



## LAJ 0 – 5 KAN



**MIAMI-DADE COUNTY**  
**(DEPATMAN SÈVIS IMEN AK AKSYON KOMINOTÈ)**  
**(DIVIZYON PWOGRAM BON DEPA/PWOGRAM BON DEPA BONÈ)**  
**SA YO EGZIJE POU ANREJISTRE**

(Kopi Paran (yo)/Responsab Legal)

Ou bezwen prezante dokiman suivan yo lè wap soumèt aplikasyon an, si li aplikab. Yo sèvi ak enfòmasyon sa yo pou detèmine elijibilite w nan pwogram lan. Bay kopi dokiman yo si gen nenpòt atik ki gen "wi" ki tcheke nan sikonstans fanmi a ki sou lis pou tcheke a ki nan paj 3 nan aplikasyon an. Gen anplwaye ki disponib pou yo ede w ranpli aplikasyon an. Dokiman tcheke pou bay anplwaye yo.

|   |  |
|---|--|
| <b>Prèw pou montre laj:</b> <ul style="list-style-type: none"> <li>• <b>EHS</b> - Fanm ansent. Depi nesans jiska laj 3 zan apre 1ye septanm 2015.</li> <li>• <b>HS</b> - Timoun yo fèt pou gen 3 oswa 4 tran nan dat, oswa apre dat 1ye septanm 2015, oswa pa plis ke senk (5) kan apre 1 ye septanm 2015.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Batistè</b></li> <li>• <b>Paspò</b></li> <li>• <b>Fòm Afidavit Notarye sou Laj</b></li> <li>• <b>Deklarasyon doktè (fanm ansent)</b></li> </ul>  |
| <b>Prèw pou montre revni paran/titè legal la anvan taks pou <u>12 dènye mwa yo oswa pou ane sivil (2014) la.</u></b>  | <ul style="list-style-type: none"> <li>• <b>Deklarasyon Taks 1040 ki siyen e ki gen non timoun ki elijib la sou li</b></li> <li>• <b>Fòm W-2 (yo)</b></li> <li>• <b>Souch chèk</b></li> <li>• <b>Alokasyon Chomaj</b></li> <li>• <b>Deklarasyon anplwayè ou ekri sou papye ki gen antèt anplwayè a</b></li> <li>• <b>Lèt Alokasyon Siplemanchè Revni Sekirite (SSI)</b></li> <li>• <b>Lèt ki detaye TANF</b></li> <li>• <b>Ajans Pansyon Timoun</b></li> <li>• <b>Fòm pou Deklare Revni (Notarye)</b></li> </ul> |
| <b>Prèw pou Montre Idantite Paran an</b>  | <ul style="list-style-type: none"> <li>• <b>Lisans Chofè/Paspò</b></li> <li>• <b>Kat Idantite Leta bay</b></li> <li>• <b>Kat Idantite Anplwayè/Kat Idantite Militè</b></li> <li>• <b>Kat Idantite Sanzabri (Homeless)</b></li> </ul>   |
| <b>Prèw Rezidans Konte Dade</b>   | <ul style="list-style-type: none"> <li>• <b>Lisans Chofè</b></li> <li>• <b>Kat idantite leta ki gen foto ak adrès</b></li> <li>• <b>Fakti Sèvis Piblik (elektrisite, telefòn, kab, elatriye)</b></li> <li>• <b>Kontra Lwaye/Lokasyon oswa/ak Kontra Ipotèk</b></li> <li>• <b>TANF/SSI/Lèt Biwo Chomaj</b></li> </ul>   |
| <b>Prèw Enfimite</b>  | <ul style="list-style-type: none"> <li>• <b>Plan Edikatif Endividyèl (IEP)</b></li> <li>• <b>IFSP Plan Sipò Fanmi Individyèl</b></li> </ul>  |
| <b>Prèw Enfimite yo Sispèk</b>  | <ul style="list-style-type: none"> <li>• <b>Evalyasyon Doktè/Terapis ak deklarasyon ki dekri enkyetid yo</b></li> </ul>  |
| <b>Prèw Verifikasyon Sanzabri</b>   | <ul style="list-style-type: none"> <li>• <b>Deklarasyon etablisman sanzabri a oswa deklarasyon travayè sosyal la bay</b></li> <li>• <b>Deklarasyon moun kap aplike a</b></li> </ul>  |
| <b>Prèw Abi Sibstans</b>  | <ul style="list-style-type: none"> <li>• <b>Deklarasyon Anplwaye Pwogram Tretman an bay</b></li> </ul>   |
| <b>Prèw Vyolans Domestik</b>  | <ul style="list-style-type: none"> <li>• <b>Deklarasyon Anplwaye/Ajans Vyolans Domestik bay</b></li> <li>• <b>Dokiman Tribinal (depi ane dènye)</b></li> </ul>   |
| <b>Prèw ki montre ou se etidyan</b>   | <ul style="list-style-type: none"> <li>• <b>Nòt Lekòl</b></li> </ul>   |
| <b>Prèw Edikasyon Uityèm Ane ak Nivo ki Pi Ba</b>   | <ul style="list-style-type: none"> <li>• <b>Deklarasyon Moun kap Aplike a/Nòt Ofisyèl Lekòl la</b></li> </ul>  |
| <b>Prèw Andikap Parantal</b>  | <ul style="list-style-type: none"> <li>• <b>Lèt yo bay moun kap resevwa SSI/Deklarasyon Doktè</b></li> </ul>   |
| <b>Prèw Gwosès</b>  | <ul style="list-style-type: none"> <li>• <b>Dokiman Medikal (ajou)</b></li> </ul>  |
| <b>Prèw ou Rete nan Lojman Piblik</b>   | <ul style="list-style-type: none"> <li>• <b>Kontra Lwaye/Lokasyon MDPHA</b></li> </ul>   |
| <b>Prèw timoun nan nan yon mezon d'akèy ki gen Responsabilite Legal</b>   | <ul style="list-style-type: none"> <li>• <b>Dokiman Ajans ki plase timoun nan mezon dakèy/Desizyon Tribinal la</b></li> </ul>  |
| <b>Prèw Titè Legal/Responsabilite Legal</b>   | <ul style="list-style-type: none"> <li>• <b>Dokiman Sistèm Tribinal la bay/Desizyon Tribinal la</b></li> </ul>   |

Paran yo pral sètifye enfòmasyon yo bay nan aplikasyon an ak dokiman ki sipòte aplikasyon an se laverite e yo kòrèk e paran(yo)/responsab legal yo deklare tout revni yo. Si gen nenpòt enfòmasyon ki delibere man pa kòrèk, yo ka mete timoun nan deyò nan pwogram lan poutèt sa. Si yon aplikasyon pa konplè e si yon dokiman pa konplè, sa pral retade anrejistremant an.



**Office Use Only**  
(Checked upon receipt of Documentation)



**MIAMI-DADE COUNTY  
COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT  
HEAD START/EARLY HEAD START DIVISION  
REGISTRATION REQUIREMENTS**

|  |   | Yes | No |
|--|---|-----|----|
| <b>Proof of Age :</b><br>• EHS - Birth to age 3 years after September 1, 2015.<br>• HS - Children <b>must</b> be 3 or 4 years of age on or before September 1, 2015, or no more than five (5) years old after September 1, 2015. | <ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Passport</li> <li>• Notarized Affidavit of Age Form</li> <li>• Doctor's statement (pregnant women)</li> </ul>   |     |    |
| <b>Proof of parent's/legal guardian gross income for the <u>past 12 months or the last calendar year (2014).</u></b>   | <ul style="list-style-type: none"> <li>• Signed Income Tax 1040 with eligible child name listed</li> <li>• W-2 form(s)</li> <li>• pay stubs</li> <li>• Unemployment Compensation</li> <li>• Written statement from employers on letterhead</li> <li>• Social Security Supplemental Income (SSI) print-out</li> <li>• TANF print-out</li> <li>• Child Support Agency</li> <li>• Income Statement Form (Notarized)</li> </ul> |     |    |
| <b>Proof of Parent's Identification</b>  | <ul style="list-style-type: none"> <li>• Driver's license/Passport/I.D. from Homeless Shelter</li> <li>• State issued picture I.D.</li> <li>• Employer issued I.D.</li> <li>• Military I.D.</li> </ul>  |     |    |
| <b>Proof of Dade County Residency</b>  | <ul style="list-style-type: none"> <li>• Driver's license with address listed</li> <li>• State issued picture I.D. with address listed</li> <li>• Utility Bills (lights, phone, cable, etc.)</li> <li>• Lease/Rental and/or Mortgage Agreement</li> </ul>   |     |    |
| <b>Proof of Disability</b>   | <ul style="list-style-type: none"> <li>• Individualized Educational Plan (IEP) /IFSP</li> </ul>   |     |    |
| <b>Proof of Suspected Disability</b>   | <ul style="list-style-type: none"> <li>• Doctor's Statement outlining concerns</li> </ul>   |     |    |
| <b>Proof of Homelessness</b>   | <ul style="list-style-type: none"> <li>• Written Statement from Homeless Facility</li> </ul>  |     |    |
| <b>Proof of Substance Abuse</b>  | <ul style="list-style-type: none"> <li>• Written Statement from Treatment Program</li> </ul>  |     |    |
| <b>Proof of Domestic Violence</b>  | <ul style="list-style-type: none"> <li>• Written Statement from Domestic Violence Agency</li> <li>• Court Documentation (within the last year)</li> </ul>   |     |    |
| <b>Proof of Student Status</b>   | <ul style="list-style-type: none"> <li>• Current transcript</li> </ul>  |     |    |
| <b>Proof of Education eight grade and below</b>  | <ul style="list-style-type: none"> <li>• Written Statement from applicant/School Transcript</li> </ul>  |     |    |
| <b>Proof of Parental Disability</b>  | <ul style="list-style-type: none"> <li>• Written SSI recipient letter/Doctor's statement</li> </ul>   |     |    |
| <b>Proof of Pregnancy</b>  | <ul style="list-style-type: none"> <li>• Written Medical Documentation (current)</li> </ul>   |     |    |
| <b>Proof of Public Housing Residency</b>   | <ul style="list-style-type: none"> <li>• MDPHA Written Rental/Lease Agreement</li> </ul>  |     |    |
| <b>Proof of Foster Caret/Legal Custody</b>   | <ul style="list-style-type: none"> <li>• Documentation from Foster Care Agency/ Court Award</li> </ul>  |     |    |
| <b>Proof of Guardianship/Legal Custody</b>   | <ul style="list-style-type: none"> <li>• Documentation from Court System/ Court Award</li> </ul>  |     |    |

Parents will certify that the information provided on the application and supporting documentation is true and correct and that all parent(s)/legal guardian(s) income are reported. Deliberate misrepresentation of any information submitted may be subject to the child being terminated from the program. An incomplete application and documentation will delay the enrollment process.

Documentation provided: STAFF NAME/DATE \_\_\_\_\_

Documentation provided: STAFF NAME/DATE \_\_\_\_\_

Documentation provided: STAFF NAME/DATE \_\_\_\_\_



**Miami-Dade County**  
**Depatman Sèvis Imen ak Aksyon Kominotè**  
**Divizyon Kòmanse Davans/Kòmanse Davans Bonè**  
**Enfòmasyon Familyal**  
**APLIKASYON**



**Non Adilt Primè a:** \_\_\_\_\_ **Dat Nesans:** \_\_\_\_\_

**Non Timoun ki Elijib la :** \_\_\_\_\_ **Dat Nesans:** \_\_\_\_\_

**Enfòmasyon Jeneral:**

|                                      |  |                  |                |                             |
|--------------------------------------|--|------------------|----------------|-----------------------------|
| <b>Adrès kote w rete:</b>            | <b>Vil</b>                             | <b>Eta</b>       | <b>Zip Kòd</b> | <b>Konte:</b><br>MIAMI-DADE |
| <b>Adrès Postal (si li diferan):</b> | <b>Vil</b>                             | <b>Eta</b>       | <b>Zip Kòd</b> |                             |
| <b>Nimewo Telefòn(yo)</b>            | <b>Lakay, nan Travay, selilè, Imèl</b> | <b>Prensipal</b> | <b>Nòt</b>     |                             |
|                                      |  |                  |                |                             |
|                                      |  |                  |                |                             |

**Kantite moun nan kay la** \_\_\_\_\_ **Kantite moun nan Fanmi a** \_\_\_\_\_ **Kantite Total Timoun** \_\_\_\_\_ **Laj 0-3** \_\_\_\_\_ **Laj 4-5** \_\_\_\_\_  
(Rete ak Timoun nan) (Se salè paran an oswa Titè a kap sipòte li)

|   |  |                             |
|---|--|-----------------------------|
| <b>Kondisyon paran an:</b><br><input type="checkbox"/> Byolojik/Adopte/Bo paran <input type="checkbox"/> Mezon akèy*<br><input type="checkbox"/> Titè Legal* <input type="checkbox"/> Gran paran*<br><input type="checkbox"/> Nyès/Neve*<br><input type="checkbox"/> Lòt lye, presize* _____<br><br><input type="checkbox"/> Yon paran <input type="checkbox"/> De (2) paran yo<br>* Dokiman legal tribinal la obligatwa pou anrejistre timoun nan. | <b>Primary Language of family at home:</b><br><input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole<br><input type="checkbox"/> African <input type="checkbox"/> European & Slavic <input type="checkbox"/> Pacific Island<br><input type="checkbox"/> East Asian <input type="checkbox"/> Middle Eastern & South Asian<br><input type="checkbox"/> Native North American /Alaskan<br><input type="checkbox"/> North Central American, South American<br><input type="checkbox"/> Other: _____ | <b>Center Applying for:</b> |
|---|--|-----------------------------|

**Family Income - Time period income based on:**     **Previous 12 Months**     **Last Calendar Year**

**TANF:**  No     Yes     Formerly    **SSI:**  No     Yes    **Food Stamps/SNAP:**  Yes     No    **WIC:**  No     Yes    **WIC ID#** \_\_\_\_\_

STAFF USE ONLY

| Sous Revni   | Jan yo peye l  |
|--|--|
| Revni Travay (1040, W-2, souch chèk, lèt anplwayè) | <input type="checkbox"/> Chak Semèn <input type="checkbox"/> Chak Mwa <input type="checkbox"/> Chak 2 semèn <input type="checkbox"/> Chak Ane <input type="checkbox"/> De fwa pa mwa |
| Asistans Piblik, Welfare (sètadi TANF, AFDC)       | <input type="checkbox"/> Chak Semèn <input type="checkbox"/> Chak Mwa <input type="checkbox"/> Chak 2 semèn <input type="checkbox"/> Chak Ane <input type="checkbox"/> De fwa pa mwa |
| Pansyon Sekirite Sosyal / Retrèt                   | <input type="checkbox"/> Chak Semèn <input type="checkbox"/> Chak Mwa <input type="checkbox"/> Chak 2 semèn <input type="checkbox"/> Chak Ane <input type="checkbox"/> De fwa pa mwa |
| Alokasyon Siplemanè Revni Sekirite (SSI)           | <input type="checkbox"/> Chak Semèn <input type="checkbox"/> Chak Mwa <input type="checkbox"/> Chak 2 semèn <input type="checkbox"/> Chak Ane <input type="checkbox"/> De fwa pa mwa |
| Ranbousman pou swen nan mezon akèy                 | <input type="checkbox"/> Chak Semèn <input type="checkbox"/> Chak Mwa <input type="checkbox"/> Chak 2 semèn <input type="checkbox"/> Chak Ane <input type="checkbox"/> De fwa pa mwa |
| Alokasyon Chomaj                                   | <input type="checkbox"/> Chak Semèn <input type="checkbox"/> Chak Mwa <input type="checkbox"/> Chak 2 semèn <input type="checkbox"/> Chak Ane <input type="checkbox"/> De fwa pa mwa |
| Pansyon Timoun/Pansyon Alimantè                    | <input type="checkbox"/> Chak Semèn <input type="checkbox"/> Chak Mwa <input type="checkbox"/> Chak 2 semèn <input type="checkbox"/> Chak Ane <input type="checkbox"/> De fwa pa mwa |
| Lòt sous revni, esplike:                           | <input type="checkbox"/> Chak Semèn <input type="checkbox"/> Chak Mwa <input type="checkbox"/> Chak 2 semèn <input type="checkbox"/> Chak Ane <input type="checkbox"/> De fwa pa mwa |

**Nòt sou Revni:**

Moun pou kontakte nan ka dijans: (tanpri, fè atansyon lè wap ranpli l)

**Non:** \_\_\_\_\_ **Kisa li timoun nan ye pou ou:** \_\_\_\_\_

**Adrès:** \_\_\_\_\_ **Vil:** \_\_\_\_\_ **Zip kòd:** \_\_\_\_\_ **# Telefòn** \_\_\_\_\_ **# Telefòn** \_\_\_\_\_

**Non:** \_\_\_\_\_ **Kisa li timoun nan ye pou ou:** \_\_\_\_\_

**Adrès:** \_\_\_\_\_ **Vil:** \_\_\_\_\_ **Zip kòd:** \_\_\_\_\_ **# Telefòn** \_\_\_\_\_ **# Telefòn** \_\_\_\_\_

**Pwofesyonèl Swen Medikal/Dantè: (tanpri, fè atansyon lè wap ranpli l)**

**(Pwofesyonèl ki bay swen medikal):** Èske timoun nan resevwa swen medikal e èske li gen aksè a swen medikal regilyèman (klinik medikal)?     **Wi**     **Non**

**Non Doktè a:** \_\_\_\_\_ **Adrès:** \_\_\_\_\_ **# Telefòn:** \_\_\_\_\_

**If No Doctor\***    **\*STAFF USE ONLY**    **Staff Person**  
**(Staff Referred to Medical Provider):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Referred by:** \_\_\_\_\_

**(Pwofesyonèl ki bay swen dantè):** Èske timoun nan resevwa swen dantè e èske li gen aksè a swen dantè regilyèman (klinik dantè)?     **Wi**     **Non**

**Non Dantis la:** \_\_\_\_\_ **Adrès:** \_\_\_\_\_ **# Telefòn:** \_\_\_\_\_

**If No Dentist\***    **\*STAFF USE ONLY**    **Staff Person**  
**(Staff Referred to Dental Provider):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Referred by:** \_\_\_\_\_



**Miami-Dade County**  
**Depatman Sèvis Imen ak Aksyon Kominotè**  
**Divizyon Kòmanse Davans/Kòmanse Davans Bonè**  
**Enfòmasyon Sou Timoun ki Elijib**



|  |  |   |           |   |   |
|--|--|---|-----------|---|---|
| Timoun ki Elijib la (Nouvo Anrejistremant):  |  |   |           |   |   |
| <b>Siyati</b>  |  | <b>Prenon</b>   |           | <b>Non Batèm</b>  |   |
| <b>Tinon jwèt</b>  |  | <b>Sifiks (abrevyasyon tit)</b>   |           |   |   |
| <b>Dat Nesans:</b>   |  | <b>Sèks:</b><br><input type="checkbox"/> G <input type="checkbox"/> F   |           | <b>Prèv pou verifike laj li:</b><br><input type="checkbox"/> Wi <input type="checkbox"/> Non  |   |
|  |  |   |           | <b>Bay sous verifikasyon laj li:</b><br><input type="checkbox"/> Sètifika Nesans <input type="checkbox"/> Paspò <input type="checkbox"/> Deklarasyon Doktè (Fanm Ansent)<br><input type="checkbox"/> Afidavit Notarye sou Laj li <input type="checkbox"/> Lòt sous (Presize): |   |
| <b>Ras:</b><br><input type="checkbox"/> Azyatik<br><input type="checkbox"/> Nwa oswa Afwo Ameriken<br><input type="checkbox"/> Endyen Ameriken oswa Natifnata Alaska<br><input type="checkbox"/> Natifnata Awayen oswa nan Lòt Zile Pasifik<br><input type="checkbox"/> Blan <input type="checkbox"/> Birasyal/Milti-rasyal                                      |  | <b>Nivo Angle:</b><br><input type="checkbox"/> M pa pale Ditou <input type="checkbox"/> Yon Tikal <input type="checkbox"/> Plizoumwen<br><input type="checkbox"/> Mwen degaje m   |           | <b>Elijibilite pou Medicaid:</b><br><input type="checkbox"/> Mwen Gen Medicaid <input type="checkbox"/> Evantyèlman Elijib<br><input type="checkbox"/> Mwen pa Elijib<br>Nimewo Medicaid: _____   |   |
| <b>Etnisite</b><br><input type="checkbox"/> Orijin Ispanik oswa Latino<br><input type="checkbox"/> Orijin ki pa Ispanik ni Latino  |  | <b>Lòt Lang yo Pale:</b><br><input type="checkbox"/> M pa pale Ditou <input type="checkbox"/> Yon Tikal <input type="checkbox"/> Plizoumwen<br><input type="checkbox"/> Mwen degaje m   |           | <b>Non Pwofesyonèl Swen Sante a:</b><br>_____<br>Nimewo Asirans: _____  |   |
| <b>Nasyonalite:</b> _____  |  | <b>Relasyon Primè ki genyen ant Timoun nan ak Adilt la:</b><br><input type="checkbox"/> Byolojik <input type="checkbox"/> Pititpitit* <input type="checkbox"/> Timoun nan mezon akèy*<br><input type="checkbox"/> Adopsyon*<br><input type="checkbox"/> Bofis/Bèlfi <input type="checkbox"/> Nyès/Neve* <input type="checkbox"/> Titè Legal*<br><input type="checkbox"/> Lòt Relasyon* (presize) _____    |           | <input type="checkbox"/> Lòt/Asirans Sante Prive (bay non pwofesyonèl swen sante a) _____   |   |
|  |  | <b>Relasyon Segondè ki genyen ant Timoun nan ak Adilt la:</b><br><input type="checkbox"/> Byolojik <input type="checkbox"/> Pititpitit* <input type="checkbox"/> Timoun nan mezon dakèy*<br><input type="checkbox"/> Adopsyon*<br><input type="checkbox"/> Bofis/Bèlfi <input type="checkbox"/> Nyès/Neve* <input type="checkbox"/> Titè Legal*<br><input type="checkbox"/> Lòt Relasyon* (Presize) _____ |           | <input type="checkbox"/> Mwen Pagen Asirans Sante   |   |
|  |  | <b>Èske gen yon Lòd Pwoteksyon oswa yon Lòd Pa Pran Kontak ki konsène timoun sa a?</b> <input type="checkbox"/> Wi <input type="checkbox"/> Non   |           | <b>Yo Ranpli Referans la pou:</b><br>_____<br>Yo Ranpli Aplikasyon Florida KidCare Dat la: _____<br>Anplwaye: _____ Date: _____   |   |
|  |  | * Dokiman legal yo obligatwa pou anrejistre timoun nan.   |           |   |   |
| <b>Bezwen Espesyal/Andikap:</b>  |  |   |           |   |   |
| <b>Miami-Dade County Public School Diagnosed Disability Evaluation-Individualized Education (Plan Plan Edikasyon Evalyasyon Endividyèl pou Dyagnostik Andikap nan Lekòl Piblik Konte Miami-Dade (IEP)):</b>  |  |   |           | <input type="checkbox"/> Non <input type="checkbox"/> Wi <b>Si se WI, bay Dat la:</b>   |   |
| <b>Early Steps Program-Individualized Family Support Plan (Plan Sipò Fanmi Endividyèl Atravè Pwogram Etap Bonè (IFSP)):</b>  |  |   |           | <input type="checkbox"/> Non <input type="checkbox"/> Wi <b>Si se WI, bay Dat la:</b>   |   |
| <b>Dyagnostik Pwofesyonèl (òtòfoni, ègofoni, elatriye):</b>  |  |   |           | <input type="checkbox"/> Non <input type="checkbox"/> Wi <b>Si se WI, bay Dat la:</b>   |   |
| <b>Aparèy Fonskyonèl yo Itilize:</b> <input type="checkbox"/> Pat gen Aparèy Fonskyonèl <input type="checkbox"/> Linèt <input type="checkbox"/> Vè Kontak <input type="checkbox"/> Bekiy <input type="checkbox"/> Wòkè <input type="checkbox"/> Kàn <input type="checkbox"/> Chèz woulant <input type="checkbox"/> Bretèl <input type="checkbox"/> Aparèy Oditif |  |   |           |   |   |
| <b>Sèvis Sante:</b>  |  |   |           |   |   |
| Èske pitit ou resevwa tretman medikal pou: <input type="checkbox"/> Anemi <input type="checkbox"/> Opresyon <input type="checkbox"/> Dyabèt <input type="checkbox"/> Nivo Plon ki Wo <input type="checkbox"/> Lòt tretman, presize:<br><input type="checkbox"/> Li pa resevwa okenn tretman medikal  |  |   |           |   |   |
| Site tout alèji, bezwen dyetetik oswa lòt pwoblèm medikal/dantè ki enkyetan dapre sa w konnen: <b>Dekri I:</b> <input type="checkbox"/> Nanpwen, dapre sa nou konnen   |  |   |           |   |   |
| <b>Sikonstans Familyal: (tanpri, fè atansyon lè wap ranpli l)</b>  |  |   |           |   |   |
| <b>Konpozisyon Familyal:</b> Tanpri tcheke <input checked="" type="checkbox"/> kaz ki kòrèk la   |  |   | <b>Wi</b> | <b>Non</b>  | <b>Kondisyon paran an:</b> Tanpri tcheke <input checked="" type="checkbox"/> kaz ki kòrèk la                        |
|  |  |   | <b>Wi</b> | <b>Non</b>  |   |
| Abi Sibstans yo Anrejistre nan dosye   |  |   |           |   | Yon Paran   |
| Vyolans Domestik yo Anrejistre nan dosye   |  |   |           |   | De (2) Paran  |
| Nivo edikasyon Paran an <8 <sup>èm</sup> ane yo Anrejistre nan dosye   |  |   |           |   | Paran Nan Mezon Akèy  |
| Paran an se yon jèn timoun <17 ane yo Anrejistre nan dosye   |  |   |           |   | Titè Legal  |
| Sanzabri: <input type="checkbox"/> Kantite tan depi li sanzabri: _____   |  |   |           |   | <b>Sèvis Familyal</b> Tanpri tcheke <input checked="" type="checkbox"/> kaz ki kòrèk la                             |
| Non Ajans la: _____  |  |   |           |   |   |
| Fanm Ansent yo Anrejistre nan dosye  |  |   |           |   | Medicaid/ KidCare   |
| Rezidan nan Lojman Piblik yo Dokimante (MPHA)  |  |   |           |   | Food Stamps/SNAP  |
| Andikap Parantal yo Anrejistre nan dosye   |  |   |           |   | WIC   |
| Tranzisyon pou soti nan pwogram Early Head Start (Kòmanse Davans) pou ale nan Head Start (Kòmanse Davans Bonè)   |  |   |           |   | Asistans Piblik/ Welfare TANF/AFDC  |
| Paran / Etidyan kap Travay yo Anrejistre nan dosye   |  |   |           |   | Alokasyon Siplemanntè Revni Sekirite (SSI)  |
| Frè/Sè kap retounen nan pwogram Head Start/Early Head Start (pwogram Kòmanse Davans/Kòmanse Davans Bonè)   |  |   |           |   | Se yon Pwogram Mezon Akèy ki refere l   |
| Yo Anrejistre nan dosye - Se yon ajans byennèt timoun ki refere l pou sèvis  |  |   |           |   | Se Florida Department of Children and Families (Depatman Fanmi ak Timoun Florida) oswa yon Lòd Tribinal ki Refere l |



**Miami-Dade County**  
**Depatman Sèvis Imen ak Aksyon Kominotè**  
**Divizyon Kòmanse Davans/Kòmanse Davans Bonè**  
**Enfòmasyon pou Manm Fanmi**



|  |        |  |            |   |
|--|--------|--|------------|---|
| Adilt Primè (Paran/Titè Legal):  |        |  |            |   |
| Siyati   | Prenon | Non Batèm  | Dat Nesans | Sèks <input type="checkbox"/> Gason <input type="checkbox"/> Fi   |
| <input type="checkbox"/> Li rete ak Fanmi <input type="checkbox"/> Li gen Gad Legal <input type="checkbox"/> Li Bay Sipò Finansye <input type="checkbox"/> Yon Jèn Timoun ki se Paran an   |        |  |            |   |
| <b>Travay:</b>   |        | <b>Ras:</b>  |            | <b>Fòmasyon Travay/Lekòl:</b>   |
| <b>Fanmi ki gen de (2) paran:</b><br><input type="checkbox"/> Toulede paran/titè yo ap travay<br><input type="checkbox"/> Toulede paran/titè yo pap travay (sètadi yo ochomaj, retirete, oswa andikape)<br><input type="checkbox"/> Toulede paran/titè yo se manm nan Militè Etazini |        | <input type="checkbox"/> Azyatik<br><input type="checkbox"/> Nwa oswa Afwo Ameriken<br><input type="checkbox"/> Endyen Ameriken oswa Natifnatal Alaska<br><input type="checkbox"/> Natifnatal Awayen oswa lòt Zile Pasifik<br><input type="checkbox"/> Blan <input type="checkbox"/> Birasyal/Milti-rasyal   |            | <b>Fanmi ki gen de (2) paran:</b><br><input type="checkbox"/> Toulede paran/titè ap resevwa fòmasyon pou travay oswa yo nan lekòl<br><input type="checkbox"/> Yon paran/titè ap resevwa fòmasyon pou travay oswa li nan lekòl<br><input type="checkbox"/> Nanpwen okenn paran/titè kap resevwa fòmasyon pou travay oswa ki nan lekòl                  |
|  |        | <b>Etnisite</b>  |            | <b>Fanmi ki gen yon sèl paran:</b>  |
|  |        | <input type="checkbox"/> Orijin Ispanik oswa Latino<br><input type="checkbox"/> Orijin ki pa Ispanik ni Latino   |            | <input type="checkbox"/> Paran/titè ap resevwa fòmasyon pou travay oswa li nan lekòl<br><input type="checkbox"/> Paran/titè pap resevwa okenn fòmasyon pou travay ni li pa lekòl  |
| <b>Fanmi ki gen yon sèl paran:</b>   |        | <b>Nivo Lang:</b>  |            | <b>Edikasyon:</b>   |
| <input type="checkbox"/> Gen yon paran/titè kap travay<br><input type="checkbox"/> Gen yon paran/titè ki pap travay (sètadi yo ochomaj, retirete, oswa andikape)<br><input type="checkbox"/> Gen yon paran/titè ki se yon manm nan Militè Etazini                                    |        | <b>Angle</b><br><input type="checkbox"/> M pa pale ditou <input type="checkbox"/> Yon tikal <input type="checkbox"/> Plizoumwèn<br><input type="checkbox"/> Mwen degaje m<br><b>Lòt Lang Ou Pale:</b> _____<br><input type="checkbox"/> M pa pale ditou <input type="checkbox"/> Yon tikal <input type="checkbox"/> Plizoumwèn<br><input type="checkbox"/> Mwen degaje m |            | <input type="checkbox"/> Yon diplòm avanse oswa yon diplòm bakaloreya<br><input type="checkbox"/> Yon diplòm asosye (2 zan kolèj), lekòl pwofesyonèl oswa kèk kou kolèj<br><input type="checkbox"/> Li gradye High school oswa li gen GED<br><input type="checkbox"/> 11 – 9 <sup>yem</sup> ane <input type="checkbox"/> mwenske 8 <sup>yem</sup> ane |

|   |        |  |            |   |
|---|--------|--|------------|---|
| Adilt Segondè (Paran/Titè Legal):   |        |  |            |   |
| Siyati  | Prenon | Non Batèm  | Dat Nesans | Sèks <input type="checkbox"/> Gason <input type="checkbox"/> Fi   |
| <input type="checkbox"/> Li rete ak Fanmi <input type="checkbox"/> Li gen Gad Legal <input type="checkbox"/> Li Bay Sipò Finansye <input type="checkbox"/> Yon Jèn Timoun ki se Paran an  |        |  |            |   |
| <b>Travay:</b>  |        | <b>Ras:</b>  |            | <b>Fòmasyon Travay/Lekòl:</b>   |
| <b>Fanmi ki gen de (2) paran</b><br><input type="checkbox"/> Toulede paran/titè yo ap travay<br><input type="checkbox"/> Toulede paran/titè yo pap travay (sètadi yo ochomaj, retirete, oswa andikape)<br><input type="checkbox"/> Toulede paran/titè yo se manm nan Militè Etazini |        | <input type="checkbox"/> Azyatik<br><input type="checkbox"/> Nwa oswa Afwo Ameriken<br><input type="checkbox"/> Endyen Ameriken oswa Natifnatal Alaska<br><input type="checkbox"/> Natifnatal Awayen oswa lòt Zile nan Pasifik<br><input type="checkbox"/> Blan <input type="checkbox"/> Birasyal/Milti-rasyal   |            | <b>Fanmi ki gen de (2) paran</b><br><input type="checkbox"/> Toulede paran/titè ap resevwa fòmasyon oswa yo lekòl<br><input type="checkbox"/> Yon sèl paran/titè ap resevwa fòmasyon oswa li lekòl<br><input type="checkbox"/> Nanpwen okenn paran/titè kap resevwa fòmasyon oswa ki lekòl  |
|   |        | <b>Etnisite:</b>   |            | <b>Fanmi ki gen yon sèl paran</b>   |
|   |        | <input type="checkbox"/> Orijin Ispanik oswa Latino<br><input type="checkbox"/> Orijin ki pa Ispanik ni Latino   |            | <input type="checkbox"/> Paran/titè a ap resevwa fòmasyon oswa li lekòl<br><input type="checkbox"/> Paran/titè a pap resevwa okenn fòmasyon ni li pa lekòl  |
| <b>Fanmi ki gen yon sèl paran</b>   |        | <b>Nivo Lang:</b>  |            | <b>Edikasyon:</b>   |
| <input type="checkbox"/> Gen yon paran/titè kap travay<br><input type="checkbox"/> Gen yon paran/titè ki pap travay (sètadi li ochomaj, retirete, oswa andikape)<br><input type="checkbox"/> Gen yon paran/titè ki se manm nan Militè Etazini                                       |        | <b>Angle</b><br><input type="checkbox"/> M pa pale ditou <input type="checkbox"/> Yon tikal <input type="checkbox"/> Plizoumwèn<br><input type="checkbox"/> Mwen degaje m<br><b>Lòt Lang Ou Pale:</b> _____<br><input type="checkbox"/> M pa pale ditou <input type="checkbox"/> Yon tikal <input type="checkbox"/> Plizoumwèn<br><input type="checkbox"/> Mwen degaje m |            | <input type="checkbox"/> Yon diplòm avanse oswa yon diplòm bakaloreya<br><input type="checkbox"/> Yon diplòm asosye (2 zan kolèj), lekòl pwofesyonèl oswa kèk kou kolèj<br><input type="checkbox"/> Li gradye High school oswa li gen GED<br><input type="checkbox"/> 11 – 9 <sup>yem</sup> ane <input type="checkbox"/> mwenske 8 <sup>yem</sup> ane |

| Lòt Manm Fanmi (Se revni paran an oswa titè a kap sipòte I):   |        |        |            |  |                           |
|--|--------|--------|------------|--|---------------------------|
| Adilt/Timoun   | Siyati | Prenon | Dat Nesans | Sèks   | Rapò li gen ak timoun nan |
| <input type="checkbox"/> Adilt <input type="checkbox"/> Timoun |        |        |            | <input type="checkbox"/> Gason <input type="checkbox"/> Fi |                           |
| <input type="checkbox"/> Adilt <input type="checkbox"/> Timoun |        |        |            | <input type="checkbox"/> Gason <input type="checkbox"/> Fi |                           |
| <input type="checkbox"/> Adilt <input type="checkbox"/> Timoun |        |        |            | <input type="checkbox"/> Gason <input type="checkbox"/> Fi |                           |
| <input type="checkbox"/> Adilt <input type="checkbox"/> Timoun |        |        |            | <input type="checkbox"/> Gason <input type="checkbox"/> Fi |                           |

**Aplikasyon/ Sous Referans (obligatwa):**  
 Early Learning Coalition (Kowalisasyon Aprantisaj Bonè)   
 MCI   
 Community Outreach (Pwogram Kominotè)   
 Lòd Tribinal ki Refere I  
 Department of Children & Families (Depatman Timoun ak Fanmi)   
 Disability Program (Pwogram pou Andikape)   
 Early Head Start (Kòmanse Davans Bonè)   
 Fanmi/Zanmi   
 Flea Market (Mache Opis)   
 Ansyen Paran   
 Lopital/ Klinik Sante   
 Healthy Start (Kòmanse Ansante)  
 Nimewo telefòn espesyal   
 Public Housing (Lojman Piblik)   
 Òganizasyon Piblik oswa Prive ki pa Travay pou Lajan   
 Lekòl Piblik   
 Ajans ki bay Resous & Referans   
 Moun nan refere pwòp tèt li   
 South Florida Workforce (Fòs Travay nan Sid Florida)   
 WIC   
 Biwo Chomaj   
 Youth Fair (Fwa pou Lajènès)   
 Lòt Sous (presize): \_\_\_\_\_

**Verifikasyon (siyati a obligatwa):** \_\_\_\_\_ **Tanpri, li sa ki make a anvan w siyen**

Map sètifye ke enfòmasyon mwen bay nan pake aplikasyon sa a, ansanm ak prèv sou revni pou elijibilite anrejistreman an, kòrèk e se laverite dapre sa mwen konnen. Si mwen bay fo revni/fo enfòmasyon, yo ka annile pwogram la.

Signati Paran oswa Titè: \_\_\_\_\_ Dat: \_\_\_\_\_

Paran oswa Titè a, ekri non w avèk lèt majiskil: \_\_\_\_\_ Dat: \_\_\_\_\_



**Miami-Dade County  
Community Action and Human Services Department  
Head Start / Early Head Start  
Family Demographic/Eligibility Information  
(Office Use Only)**



1. Primary Adult Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
2. Eligible Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
3. Child's date of enrollment into program: \_\_\_\_\_ 1<sup>st</sup> Year Child's date of entry into program: \_\_\_\_\_  
 2<sup>nd</sup> Year Child's date of entry into program: \_\_\_\_\_ 3<sup>rd</sup> Year Child's date of entry into program: \_\_\_\_\_
4. Earned Income Annual Amount: \_\_\_\_\_ Unearned Income Annual Amount: \_\_\_\_\_ Total: \_\_\_\_\_  
**CALCULATION AREA FOR INCOME (IF NEEDED)**
5. Verify Eligibility – Enrollment by Type of Eligibility:
  - Income below 100% of federal poverty guidelines
  - Between 101-130% federal poverty guidelines
  - Over-Income – Over 131%
  - Public Assistance (TANF)
  - Supplemental Security Income (SSI)
  - Homeless
  - Foster Care
6. Family Size: **(Supported by the income of the parent(s) or legal guardian-see page 1 of application):** \_\_\_\_\_
7. What documentation was used to determine eligibility for the last twelve months or calendar year:
 

|  |  |
|--|--|
| <input type="checkbox"/> Income Tax Form(s) 1040/1099      | <input type="checkbox"/> Written statements from employer(s) |
| <input type="checkbox"/> Public Aid/TANF-documentation     | <input type="checkbox"/> Foster care reimbursement           |
| <input type="checkbox"/> Pay Stub(s)                       | <input type="checkbox"/> SSI documentation                   |
| <input type="checkbox"/> W-2                               | <input type="checkbox"/> Social Security Pension/Retirement  |
| <input type="checkbox"/> Grants/Scholarships/Financial Aid | <input type="checkbox"/> Child Support                       |
| <input type="checkbox"/> Unemployment                      | <input type="checkbox"/> Other, specify: _____               |

Documentation of no income: \_\_\_\_\_

**Staff Income Verification signature (required):**

**I have examined the income documents checked above and certify that the child is income and age eligible to participate in the program.**

Staff Signature: \_\_\_\_\_ Date of Eligibility Verification: \_\_\_\_\_  
 Staff name printed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Administrative Signature: \_\_\_\_\_ Date: \_\_\_\_\_