



Burlington County Community Action Program Head Start Eligibility Application

Visit us at:
B.C. Human Services Facility
795 Woodlane Road
Westampton, NJ 08060
(609) 261-2323

www.bccap.org

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

Dear Parent/Guardian:

Thank you for your interest in the BCCAP Head Start Program. Along with the attached Eligibility Application, we will need a copy of the items listed below to determine your child's eligibility.

Required Information:

Must attach to the eligibility application a copy of your child's:

- Immunization Record
- Birth Certificate

You must attach income documentation (copies only) for all family members contributing to the household income for the past (12) twelve months. Accepted income documentation is:

- Last year's 1040 and W-2 form(s) for each working person
- Pay Stubs
- TANF Determination Letter
- Social Security/SSI/SSDI Determination Letter
- Child Support
- Unemployment Determination Letter
- Foster Care
- Other _____

We will notify you by letter after we have received all of the above-requested information and your child's eligibility has been determined. Failure to submit all requested information will delay the eligibility determination. If your child is determined eligible for the program, he/she will need to complete a physical examination and dental checkup within 30 days of their start date. You will receive the physical and dental form with your acceptance letter.

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

Please forward immediately to:

BCCAP – Head Start Family/Community Coordinator
718 Route 130 South
Burlington, NJ 08016

Sincerely,

Jill Rickards
BCCAP Head Start Family/Community Coordinator

Revised 3/09



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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

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:

Last Name	First Name	Relationship to Child

List all other children living in the household:

Last Name	First Name	DOB	Sex	Relationship to Child

Are you? Single Parent Two-Parent

Are you currently homeless? Yes No

Household receives: TANF WIC SSI

Language spoken at home: _____

HOUSEHOLD INCOME

You must attach proof of income to this application. Proofs of income include Tax Form 1040 & W-2, determination letters for TANF, SSI, unemployment and child support, foster care subsidy, paystubs and a letter from the employer on official letterhead.

Source of Income	Person Receiving	Frequency
Employer's Name: _____		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Employer's Name: _____		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Public Assistance: <input type="checkbox"/> TANF <input type="checkbox"/> SSI		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Unemployment		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Foster Care/Adoption Subsidy		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Child Support		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Other		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual

PROGRAM OPTIONS

BCCAP Head Start has two program options. Please check the option you prefer:

- Regular Day: Operates from September through May. The hours are 9:00 AM to 3:00 PM four days a week. One day a week is a half a day when the hours are 9:00 AM to 1:00 PM. Transportation is offered in designated areas.
- Extended Care: (Limited slots) Operates from September through August. 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 for Extended Care Services: Children must be eligible for the 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.

Complete only if you are requesting extended care:

Reason you are requesting extended care: _____

- Yes, I have attached the following forms of documentation that are applicable for extended care:

(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 of school or training.
- Other documentation that justifies family need for extended care.

CENTER PLACEMENT

BCCAP Head Start has four centers located in Burlington County. Eligible children are assigned to centers based on where the child lives and our transportation route. BCCAP Head Start does not guarantee bus transportation. The program has limited bus slots and does not transport in all areas of Burlington County. If you are requesting your child be picked up and dropped off at another location other than the address listed on this application (such as another family member's house; babysitter's house), please list the address below to ensure we place your child at the proper center. The location must be in Burlington County.

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

OTHER INFORMATION

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

How did you hear about Head Start? Head Start Staff Head Start Parent Friend/Relative Flyer/Poster
 Door Hanger Brochure Newspaper Website School District Board of Social Services WIC
 Other: _____

I have attached the following required information and signed the application: Copy of the child's immunization record
 Copy of child's birth certificate Proof of income

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 _____