



Early Head Start & Head Start

Infant & Toddler Program

Preschool

About MCCA

MCCA is a federally funded, non-profit organization providing, at no cost to families, infant/ 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 such as classroom volunteers, planning center events, decision making and leadership through Parent Committees and Policy Council
- Parent education and family support services
- 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
- 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
Ext.

M-F
7:00am –3:30pm

Frequently Asked Questions

Can I apply for my child with a disability?

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 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.

What documents do I need to provide?

Child Applicant Documents

- Birth Certificate or other proof of child's Date of Birth
- 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 MCCA EHS, HS 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>

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

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

(____) - ____ - _____

Gender

- Male
- Female

Email address:

Primary Language

- English
- Spanish
- Other _____
- Vietnamese
- Arabic

Limited English Proficiency?

- Yes
- No

Hispanic/Latino

- Yes
- No

Relationship to child

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

Military Status:

- Active
- Veteran
- Deployed
- N/A

Lives in the household: Yes No

Employment Status

- Full-time
- Part-time
- Unemployed
- Stay at home parent
- Self-employed
- Seasonal Employee
- Training or in school
- Retired
- 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? (cancer, high blood pressure, etc.)
 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 conditions? 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 HS
- My child was in a different HS/EHS
- My child is enrolled in EHS, applying for HS
- Sibling is currently enrolled in HS/EHS
- Applicant/Sibling was previously enrolled in 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 657 S. Water Ave. Gallatin, TN 37066 or dropped off at your local HS/EHS center

Staff use Only

Date Received ____/____/____
Staff initials: _____