



Early Head Start & Head Start

Infant & Toddler Program

Preschool Program

About MCCA

MCCA 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!

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

Questions?

Contact us at
615-742-1113

M-F
8:00 am –
4:30 pm

What documents do I need to provide?

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.

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.

How do I turn in my application?

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

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

You can print an application online! Visit our website at:
<https://www.midcumberland.org>



Mid-Cumberland Community Action Agency
2024-2025 Head Start / Early Head Start Application

- Early Head Start – Age 0-3 on 08/15/2024
- Head Start – Age 3-4 on 08/15/2024

Select the county of services:	Cannon Cheatham Robertson Rutherford Sumner Trousdale Wilson Williamson Are you interested in full-day/full year child care services? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Other: _____	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	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					

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"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Other: _____	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	
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 <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Other: _____	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 _____ Lives in the household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Deployed <input type="checkbox"/> N/A
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? _____	

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
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
		____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Type of special need or disability _____ 3. Has the disability been professionally diagnosed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what age? _____ By whom? _____ 4. Does your child have an IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Is your child receiving special services for the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ 6. In your opinion, does your child have a special need or disability that has not yet been diagnosed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	Does the primary caregiver have a diagnosed disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ Does the primary caregiver have a chronic health issue that affects daily living? (cancer, high blood pressure, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____
1. Is your family currently experiencing problems with housing? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Has your family been impacted by a natural disaster within the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are you or have you been a migrant or seasonal worker within the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Have any members of the household been diagnosed with depression or other mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Has a household member been incarcerated during the child's lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Has there been a death of a household member within the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Are there any abuse concerns at home (child, neglect, spousal) or has the child been abused or neglected? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Has a family member struggled with substance abuse or been impacted by opioid abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please check all that apply <input type="checkbox"/> My child is currently enrolled in EHS <input type="checkbox"/> My child is currently enrolled in HS <input type="checkbox"/> My child was in a different HS/EHS <input type="checkbox"/> My child is enrolled in EHS, applying for HS <input type="checkbox"/> Sibling is currently enrolled is HS/EHS <input type="checkbox"/> 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 37121 or dropped off at your local HS/EHS center	Staff use Only	Date Received ____/____/____ Staff initials: _____
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