



Burlington County Community Action Program Early Head Start Eligibility Application

Visit us at:
Burlington County Human Services Facility
795 Woodlane Road, 3rd Floor
Westampton, NJ 08060
(609) 261-2323

Website:
www.bccap.org

Mailing Address:
BCCAP- Early Head Start
718 Route 130 South
Burlington, NJ 08016
(609) 386-5800

Dear _____

Thank you for your interest in the BCCAP Early Head Start Program, providing high quality services to families in Burlington County pre-natally and through the child's first three years of life. In order to determine eligibility for our program please mail the following information required as applicable:

Check all information submitted:

- EHS Eligibility Application-** (All information must be completed).
- Income verification (copies only)** for all family members contributing to the household income for the past (12) twelve months.
 - **Accepted income documentation:**
 - Last year's 1040 and W-2 form(s) for each working person
 - 4 Consecutive Pay Stubs
 - TANF (Temporary Assistance for Needy Families) Determination Letter
 - Social Security/SSI/SSDI Determination Letter
 - Child Support
 - Unemployment Determination Letter
 - Foster Care
 - Other _____
- Enrolling Child – Newborn-3 years**
 - Copy of Child's Birth Certificate
 - Copy of Child's updated Immunization Record
- Enrolling Pregnant Mother**
 - Approximate Due Date: _____

We will notify you by letter after we have received all of the above-requested information and your child's eligibility has been determined. In order to prevent any delay in eligibility determination, please check all of the above information, and be sure it is submitted together. If you &/or your child is determined eligible for the program, he/she will submit a completed physical examination form which will be required within 30 days of start date. You will receive the physical form with your acceptance letter.

If you have questions or need assistance, please call (609) 261-2323.

Please forward immediately to:

**BCCAP – Early Head Start Coordinator
718 Route 130 South
Burlington, NJ 08016**

Sincerely,

Michelle Weaver
BCCAP Early Head Start Coordinator



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CHILD'S INFORMATION

Last Name: _____ First Name: _____

Gender: Female Male Date of Birth: ____/____/____ Social Security Number: ____-____-____

Address: (street, city, state, zip code) _____

Primary Language Spoken: _____ Secondary Language Spoken: _____

Race: Black White Hispanic/Latino Asian American Indian Other _____

Does the child have a special need/disability/health concern? No Yes If yes, please describe below and provide documentation: _____

MOTHER/GUARDIAN INFORMATION

Last Name: _____ First Name: _____

Social Security Number: ____-____-____ Relationship to child: _____ Legal Custody: Yes No

Address: (if different than above): _____

Cell Phone: _____ Home phone: _____ Work phone: _____

Highest level of education: Less than a high school graduate High School graduate or GED
 Some college, vocational degree, or an Associate degree Bachelor's or advanced degree

Are you currently in school or job training? Yes No Employment Status: Full Time Part-time Unemployed

Pregnant: Yes No If yes, Due Date: _____

FATHER/GUARDIAN INFORMATION

Last Name: _____ First Name: _____

Social Security Number: ____-____-____ Relationship to child: _____ Legal Custody: Yes No

Address: (if different than above): _____

Cell Phone: _____ Home phone: _____ Work phone: _____

Highest level of education: Less than a high school graduate High School graduate or GED
 Some college, vocational degree, or an Associate degree Bachelor's or advanced degree

Are you currently in school or job training? Yes No Employment Status: Full Time Part-time Unemployed

HOUSEHOLD INFORMATION

List all other adults living in the household:

<u>Last Name</u>	<u>First Name</u>	<u>Relationship to Child</u>	<u>Pregnant ?</u> If Yes- Due Date?

List all other children living in the household:

<u>Last Name</u>	<u>First Name</u>	<u>DOB</u>	<u>Sex</u>	<u>Relationship to Child</u>

Are you? Single Parent or Two-Parent

Are you currently homeless? Yes No

Household receives: TANF WIC SSI

Language spoken at home: _____

HOUSEHOLD INCOME

Provide all income information for household for the past twelve (12) months below. You must attach proof of income to this application. Proof of income include: Tax Form 1040 & W-2, determination letters for TANF, SSI, unemployment & child support, foster care subsidy, 4 consecutive paystubs, or written statements from employers. To ensure confidentiality and privacy, all income documents will be destroyed once your family income is verified.

<u>Check All Source's of Income</u>	<u>Member of household receiving Income</u>	<u>Frequency of Income Payments</u>	<u>Office Use:</u> Income verified by – Staff initials & date):
<input type="checkbox"/> Employer's Name: _____		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly Other:_____	
<input type="checkbox"/> Employer's Name: _____		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly Other:_____	
<input type="checkbox"/> <u>Public Assistance:</u> <input type="checkbox"/> TANF <input type="checkbox"/> SSI		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly Other:_____	
<input type="checkbox"/> Unemployment		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly Other:_____	
<input type="checkbox"/> Foster Care/Adoption Subsidy		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly Other:_____	
<input type="checkbox"/> Child Support		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly Other:_____	
<input type="checkbox"/> Other Income (Describe): _____		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly Other:_____	

PROGRAM OPTIONS

BCCAP Early Head Start has two program options. Both programs operate full year from September through August. Early Head Start will assist parents in transitioning from one program option to another as requested by parent if space is available. Please check the option you prefer now and/or following the birth of your child:

Center Based Option: (Limited slots)

- The hours are 7:30 AM to 5:30 PM five days a week. No transportation is offered for this program option. Parents are responsible for dropping and picking up their child within the designated time frame.
- Eligibility Criteria: Children must be eligible for the Early Head Start program. In addition, parent(s) must show proof of full time employment, school or job training with no caregiver present or the family must show proof of extenuating circumstances that justifies full day services.
- Early Head Start has two centers located in Burlington County; Pemberton and Browns Mills. Eligible children are assigned to centers based on the age of child and availability.
- Prior to your child turning 3 years, Early Head Start will guide family to ensure a smooth transition to Head Start (Locations in Pemberton, Lumberton, and Delanco) or other Child Care.

Complete only if you are requesting Center Based Care:

Please check which of the following forms of documentation applicable for Center-Based Care you are providing:
(Two parent households must provide documentation for both parents)

- Letter from employer stating work schedule on official letterhead. Letter must include actual work hours and days of work.
- School or training schedule on official letterhead. Must include school/training hours and days.
- Other documentation that justifies family need for Full Day Center-Based Care.

Home Based Option:

- Eligibility Criteria: Pregnant Mother &/or Child must be eligible for the Early Head Start program.
- Qualified Home Visitor will visit child and parent/guardian in their home once per week, approximately 1 ½ hours, providing education and guidance and empower parents to advocate on behalf of their young children.
- Qualified Home Visitor will assist pregnant women in their home once per week, approximately 1 ½ hours providing comprehensive prenatal and postpartum health care and assist in accessing a variety of community services.
- Additionally, two Socializations (Play Groups) are organized each month located in our state of the art EHS Centers, community facility, or on a field trip. Transportation provided for families as requested.
- Prior to your child turning 3 years, Early Head Start will guide family to ensure a smooth transition to Head Start (Locations in Pemberton, Lumberton, and Delanco) or other Child Care.

OTHER INFORMATION

Is there any additional information you wish to provide such as suspected disability, major medical expenses, hardships, etc.?

Yes, I understand BCCAP Early Head Start participates in the Child and Adult Care Food Program and I will be required to complete an Eligibility Application at enrollment.

How did you hear about Head Start?: Staff Early Head Start Parent Head Start Parent

- Friend/Relative Flyer/Poster Door Hanger Brochure Newspaper Website
- School District Board of Social Services WIC Other: _____

Certification: *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 within the agency and is accessible to me during normal business hours.*

Parent/Guardian Signature _____ Date _____