

## Skyline CAP Head Start Enrollment Application Information

### **PLEASE KEEP THIS COVER SHEET FOR FUTURE REFERENCE.**

Head Start is a comprehensive preschool program that primarily serves children from income eligible families. Children must have reached their third or fourth birthday by September 30 of the enrollment year. We welcome children with disabilities. We also take into consideration factors that may put the family at risk. Skyline CAP, Inc. does not discriminate on the basis of race, color, religion, sex, national origin, or handicap.

Our telephone number is **540 948-3916**. We serve families in the counties of Greene (**ext. 272**), Madison (**ext. 210**), Warren (**ext. 271**), Shenandoah (**ext. 272**), and Page (**ext. 271**). Our main office is located in Madison, VA (540 948-3916 ext. 210).

### **INSTRUCTIONS FOR APPLICATION PROCEDURE – If you need assistance or have questions, call any of the numbers above. Your child cannot be considered for placement until all of the checked items are received.**

- ✓ **The attached/enclosed application completely filled out**
- ✓ **Birth certificate** (if born in VA you can get a birth certificate at any VA Health Dept.)
- ✓ **Proof of total household income from all sources (not needed if foster family).** Please send COPIES of following documents:

- W-2s or tax return for the previous year **or**
- Pay check stubs for the last month **or**
- Letter from your employer with income information **or**
- SNAP authorization letter

If the following income applies we also need verification.

- SSDI (award letter)
  - SSI (award letter)
  - Child Support (award letter or copy of checks)
  - Veteran's Benefits
  - Social Security
  - Unemployment
  - Worker's Comp
  - Cash assistance (TANF) (DSS award letter)
- **If you have NO income we must have a letter of support from the person(s) supporting your family or a zero-income statement, which we can send you upon request. If you are homeless (had to move in with friends/family) you need to complete a living situation survey, which we can send you upon request.**

*Upon receipt of all of the above needed information you will be notified of your child's status in the program. This could take up to 30 days and unfortunately sometimes longer. **Submitting this application does not mean that the child is enrolled.***

**If your child is chosen for the program required documents would include a signed up-to-date immunization record, current physical (within the last year) and a dental exam (within the last six months).**

*If your address or telephone number changes while waiting to hear from us please call us with the changes. Please return your application to our Administration office: Skyline CAP Head Start, P.O. Box 588,(532 S Main Street) Madison, VA 22727 or your local family advocate. Our fax number is 540 948-2264.*



**Please list everyone in the house (include parents and children) – Por favor apunte todos los miembros en casa (incluya padres e hijos)**

| Name – Nombre | Birth date - Fecha de Nacimiento | F/M | Where do you work? ¿Dónde trabaja? | Employer tel # Número de teléfono de empleador | Highest level of Education último grado escolar |
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**Family Characteristics - Características de familia**

**We have limited space; placement is offered based on highest needs. Tenemos espacio limitado y colocación se ofrece de acuerdo con los más necesitados.**

|   |  |
|---|--|
| <b>(Check all that apply) La familia recibe TANF, etc.- (marque lo que aplica) Receiving benefits:</b><br><input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> FAMIS <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI<br><input type="checkbox"/> WIC <input type="checkbox"/> F/R Lunch <input type="checkbox"/> child support, <input type="checkbox"/> VEC services | <input type="checkbox"/> <b>Significant behavior</b> <input type="checkbox"/> <b>ADHD</b> <input type="checkbox"/> <b>special dietary needs, on prescription medications</b> Conducta o el discurso significativos conciernen, el peso bajo del nacimiento, o las necesidades nutricionales on prescripción medicación |
| <input type="checkbox"/> <b>Outside agency referral, who?– Referencias de alguna agencia de afuera, ¿Quién?</b>   | <input type="checkbox"/> <b>Single parent, incarcerated parent, or parent loss by death–Padre soltero, encarcelado o fallecido</b>   |
| <input type="checkbox"/> <b>Medical insurance lacking for household member El seguro médico que carece para el miembro de la casa</b>   | <input type="checkbox"/> <b>Child is was in foster care – El niño está/ha estado con personas adoptivas</b>  |
| <input type="checkbox"/> <b>Current debt or inability to pay monthly bills even when benefits are applied La deuda o la incapacidad actuales pagar cuentas mensuales</b>  | <input type="checkbox"/> <b>Prior or current CPS (Child Protective Service) involved (Servicios de Protección Infantil) que participan</b>   |
| <input type="checkbox"/> <b>Both parents unemployed–Dos padres desempleados</b>   | <input type="checkbox"/> <b>Prior or current Head Start VPI Special Education family member Healthy Families – Un hermano/a del niño ha participado en el programa anteriormente</b>   |
| <input type="checkbox"/> <b>English language learner Inglés como segunda lengua</b>   | <input type="checkbox"/> <b>Substance abuse Substance addiction</b>  |
| <input type="checkbox"/> <b>Parent unable to read/write Crée lectura/escritura incapaz</b>  | <input type="checkbox"/> <b>Domestic violence (parent to parent, parent to child, child to child)– Violencia doméstica</b>   |
| <input type="checkbox"/> <b>Unstable housing alojamiento inestable</b><br><input type="checkbox"/> <b>Overcrowded housing alojamiento superpoblado</b><br><input type="checkbox"/> <b>Moved in with friends/relatives vive con amigos/familiares</b>  | <input type="checkbox"/> <b>Child has been abused (sexually, physically, or emotionally), - El niño ha sido abusado (sexualmente, físicamente o emocionalmente)</b>  |
| <input type="checkbox"/> <b>Recent immigrant/refugee-From Inmigrante o refugiado recién – De:</b><br><input type="checkbox"/> <b>I am a Migrant worker Soy trabajador migrante</b>  | <input type="checkbox"/> <b>Moved 2 or more times in the last six months – Movié 2 o más tiempos en los últimos seis meses</b>   |
| <input type="checkbox"/> <b>Chronically ill family member (physical, mental, emotional, substance abuse/addiction) Who? What? Alguna persona crónicamente enferma en la familia (física, mental, emocional, abuso de sustancias/adicciones) ¿Quién? ¿Qué? _____</b>   | <b>Is your child completely potty trained? (This is NOT a requirement for Head Start) ¿Su hijo usa el baño solo completamente? (Esto NO es un requisito de Head Start)</b> <input type="checkbox"/> Yes - <input type="checkbox"/> Sí <input type="checkbox"/> No - <input type="checkbox"/> No                        |
| <input type="checkbox"/> <b>Homeless – Sin casa o viviendo en residencia temporánea</b>   | <input type="checkbox"/> <b>Other – Otro</b>   |
| <input type="checkbox"/> <b>I am active Military Soy militar activo</b>   | <input type="checkbox"/> <b>Other – Otro</b>   |
| <input type="checkbox"/> <b>I am a Veteran Soy un veterano</b>  | <input type="checkbox"/> <b>I am a Farmer Soy un granjero</b>  |

**Mail this application to P.O. Box 588, Madison, VA 22727 or FAX to 540 948-2264. Questions? Call 540 948-3916 x210.**

**I understand this is an application ONLY and does not guarantee enrollment in the program. I also understand that I MUST keep Head Start informed of any changes of address or phone number. I declare that I have given complete, accurate, and truthful information and certify that the documents and information that I've provided concerning eligibility are accurate to the best of my knowledge. Entiendo que esta es SOLAMENTE una aplicación y no garantiza matriculación en el programa. También entiendo que NECESITO informar a Head Start si hay algún cambio de dirección o de número de teléfono. Declaro que he dado información completa, exacta y veraz y certifique que los documentos y la información que he proporcionado acerca de la elegibilidad son exactos al mejor de mi conocimiento.**

If you check this block you DO NOT want information shared with other preschool programs. Marque no información a otro pre-escolar.

**Where did you obtain this application? ¿Cómo obtuvo usted esta aplicación? \_\_\_\_\_**

\_\_\_\_\_  
Signature – Firma

\_\_\_\_\_  
Date – Fecha