



## CAFI HS/EHS APPLICATION INFORMATION SHEET

Do not remove this sheet from the application.

Thank you for your interest in Community Action for Improvement, Inc. (CAFI) Head Start and/or Early Head Start. CAFI serves children and families of all ethnic and cultural backgrounds, including children with disabilities and pregnant women who meet the Federal Income Eligibility Guidelines, and live within the service area counties: Carroll, Coweta, Heard counties in Georgia.

**We offer the following program option:** The **Center-Based Program** enrolls children 6 weeks to 4 years of age in full day classes (8am-2pm). Services are provided for working parents and full-time students who meet the income and age requirements for the program. Documented **Homeless, Foster Care, or Families receiving Supplemental Security Income** are categorically eligible.

Please make sure to complete **ALL** parts of the application. This is necessary to process your application and determine your eligibility for the program.

### THE FOLLOWING DOCUMENTS MUST BE SUBMITTED IN PERSON MONDAY-FRIDAY FROM 9:00 AM – 2:00 PM:

1. **Applicant child’s birth certificate.** This will be kept or copied; the staff member who receives your application must view your child’s birth certificate and record pertinent information from it.
2. **Verification of your home address.** This can be a copy of your lease or current utility bill, in your name. Cell phone bills are not accepted. If you receive housing assistance (section 8), please submit a copy of your certificate or award letter. If you share housing, please submit a notarized address verification from the homeowner/leaser that states you live at the given address. Additionally, we require a homeowner’s lease (or mortgage) statement.
3. **Verification of your income.** This may be:
  - **2019 Income Tax Return 1040 from each working family member.** This includes you and your spouse.
  - **2 months current consecutive paycheck stubs**
  - **Self-employed workers** must provide that 2019 Income Tax Return 1040 and Schedule C.
  - **Self-employed workers** must provide a notarized letter from their employer and a copy of the most current federal 2019 Income Tax Return 1040.
  - **Families with no earned income** must complete the Parent Statement Form to explain the source of support and indicate the monthly amount of assistance. The information will be verified with the source of support.
  - **Other sources of income** (child support, unemployment, etc.) must be included as income.
    - A copy of your **current** monthly TANFA or SSI checks; **OR**
    - A copy of a **current** award letter from the Department of Human Services that states how much you receive each month.
  - **Verification of School/Training** (if applicable): A copy of official computer registration from the registrar’s office.
  - **Other (if applicable)**
    - Parent or child diagnosed disability with a copy of current IEP or IFSP
    - Parent Incarcerated
    - Child Protective Services or Family Preservation programs
    - Court documentation

**THE ABOVE INFORMATION MAY BE VERIFIED WITH THE EMPLOYER, HOMEOWNER, OR SOURCE OF YOUR SUPPORT.**

**IF ALL THE INFORMATION IS NOT RECEIVED, THE APPLICATION WILL NOT BE PROCESSED.**

**IF ANY PORTION OF THIS APPLICATION IS DETERMINED TO BE FALSE OR MISINTERPRETED BY THE FAULT OF THE APPLICANT HOUSEHOLD, IT WILL JEOPARDIZE THE PARTICIPATION OF YOUR FAMILY IN THE PROGRAM.**

**Please call us at (706) 884-2651 if you have any questions or if you need help in completing the application.**



Community Action for Improvement, Inc. (CAFI)
HEAD START/EARLY HEAD START PROGRAM APPLICATION

CENTER Base: (circle one) CARROLL / COWETA / AND HEARD COUNTY AT CAFI HEAD START

1. Child's Legal Name

Last \_\_\_\_\_ First \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Race: Indian Asian Black Native Hawaiian White Bi-racial (circle one)

Sex: Male or Female Primary Language: \_\_\_\_\_

2. Family living in household (List only the family members LIVING in the home):

Primary Parent/Guardian of child Birthday Sex Highest Grade Completed Employer

First and Last Name \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

First and Last Name \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Other Children Living in Household: Birthday Sex Other Children: Birthday Sex

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

3. Marital Status (circle one): Married Divorced Widowed Single

4. Mailing & Home address \_\_\_\_\_

PO Box & Street City State Zip

5. Directions to home (include name of neighborhood): \_\_\_\_\_

6. Phone (Home) ( ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

7. Child's Medicaid # or Health Insurance Policy #: \_\_\_\_\_

8. Child will get to program by (circle one) B=Bus W=Walking P=Parent O=Other

9. Does child have a disability? Yes No Suspected (Please attach available documentation from the doctor)

For example: Speech delayed, Developmental, IEP (Individualize Education Program, IFSP (Individualize Family Service Plan) or etc.

10. Referred to program? Yes No Referring Agency/Person: \_\_\_\_\_

11. Please check all that apply so that we can accurately determine the level of need for your family:

- Receiving TANF/WORK FIRST/SSI (supplemental security income) - provide record of payment
Family crisis - describe crisis:
Pregnant - due date: Doctor:
Child currently in protective custody? Substance abuse/Domestic Violence Issues
Disabled Parent/Guardian - Name Disability:
Teen Parent Parent in educational training (GED/College)
Child on waiting list previous year Child returning to program
Child exposed to toxic stress (medical, physical, or sexual abuse, moral turpitude, unstable home, area unsafe where child lives, parent/guardian has history of parental rights being terminated)
Homeless (no housing, living in motel/hotel for lack of suitable housing, doubled up with family or friends due to economic conditions, runaway/throwaway children and youth, living in transitional housing, and etc.)
Parent active duty in Military
Child's sibling enrolled - name of sibling and school year attended:

I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_