

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						
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Address	Section B: Family Informat	ion							
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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							
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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
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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: