

**APPLICATION
FOR CFRC/LAFAYETTE HEAD START**

Please fill out information below:
To qualify, children must be 3 or 4 years old by August 1st.
Please fill out information below:

Mail application to: CFRC/Lafayette Head Start,
PO BOX 1186, Lafayette IN 47902-1186
Or bring to: Head Start Center, 3600 Eisenhower Rd.
For more information call: 765- 449-0487
Fax Number: 765-448-3698

Child's name: _____ Date of Birth: _____
 Mother's Name: _____ Living in Household? Yes No
 Father's Name: _____ Living in Household? Yes No
 Legal Guardian (if applicable): _____
 Address of Child: _____ City: _____ Zip: _____
 No. of adults in Household: _____ No. of Children in Household: _____ Phone: _____
 Does child have a documented health or disabling condition? _____ Additional Phone: _____
 If yes, please explain: _____

Circle the following that you receive and attach copies of proof

TANF SSI Medicaid Food Stamps

How did you hear about Head Start?

_____ Flyer or poster. Location: _____
 _____ Referred by agency. What agency? _____
 _____ Door-to-door volunteers
 _____ Friend or relative
 _____ Other _____

Contacted:

Staff use only

This is only an initial application and does not guarantee acceptance into the program. By signing this document, I'm certifying that all information is correct. I understand I am not being guaranteed an immediate space in Head Start and I will need to attend an intake appointment.

Signature: _____

Please mail or bring in COPIES of the following information with this application

- _____ Copy of your child's birth certificate—the legal one from the City Health Department (Not the hospital one)
- _____ Copy of your child's shot record
- _____ Copies of income records for the last 12 months or the last calendar year—3 pay stubs, tax form 1040, W-2 forms, copy of TANF check, unemployment check, letter signed by your employer on letterhead stating what your income is, proof of child support, Financial Aid Award letter, or other paperwork that shows income.
- _____ Copy of Food stamp card, if you get food stamps
- _____ Copy of Medicaid or Hoosier Healthwise cards, if your child is on this program
- _____ Names of 3 people with phones that we can call in case of an emergency-Please bring names, phone numbers and addresses. These people will be called if we cannot reach you and your child is sick or has to go home for some other reason.
- _____ Copy of Custody or guardianship papers if applicable.

Head Start....

- Serves 237 children who must live in Tippecanoe County
- Is FREE for families who meet the income guidelines to the right
- Is for all children and encourages those who have a disability to apply
- Is a pre-school (NOT a daycare) for children who are 3 or 4 years old on or before August 1st
- Has the following programs children may participate in:
 - ½ day program=3 ½ hr. morning or afternoon sessions, Mon-Thursday
 - Full Day program=for parents working or in school full time, Mon-Friday

2005 INCOME GUIDELINES

# in household	Gross income
2.....	12,830
3.....	16,090
4.....	19,350
5.....	22,610
6.....	25,870
7.....	29,130
8.....	32,390