Has the disability been professionally diagnosed? □ Yes □ No   If yes, what age? By whom?   1. Does your child have an IEP or IFSP? □ Yes □ No 2. Is your child receiving special services for the disability? □ Yes □ No 3. 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:  \_ | | | | | | |
| 1. Is your family currently experiencing problems with housing? □ Yes □ No 2. Has your family been impacted by a natural disaster within the past 24 months? □ Yes □ No 3. Are you or have you been a migrant or seasonal worker within the past 24 months? □ Yes □ No 4. Have any members of the household been diagnosed with depression or other mental health condition? □ Yes □ No | | | | | | 1. Has a household member been incarcerated during the child’s lifetime? □ Yes □ No 2. Has there been a death of a household member within the last 24 months? □ Yes □ No 3. Are there any abuse concerns at home (child, neglect, spousal) or has the child been abused or neglected? □ Yes □ No 4. 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: MCCAA HS/EHS Post Office Box 2514 Mt. Juliet, Tn 37122  or dropped off at your local HS/EHS center | | | | | | |  | | Staff use Only | Date Received / \_/  Staff initials: | | | |
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