

Early Head Start & Head Start

Infant & Toddler Program

Cannon, Cheatham, Robertson, Rutherford, Sumner, Trousdale, Wilson

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!

| Who is eligible for services? | Questions? |
|--------------------------------|----------------|
| - Low income families | Contact us at |
| - Recipients of TANF, SSI, or | 615-742-1113 |
| SNAP | Ext. |
| - Children in foster care | |
| - Teen Parent | M-F |
| - Families experiencing a | 7:00am –3:30pm |
| temporary living situation due | |
| to loss of housing, economic | |
| hardship, or similar reason | |

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.

Does my child need to be potty trained? No, in fact, we work with families and children to assist in the potty-training process.

Preschool Program

Cannon, Cheatham, Houston, Robertson, Rutherford, Stewart, Sumner, Trousdale, Wilson

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: Letter or printout that shows benefits are current
- 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

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?

Drop your application off at any MCCAA EHS, HS, or PreK site or place in the blue box located on the building.

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

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

□ Head Start – Age 3-4 on 08/15/2024

| Section A: Child Applicant: Information about the child who is applying Child's Last Name Child's First Name Child's Milddle Name Chil | Select the county of service | Stewart (Head Sta | Cannon Cheatham Houston (Head Start only) Robertson Rutherford Stewart (Head Start only) Sumner Trousdale Wilson Are you interested in full-day/full year child care services? Yes IN0 | | | | | | |
|--|--|---------------------------------------|--|---------------------------|--|------------------|-----------------|--|--|
| Date of birth Bace Date of birth Bace Primary Language Limited English Hispanic/Latino Male - / - / - / - / - / - / - / - / - / - / | | | | | | | | | |
| Image: And the image | Child's Last Name Child's First Name Child's Middle Name | | | | | | | | |
| Image: And the image | | | | | | | | | |
| | Date of birth | Race | | Primary Language | Primary Language Limited English Hispanic/La | | | | |
| Gender In Back or African American BRRacia//Multi-Rucial In Spanish In Arabic In Ves | / / | | merican Indian 🗆 White | | | | | | |
| Male Cheff: | Gender | | | ial 🗆 Spanish | _ | | | | |
| Living Address: Address: Family Status Child Custody Address: Foster Household Onche Parent Household Mother City State Zip Code Two Parent Household Other Mailing Address: If attement from hung address; | | □ Other: □ No | | | | | | | |
| Address | Section B: Family Informat | ion | | | | | | | |
| address In Non-Parent Guardian Mother City Sate Zip Code Mailing Address: (# different from Mong address) Address: Address: City Satis Address: City Satis Address: City Satis Address: City Satis City Satis City Satis City Satis City Satis City Satis Satis City Satis City Satis City Satis City Satis | Living Address: | | | Family Statu | s | Child Cus | stody | | |
| Address One Parent Household Father City Sate Zip Code Mailing Address: (# different from living address) Address Address City Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your family receives: (check all that apply) Services/types of income your famil | | | | | | - 84-+ | | | |
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| Mailling Address: (if different from living address) Mailling Address: (if different from living address) Address Address Housing Own Public Housing/Section 8 Housing/Sect | | Stata | | | t Household | | | | |
| Address Address City State Services/types of income your family receives: (check all that apply) Self-Employed Salary/Wages Unemployment Self-Employed WIC Food Stamps/SNAP TANF/Families First No WIC Food Stamps/SNAP TANF/Families First No WIC Food Stamps/SNAP TANF/Families First No No 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 Date of birth Back or African American Other: Back or African American Other: Back or African American Proficiency? Proficiency? Spanish Arabia Yes Somish Vietnamese Yes No Proficiency? Yes No Proficiency? Yes No Stap aparent Other Back or African American Proficiency? Yes No Stap aparent Stap aparent Stap aparent Stap aparent Stap aparent <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>Other</td> <td></td> | - | | | | | Other | | | |
| Address City State Zip Code Public Housing/Section 8 Homeless Live with relative/friend Services/types of income your family receives: (check all that apply) Salary/Wages Unemployment Self-Employed Mult Primary Language Primary Language Primary Language Uinted English Primary Language Uinted English Primary Language Uinted English Proficiency? Parent/Biglish Vietnamese Stay at home parent Stay at home parent City Parent/Relative Other Stay at home parent City Parent/Relative Due date? | Walling Address: (if different from | l living address) | | • | □ Rent | Are there | custody papers? | | |
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| Services/types of income your family receives: (check all that apply) Salary/Wages WIC Food Stamps/SNAP TANF/Families First No WIC Food Stamps/SNAP TANF/Families First No No 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 Date of birth | | | | | | | | | |
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| WIC Food Stamps/SNAP TANF/Families First No income Military Pay 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 Last Name Parent/Guardian Last Name Date of birth Asian Biack or African American Biack or Af | | | | | | | | | |
| 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 | | | | - | | | curity Income | | |
| *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 | | | | | - | - | | | |
| Date of birth Race Contact number - (circle one) Home, Cell, Work, Message | | | | | | er | | | |
| American Indian White Asian Pacific Islander Black or African American Bi-Racial/Multi-Racial Other: Bi-Racial/Multi-Racial Other: Difference Primary Language Limited English Proficiency? Yes Spanish Vietnamese Other Yes No Grandparent/Relative Other No Hispanic/Latino Relationship to child Biological parent Biological parent Grandparent/Relative Other No Yes No How long have you been employed? | Parent/Guardian Last Name | | Pa | arent/Guardian First Name | | | | | |
| American Indian White Asian Pacific Islander Black or African American Bi-Racial/Multi-Racial Other: Bi-Racial/Multi-Racial Other: Difference Primary Language Limited English Proficiency? Yes Spanish Vietnamese Other Yes No Grandparent/Relative Other No Hispanic/Latino Relationship to child Biological parent Biological parent Grandparent/Relative Other No Yes No How long have you been employed? | | | | | | | | | |
| American Indian White Asian Pacific Islander Black or African American Bi-Racial/Multi-Racial Other: Ditre in the formale Primary Language English Other: Yes Spanish Arabic Yes No Premiour Metaltive Primary Language Limited English Proficiency? Yes Adoptive parent Grandparent/Relative Other Yes No Hispanic/Latino Relationship to child Biological parent Stap at home parent Stay at home parent Part-time Self-employed Seasonal Employee Due date? Have you seen a doctor regarding this pregnancy? | Date of birth | Race | | Contact number - (| circle one) Home. | Cell. Work. Mess | age | | |
| Gender Other: Male Female Primary Language Limited English Proficiency? Spanish Arabic Yes No Yes No Employment Status: Stay at home parent Self-employed Self-employed Due date? Black or African American Other: Biack or African American Other: Biack or African American Other: Hispanic/Latino Relationship to child Biological parent Stap at home parent Training or in school Part-time Self-employee Due date? <td>/ /</td> <td colspan="5">□ American Indian □ White</td> <td>-</td> | / / | □ American Indian □ White | | | | | - | | |
| Male Female Primary Language Imited English Proficiency? Imited English Proficiency? Yes Spanish Arabic Vietnamese Yes No Hispanic/Latino Yes No Yes No Hispanic/Latino Yes No Yes No Hispanic/Latino Yes No Yes No How long have you been employed No How long have you been employed? How long have you been employed? <td></td> <td>Black or African American</td> <td></td> <td>ial ())</td> <td></td> <td></td> <td></td> | | Black or African American | | ial ()) | | | | | |
| □ English □ Vietnamese □ Spanish □ Arabic □ Other | | Other: | | Email address: | | | | | |
| English ∨ietnamese Spanish Arabic Other Yes No Yes No Yes Grandparent/Relative Other Yes No Yes Grandparent/Relative Other Yes No <td>Primary Language</td> <td>-</td> <td></td> <td></td> <td></td> <td>Mil</td> <td>itary Status:</td> | Primary Language | - | | | | Mil | itary Status: | | |
| Spanish Arabic Other No No Image: No No Image: No Image: No < | 🗆 English 🛛 🗆 Vietna | - | | | | | | | |
| Employment Status Full-time Stay at home parent Training or in school Part-time Self-employed Retired Unemployed Seasonal Employee Due date? Have you seen a doctor regarding this pregnancy? | Spanish Arabic | □ Yes | | | | | | | |
| Full-time Stay at home parent Training or in school Part-time Self-employed Retired Unemployed Seasonal Employee Disabled Due date? Have you seen a doctor regarding this pregnancy? | Other | D NO | L | ives in the household: | 🗆 Yes 🛛 No | | /A | | |
| Part-time Self-employed Retired Unemployed Seasonal Employee Disabled Unemployed Due date? Have you seen a doctor regarding this pregnancy? | Employment Status | · | · · · · · · · · · · · · · · · · · · · | Но | w long have you | been employe | d? | | |
| Unemployed Seasonal Employee Disabled Due date? Have you seen a doctor regarding this pregnancy? | | | - | hool | | | | | |
| Due date? Have you seen a doctor regarding this pregnancy? | | | | | | | | | |
| Europetent Mathem | | | Have you soo | a doctor regarding this r | regnancy? | | | | |
| | | / / | - | | | | | | |

| 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 | | | | | | | |
| Asian | ican Indian or African American r: | □ White □ Pacific Islan □ Bi-Racial/M | | Contact (|) | ircle one) Home, | Cell, Work, Message |
| Primary Language English Vietnamese Spanish Arabic Other | Yes | Hispanic/Latino | □ Biol □ Adc □ Gra | onship to cl ogical parer ptive paren ndparent/R in the ho | nt t | Step parent Foster parent Other Yes No | Military Status: Active Veteran Deployed N/A |
| Employment Status How long have you been employed? - Full-time Stay at home parent Training or in school - Part-time Self-employed Retired - Unemployed Seasonal Employee Disabled | | | | | | | |
| Section E: Other children and fami *Please only list adults in the household res | | | | olated to the | child by blood | marriage adoption | or guardianshin |
| First Name, Middle Init | | | Relationship to | | | Date of Birth | Gender |
| | | | | | | / / | Male Female |
| | | | | | | | 🗆 Male 🗆 Female |
| | | | | | | | D Male Female |
| | | | | | | | 🗆 🗆 Male 🛛 Female |
| Total # of adults in household | Total # | f of children in ho | ousehold | | | // | |
| | | | | | | | |
| Section F: Family Services Informa | tion | | | | T | | |
| 1. Does your child have a disability? (If no, please go to question #6) □ Yes □ No 2. Type of special need or disability | | | | | | | |
| 4. Does your child have an IEP or IFSP? □ Yes □ No 5. Is your child receiving special services for the disability? □ Yes □ No 6. 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 chronic health issue that affects daily living? (cancer, high blood pressure, etc.) 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 8. 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 Applicant/Sibling was previously enrolled is HS/EHS | | | | | | | |
| Section G: How did you hear about us? | | | | | | | |
| □ Family or friend □ Former P | arent 🗆 Communit | y Event 🗆 Flye | er 🗆 Wall | k-in □ So | cial Media | 🗆 Mailings 🛛 🛛 F | Public Advertisement 🛛 🗆 Radio |
| 🗆 Local A | gency Referral 🛛 🗆 O | ther | | | | | |
| 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: I or dropped | MCCAA HS/EHS Post O d off at your local HS/E | | t. Juliet, Tn S | 37121 | | Staff use Only | Date Received// Staff initials: |