

Alma Barrera  
Chief Executive Officer

# NCCAA Birth-to-Five Head Start Expectant Women's Program



Dear Parent/Guardian:

The NCCAA Birth-to-Five Head Start Program is currently recruiting pregnant women and children ages Birth-to-Five years of age. To qualify for Early Head Start, a woman must be pregnant or the child must be 6 weeks to 36 months old and family income meet the Health & Human Services Poverty Guidelines. To qualify for Preschool, the child must be 3 years and less than 5 years old by September 1<sup>st</sup> and family income must meet the Health & Human Services Poverty Guidelines. NCCAA Birth-to-Five Head Start Program Service 10% of children with a qualifying disability through ECI/LEA (ISD).

**Expected Date of Delivery:** \_\_\_\_\_

Have you ever applied for services with Early Head Start or Head Start?  No  Yes

Where: \_\_\_\_\_ When: \_\_\_\_\_

Is the Expectant Mother related to NCCAA employee?  No  Yes If yes, who? \_\_\_\_\_

What is their relationship and their Work Site: \_\_\_\_\_?

How did you hear about the Birth-to-Five Head Start Program? \_\_\_\_\_

**What is your reason for needing services?**

Employed  Seeking Employment  School/Training  Retired/Disabled  Other \_\_\_\_\_

**PRIMARY ADULT**

Parent/Caregiver Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

Primary Language: \_\_\_\_\_ Insurance: No Yes Insurance Type & Ins. Number: \_\_\_\_\_

**Race:** Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Multi-Racial/Bi-Racial  
Other: \_\_\_\_\_ Hispanic:  No  Yes WIC: No Yes Military: No Yes

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Same as living address? Yes No Move In Date? \_\_\_\_\_ Email: \_\_\_\_\_

**Number of people in the Family:** \_\_\_\_\_ **Number of people in the Home:** \_\_\_\_\_

Phone Number (s)	Type (check one)	Opt in for Text Messages/Emails:
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**Parental Status:** *check all that apply*

Two Parent Single (male/female) Guardian Teen Parent Student Parent Grandparent  
Foster Parent Disabled Parent Migrant Active Male Dual Custody

Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply	
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Col Deg/Trai <input type="checkbox"/> Col or Adv Trai <input type="checkbox"/> GED <input type="checkbox"/> Master's	<input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate	<input type="checkbox"/> Full Time <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/> FT & Training <input type="checkbox"/> PT & Training <input type="checkbox"/> Training/School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Financial Supporter

**SECONDARY or OTHER ADULT**

Parent/Caregiver Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

Primary Language: \_\_\_\_\_ Insurance: No Yes Insurance Type: \_\_\_\_\_

**Race:** Asian American Indian/Alaska Native Black Hawaiian/Pacific Islander White Multi-Racial/Bi-Racial  
Other: \_\_\_\_\_ Hispanic:  YES  NO Military: No Yes

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Same as living address? Yes No Move In Date? \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number (s)	Type (check one)	Opt in for Text Messages/Emails:
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply	
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> Master's <input type="checkbox"/> GED	<input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate	<input type="checkbox"/> Full Time <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/> FT & Training <input type="checkbox"/> PT & Training <input type="checkbox"/> Training/School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Financial Supporter

**SIBLINGS IN THE HOME:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Applying? No Yes Male/Female

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Applying? No Yes Male/Female

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Applying? No Yes Male/Female

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Applying? No Yes Male/Female

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Applying? No Yes Male/Female

**List other people we could contact in case we are unable to contact you:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Language: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Language: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Language: \_\_\_\_\_

**Check off all that applies to your child/family and provide documentation at time of application:**

- Child is 4 years old, younger than 5 years old
- Child is 3 years old, younger than 4 years old
- Child is 2 years old, younger than 3 years old
- Child has a Disability (IEP/IFSP required)
- Teen Parent (currently younger than 19 yrs. Old)
- Minor Parent (currently 17 year's old or younger)
- Transitioning from Early Head Start to Head Start
- Migrant Family
- TANF benefits
- Receiving Unemployment Benefits
- Family is Homeless
- Non English Speaking/Sign Language
- SNAP (Food Stamp) benefits
- Up to Date with the EPSDT Guidelines (Medicaid Recommendations)
- Parent currently in Prison/Parent who has been incarcerated within the last three years.
- Foster Care/Kinship Placement
- Receiving services from CPS (Safety Plan/Reunification/etc.)
- Exposure to Family Violence
- Section 8 (receipt or lease required)
- Reside in Public Housing (receipt or lease required) (ie. La Armada/Navarro/Wiggins/Treyway/Leeward etc.)
- EHS: Reside at Navigation Pointe/Riversquare Apt. (copy of receipt or lease required)
- Supplemental Security Income (for child enrolling/sibling)
- Parent Employed
- Sibling currently enrolled in the Birth-to-Five Head Start Program
- HS: Resides in Robstown School Zone and Flour Bluff

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I understand this application places my unborn child on the Active Waitlist. If my application is selected, I will be contacted by a Family Advocate for an appointment. If I have the baby before my application is selected, I understand I need to fill out an Early Head Start Application for my newborn baby.

I further understand that it is my responsibility to notify the Birth-to-Five Head Start Program if there are any changes in the address or telephone numbers listed on the application. If changes are not reported and the Birth-to-Five Head Start Program staff is unable to contact me, my application will be removed from the waitlist.

I, \_\_\_\_\_, declare the information that I have provided is accurate to the best of my knowledge and will be verified to the fullest extent possible.

**Expectant Mother Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NCCAA Birth-to-Five Head Start  
Expectant Women's Program  
Application  
Instructions**

**Performance Standard:**

1302.12  
1302.14

**Purpose:**

To comply with the verification of pregnancy and income and provide documentation for the selection criteria. This form will be filed in Child's Record under eligibility.

**Procedure:**

All blanks must be completed with a response or as N/A (nothing should be left blank).

1. The expectant mother completes the application by completing all blanks or checking off the appropriate information. She will sign and date the document once it is completed.

Information

- a. Expected date of Delivery-
- b. Have you ever applied for services- *this is a red flag that the application is already in database do not make a duplicate*
- c. Is the expectant mother related to NCCAA employee- if yes the application must have a review and approval form and must be submitted to the director for approval PRIOR to offering enrollment into the program
- d. How did you hear about the program- this is the recruitment question, helps the agency determine the most beneficial form of recruitment

**2. Expectant Mother Information:**

- a. Parent Name- should match the drivers license or other verifying document
- b. Date of Birth- should match the drivers license or child's birth certificate
- c. Gender- check as appropriate
- d. Primary Language- the parents language
- e. Insurance- does the parent have insurance; Name of Insurance
- f. Race- Check the appropriate (other does not mean write in Hispanic)
- g. Ethnicity- check the appropriate box
- h. WIC- does the family receive WIC
- i. Military –Currently Enlisted
- j. Home Address- should match the address on the driver's license or another legal document (applicant must be able to verify residency in Nueces County if the address is not Nueces County)
- k. Same address – Is this where the applicant live? How long have they lived there?
- l. Email- current email
- m. Number of people in the family – Use the definition of family
- n. Number of people in the home- count everyone on the home (could be a red flag for homeless)
- o. Phone Numbers - current working number please list 2 if possible; check whether cell, home, work, or other; do they opt in for text or email (check that apply)
- p. Parental status- parents may check as many as applicable (all must be verified)
- q. Check off Highest Grade Level, Employment Status, and Relationship to child, custody of child, etc.

3. **Expectant Father / Secondary Caregiver Information** (the father of the child as applicable or another person that would be considered the caregiver of the unborn child OR could also be a caregiver to the expectant mother if she is a very young mom)
  - a. Parent Name- should match the drivers license or other verifying document
  - b. Date of Birth- should match the drivers license or child's birth certificate
  - c. Gender- check as appropriate
  - d. Primary Language- the parents language
  - e. Insurance- does the parent have insurance; Name of Insurance
  - f. Race- Check the appropriate (other does not mean write in Hispanic)
  - g. Ethnicity- check the appropriate box
  - h. WIC- does the family receive WIC
  - i. Military –Currently Enlisted
  - j. Home Address- should match the address on the driver's license or another legal document (applicant must be able to verify residency in Nueces County if the address is not Nueces County)
  - k. Same address – Is this where the applicant live? How long have they lived there?
  - l. Email- current email
  - m. Number of people in the family – Use the definition of family
  - n. Number of people in the home- count everyone on the home (could be a red flag for homeless)
  - o. Phone Numbers - current working number please list 2 if possible; check whether cell, home, work, or other; do they opt in for text or email (check that apply)
  - p. Check off Highest Grade Level, Employment Status, and Relationship to child, custody of child, etc.
4. **Siblings in the home**- the siblings to the child that the application is for when all are counted together you should be able to determine the family size
5. **List people that we may contact**- ask parent to list local phone numbers if possible
6. **Check all that apply (Eligibility)**- This area is to be completed for the eligibility information for the family/child. In order for the eligibility points to be given the verifying documentation must be submitted.  
(refer to the eligibility criteria)
7. At the time of intake the staff must review the document for completion. There should not be any blank spaces. If the parent has left blanks ask the parent for the missing information, or to complete with N/A. The staff will collect all of the supporting documents for the selection criteria.
8. The staff will review the application for detail such as family size and addresses, the staff will interview the family for additional information if necessary.
9. The applying family will print their name to complete the truthfulness and accuracy statement and then sign and date the document.
10. The EWP Application is filed in the child's record in the Eligibility Section