



## HEAD START & EARLY HEAD START

### Your Guide to the Application Process

Thank you for your interest in giving your child a "head start."

Since 1965, the Community Action Program Committee, Inc. has had the honor and privilege of administering the Head Start program in Escambia County, Florida. For nearly 60 years, we have prepared thousands of children in our community for the first day of kindergarten and beyond. There is no cost to attend, but strict income guidelines and eligibility criteria are in place. Our Head Start alumni are elected officials, doctors, scientists, police officers, attorneys, firefighters, electricians, bankers, builders, nonprofit leaders, public servants, and clergy. Health and developmental screenings are a core part of our program and help keep your child on track. **We hope to include your child in our Head Start family. Here is what you need to know:**

- **Early Head Start:** Ages 6 weeks to 3 years old
- **Head Start:** Ages 3 to 5 years old
- **There is no cost to attend but strict income guidelines and eligibility criteria are in place.** Federal income guidelines are updated annually, and we are required to ensure our program serves eligible families.
- We offer a **variety of classrooms with varying hours** at locations across Escambia County. Our Century location provides daily transportation; we also transport children to certain health and medical appointments. Health and developmental screenings are a core part of our program and help keep your child on track.
- A healthy **breakfast and lunch** are provided daily to every enrolled child.
- Our **curriculum** is designed to prepare your child for success in school and life; our education program is based on the latest Florida Early Learning and national Head Start standards.
- Teachers and Family Advocates work with you to **develop goals and access resources** to help your family thrive.

**Please note: Your child is eligible for selection and placed on our waiting list when we receive the following:**

1. Proof of income: We need proof of your total household income for the last 12 months (*for both parents if in the same household*). (Example: Paycheck stubs; IRS tax form 1040)
2. Proof of residency: We need proof you live in Escambia County, Florida. (Example: utility bill)
3. Birth certificate: An official copy of your child's birth certificate or other government-issued proof of birth.
4. If your child has a disability, we will need a copy of their IEP or IFSP.
5. If applicable, we will need a copy of legal documentation showing guardianship, adoption, etc.

#### Mailing Address:

Community Action Head Start  
2050 West Blount Street  
Pensacola, Florida 32501  
(850) 438-4021

#### Ready to submit?

**Drop Off :**  
**Any of our locations**

**Email:**  
**enrollment@capc-pensacola.org**

*It takes time to process each application. We will contact you when you are placed on our waiting list, and then again when your child is ready to enroll. You can keep in touch and track your application by emailing us at **enrollment@capc-pensacola.org**.*



# Head Start/Early Head Start Program Application

Date:

Head Start (center-based)    
  Head Start (childcare partner)    
  Head Start (Title 1 partner)    
  Early Head Start  
 2023-2024      2024-2025

### A. APPLICANT (CHILD APPLYING FOR SERVICES)

Last Name	First Name	Middle Name	Date of Birth	Gender
				Female <input type="checkbox"/> Male <input type="checkbox"/>
Living Address		City	State	Zip Code
Mailing Address (if different from above)		City	State	Zip Code
Race		Primary Language		Ethnicity
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Biracial/Multiracial <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____		<input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino

### B. PRIMARY PARENT OR GUARDIAN

Last Name	First Name	Middle Name	Date of Birth	Gender	
				Female <input type="checkbox"/> Male <input type="checkbox"/>	
Living Address		City	State	Zip Code	
Mailing Address (if different from above)		City	State	Zip Code	
Primary Email		Alternate Email			
Contact Number	Type (Cell, Home, Work)	Able to Receive Texts?	Alt. Number	Type (Cell, Home, Work)	Able to Receive Texts?
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Race		Primary Language		Ethnicity	
<input type="checkbox"/> Native Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Biracial/Multiracial <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____		<input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic/Non-Latino	
Employment Status		Student Status		Highest Grade Completed	
<input type="checkbox"/> Full-Time (35+ hours) <input type="checkbox"/> Part-Time (less than 35 hours) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not Applicable		<input type="checkbox"/> GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some College, No Degree <input type="checkbox"/> Master's Degree + <input type="checkbox"/> Vocational Certification	

Relationship to Child		Custody (if applicable)			
<input type="checkbox"/> Natural/Step/Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt or Uncle <input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ _____			
Lives in House with Child		Parent Attended Head Start		Sibling(s) Enrolled in Head Start	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income Received (documentation required for past 12 months)					
<input type="checkbox"/> Wages <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Child Support		<input type="checkbox"/> Alimony <input type="checkbox"/> Scholarships <input type="checkbox"/> Veteran's		<input type="checkbox"/> Unemployment <input type="checkbox"/> Grants <input type="checkbox"/> Pension	
<input type="checkbox"/> TANF <input type="checkbox"/> Other					
Please select all statements below that are TRUE about your household					
<input type="checkbox"/> Child Abuse/Neglect is present <input type="checkbox"/> Child has an IEP/IFSP		<input type="checkbox"/> Homeless <input type="checkbox"/> Child has a suspected disability		<input type="checkbox"/> Receive SNAP <input type="checkbox"/> Receive WIC <input type="checkbox"/> Active-Duty <input type="checkbox"/> At Risk <input type="checkbox"/> In Crisis & Type: _____	
C. SECONDARY PARENT OR GUARDIAN					
Last Name		First Name		Middle Name	
Date of Birth _____    Gender Female <input type="checkbox"/> Male <input type="checkbox"/>					
Living Address			City		State
Mailing Address (if different from above)			City		State
Contact Number		Type (Cell, Home, Work)	Able to Receive Texts?		Alt. Number
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Primary Email			Alternate Email		
Race			Primary Language		Ethnicity
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American			<input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multiracial <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____
<input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese			<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		
Employment Status		Student Status		Highest Grade Completed	
<input type="checkbox"/> Full-Time (35+ hours) <input type="checkbox"/> Part-Time (less than 35 hours) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not Applicable		<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College, No Degree <input type="checkbox"/> Vocational Certification	
<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or above					
Relationship to Child			Custody (if applicable).		
<input type="checkbox"/> Natural/Step/Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt or Uncle <input type="checkbox"/> Legal Guardian			<input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ _____		
Lives in House with Child		Parent Attended Head Start		Sibling(s) Enrolled in Head Start	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

D. ADDITIONAL HOUSEHOLD MEMBERS YOU SUPPORT (please do not include anyone listed above)			
Last Name	First Name	Date of Birth	Relationship to Child
Last Name	First Name	Date of Birth	Relationship to Child
Last Name	First Name	Date of Birth	Relationship to Child

E. HOW DID YOU HEAR ABOUT THE PROGRAM?	
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Referred by child welfare agency
<input type="checkbox"/> Saw the center	<input type="checkbox"/> Referred by other agency (WIC, child care subsidy, etc.)
<input type="checkbox"/> Flyer	<input type="checkbox"/> Online/Website
<input type="checkbox"/> Other	

F. CHILD NEEDS		
Disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	IEP/IFSP? <input type="checkbox"/> YES <input type="checkbox"/> NO	Special Education? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Parent Concerns (check all that apply):</b>		
<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> Allergies
<input type="checkbox"/> Underweight	<input type="checkbox"/> Overweight	<input type="checkbox"/> Asthma
<input type="checkbox"/> Behavioral/Emotional Problems	<input type="checkbox"/> Seizures	<input type="checkbox"/> High Lead
		<input type="checkbox"/> Dental
		<input type="checkbox"/> Speech
		<input type="checkbox"/> Anemia
		<input type="checkbox"/> Physical Development
		<input type="checkbox"/> Other: _____

G. SERVICES	
<input type="checkbox"/> Family Crisis	<input type="checkbox"/> Child Protection
<input type="checkbox"/> Child Support	<input type="checkbox"/> Section 8
<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Need Full Day	<input type="checkbox"/> Utility Assist
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Private Health Insurance
	<input type="checkbox"/> Emergency
	<input type="checkbox"/> Sibling Enrolled
	<input type="checkbox"/> Foster Care
	<input type="checkbox"/> Public Housing
	<input type="checkbox"/> State Health Insurance

H. ADDITIONAL INFORMATION	
<input type="checkbox"/> At least one member of the family is active duty	<input type="checkbox"/> At least one member of the family is a veteran
<input type="checkbox"/> Member of the family is Head Start staff	<input type="checkbox"/> Participant previously enrolled in another school/program
<input type="checkbox"/> Family is having legal issues	<input type="checkbox"/> Guardian was pregnant at the time of application

**I certify that the information in this application is correct and true.**

**I understand that should the program determine the information given is false or incorrect, my child could be dropped from the program.**

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

***For Office Use Only (to be completed by CAPC Head Start staff)***

The following documents are attached:

- |  |   |
|--|---|
| 1. Child's birth certificate                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| 2. Proof of family income with signed eligibility verification | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| 3. Proof of residency  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| 4. Guardianship papers (if applicable)                         | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| 5. IEP/IFSP (if applicable)                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |

\_\_\_\_\_  
*Intake Staff Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Preferred Center Location*

\_\_\_\_\_  
*Application has been verified by ERSEA staff (signature)*

\_\_\_\_\_  
*Date*



The 2024 poverty guidelines below are in effect as of February 1, 2024

Family Size	Poverty Guideline	Family Size	Poverty Guideline
1	\$15,060	5	\$36,580
2	\$20,440	6	\$41,960
3	\$25,820	7	\$47,340
4	\$31,200	8	\$52,720

*For families with more than 8 people, add \$5,380 for each additional person*





**Zero Income Statement**  
*(please complete this section if you have no income)*

Child's Name: \_\_\_\_\_

This is to verify that my child(ren) and I currently have no income.

**Certification:** I certify that this information is true. If any part is false, I understand my child's participation in the program may be terminated and subject to legal action. I understand this information will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Head Start staff below has attempted to verify income by requesting information in accordance with Head Start Performance Standards.

CAPC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Income Self-Declaration Form**  
*(please complete this section if you have no documentation of income)*

I, \_\_\_\_\_, certify that I have no documentation of income.

- I am not currently working.
- I have worked in the past year. Please include self-employment, seasonal employment, irregular employment, paid cash, and family contributions

**Please explain below how your family is being supported. Include how housing, clothing, and bills are paid.**

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CAPC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_