



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 2 nan aplikasyon an. Gen anplwaye ki disponib pou yo ede w ranpli aplikasyon an. Dokiman tcheke pou bay anplwaye yo.

Prèw pou montre laj: <ul style="list-style-type: none"> • EHS - Fanm ansent. Depi nesans jiska laj 3 zan apre 1ye septanm 2016. • HS - Timoun yo fèt pou gen 3 oswa 4 tran nan dat, oswa apre dat 1ye septanm 2016, oswa pa plis ke senk (5) kan apre 1 ye septanm 2016. 	<ul style="list-style-type: none"> • Batistè • Paspò • Fòm Afidavit Notarye sou Laj • Deklarasyon doktè (fanm ansent)
Prèw pou montre revni paran/titè legal la anvan taks pou <u>12 dènye mwa yo oswa pou ane sivil (2015) la.</u>	<ul style="list-style-type: none"> • Deklarasyon Taks 1040 ki siyen e ki gen non timoun ki elijib la sou li • Fòm W-2 (yo) • Souch chèk • Alokasyon Chomaj • Deklarasyon anplwayè ou ekri sou papye ki gen antèt anplwayè a • Lèt Alokasyon Sipleman Revni Sekirite (SSI) • Lèt ki detaye TANF • Ajans Pansyon Timoun • Fòm pou Deklare Revni
Prèw pou Montre Idantite Paran an	<ul style="list-style-type: none"> • Lisans Chofè/Paspò • Kat Idantite Leta bay • Kat Idantite Anplwayè/Kat Idantite Militè • Kat Idantite Sanzabri (Homeless)
Prèw Rezidans Konte Dade	<ul style="list-style-type: none"> • Lisans Chofè • Kat idantite leta ki gen foto ak adrès • Fakti Sèvis Piblik (elektrisite, telefòn, kab, elatriye) • Kontra Lwaye/Lokasyon oswa/ak Kontra Ipotèk • TANF/SSI/Lèt Biwo Chomaj
Prèw Enfimite	<ul style="list-style-type: none"> • Plan Edikatif Endividyèl (IEP) • IFSP Plan Sipò Fanmi Individyèl
Prèw Enfimite yo Sispèk	<ul style="list-style-type: none"> • Evalyasyon Doktè/Terapis ak deklarasyon ki dekri enkyetid yo
Prèw Verifikasyon Sanzabri	<ul style="list-style-type: none"> • Deklarasyon etablisman sanzabri a oswa deklarasyon travayè sosyal la bay • Deklarasyon moun kap aplike a
Prèw Abi Sibstans	<ul style="list-style-type: none"> • Deklarasyon Anplwaye Pwogram Tretman an bay
Prèw Vyolans Domestik	<ul style="list-style-type: none"> • Deklarasyon Anplwaye/Ajans Vyolans Domestik bay • Dokiman Tribinal (depi ane dènye)
Prèw ki montre ou se etidyan	<ul style="list-style-type: none"> • Nòt Lekòl
Prèw Edikasyon Uityèm Ane ak Nivo ki Pi Ba	<ul style="list-style-type: none"> • Deklarasyon Moun kap Aplike a/Nòt Ofisyèl Lekòl la
Prèw Andikap Parantal	<ul style="list-style-type: none"> • Lèt yo bay moun kap resevwa SSI/Deklarasyon Doktè
Prèw Gwosès	<ul style="list-style-type: none"> • Dokiman Medikal (ajou)
Prèw ou Rete nan Lojman Piblik	<ul style="list-style-type: none"> • Kontra Lwaye/Lokasyon MDPHA
Prèw timoun nan nan yon mezon d'akèy ki gen Responsabilite Legal	<ul style="list-style-type: none"> • Dokiman Ajans ki plase timoun nan mezon dakèy/Desizyon Tribinal la
Prèw Titè Legal/Responsabilite Legal	<ul style="list-style-type: none"> • Dokiman Sistèm Tribinal la bay/Desizyon Tribinal la

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 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.



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

		Yes	No
Proof of Age : • EHS - Birth to age 3 years after September 1, 2016. • HS - Children must be 3 or 4 years of age on or before September 1, 2016, or no more than five (5) years old after September 1, 2016.	<ul style="list-style-type: none"> • Birth Certificate • Passport • Notarized Affidavit of Age Form • Doctor's statement (pregnant women) 		
Proof of parent's/legal guardian gross income for the <u>past 12 months or the last calendar year (2015).</u>	<ul style="list-style-type: none"> • Signed Income Tax 1040 with eligible child name listed • W-2 form(s) • pay stubs • Unemployment Compensation • Written statement from employers on letterhead • Social Security Supplemental Income (SSI) print-out • TANF print-out • Child Support Agency • Income Statement Form 		
Proof of Parent's Identification	<ul style="list-style-type: none"> • Driver's license/Passport/I.D. from Homeless Shelter • State issued picture I.D. • Employer issued I.D. • Military I.D. 		
Proof of Dade County Residency	<ul style="list-style-type: none"> • Driver's license with address listed • State issued picture I.D. with address listed • Utility Bills (lights, phone, cable, etc.) • Lease/Rental and/or Mortgage Agreement 		
Proof of Disability	<ul style="list-style-type: none"> • Individualized Educational Plan (IEP) /IFSP 		
Proof of Suspected Disability	<ul style="list-style-type: none"> • Doctor's Statement outlining concerns 		
Proof of Homelessness	<ul style="list-style-type: none"> • Written Statement from Homeless Facility 		
Proof of Substance Abuse	<ul style="list-style-type: none"> • Written Statement from Treatment Program 		
Proof of Domestic Violence	<ul style="list-style-type: none"> • Written Statement from Domestic Violence Agency • Court Documentation (within the last year) 		
Proof of Student Status	<ul style="list-style-type: none"> • Current transcript 		
Proof of Education eight grade and below	<ul style="list-style-type: none"> • Written Statement from applicant/School Transcript 		
Proof of Parental Disability	<ul style="list-style-type: none"> • Written SSI recipient letter/Doctor's statement 		
Proof of Pregnancy	<ul style="list-style-type: none"> • Written Medical Documentation (current) 		
Proof of Public Housing Residency	<ul style="list-style-type: none"> • MDPHA Written Rental/Lease Agreement 		
Proof of Foster Caret/Legal Custody	<ul style="list-style-type: none"> • Documentation from Foster Care Agency/ Court Award 		
Proof of Guardianship/Legal Custody	<ul style="list-style-type: none"> • Documentation from Court System/ Court Award 		

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:

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

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)

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

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

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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 Anè <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 Anè <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 Anè <input type="checkbox"/> De fwa pa mwa
Alokasyon Siplemanntè Revni Sekirite (SSI)	<input type="checkbox"/> Chak Semèn <input type="checkbox"/> Chak Mwa <input type="checkbox"/> Chak 2 semèn <input type="checkbox"/> Chak Anè <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 Anè <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 Anè <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 Anè <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 Anè <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 Kòmansè Davans/Kòmansè Davans Bonè
Enfòmasyon Sou Timoun ki Elijib



Timoun ki Elijib la (Nouvo Anrejistremant):							
Siyati		Prenon		Non Batèm	Tinon jwèt	Sifiks (abrevyasyon tit)	
Dat Nesans:		Sèks: <input type="checkbox"/> G <input type="checkbox"/> F		Prèv pou verifike laj li: <input type="checkbox"/> Wi <input type="checkbox"/> Non		Bay sous verifikasyon laj li: <input type="checkbox"/> Sètifika Nesans <input type="checkbox"/> Paspò <input type="checkbox"/> Deklarasyon Doktè (Fanm Ansent) <input type="checkbox"/> Afidavit Notarye sou Laj li <input type="checkbox"/> Lòt sous (Presize):	
Ras: <input type="checkbox"/> Azyatik <input type="checkbox"/> Nwa oswa Afwo Ameriken <input type="checkbox"/> Endyen Ameriken oswa Natifnata Alaska <input type="checkbox"/> Natifnata Awayen oswa nan Lòt Zile Pasifik <input type="checkbox"/> Blan <input type="checkbox"/> Birasyal/Milti-rasyal		Nivo Angle: <input type="checkbox"/> M pa pale Ditou <input type="checkbox"/> Yon Tikal <input type="checkbox"/> Plizoumwen <input type="checkbox"/> Mwen degaje m		Elijibilite pou Medicaid: <input type="checkbox"/> Mwen Gen Medicaid <input type="checkbox"/> Evantyèlman Elijib <input type="checkbox"/> Mwen pa Elijib Nimewo Medicaid: _____			
Etnisite <input type="checkbox"/> Orijin Ispanik oswa Latino <input type="checkbox"/> Orijin ki pa Ispanik ni Latino		Lòt Lang yo Pale: <input type="checkbox"/> M pa pale Ditou <input type="checkbox"/> Yon Tikal <input type="checkbox"/> Plizoumwen <input type="checkbox"/> Mwen degaje m		Non Pwofesyonèl Swen Sante a: Nimewo Asirans: _____ <input type="checkbox"/> Lòt/Asirans Sante Prive (bay non pwofesyonèl swen sante a) _____ <input type="checkbox"/> Mwen Pagen Asirans Sante			
Nasyonalite: _____		Relasyon Primè ki genyen ant Timoun nan ak Adilt la: <input type="checkbox"/> Byolojik <input type="checkbox"/> Pititpitit* <input type="checkbox"/> Timoun nan mezon akèy* <input type="checkbox"/> Adopsyon* <input type="checkbox"/> Bofis/Bèlfi <input type="checkbox"/> Nyès/Neve* <input type="checkbox"/> Titè Legal* <input type="checkbox"/> Lòt Relasyon* (presize) _____		Yo Ranpli Referans la pou: Yo Ranpli Aplikasyon Florida KidCare Dat la: _____ Anplwaye: _____ Date: _____			
Relasyon Segondè ki genyen ant Timoun nan ak Adilt la: <input type="checkbox"/> Byolojik <input type="checkbox"/> Pititpitit* <input type="checkbox"/> Timoun nan mezon dakèy* <input type="checkbox"/> Adopsyon* <input type="checkbox"/> Bofis/Bèlfi <input type="checkbox"/> Nyès/Neve* <input type="checkbox"/> Titè Legal* <input type="checkbox"/> Lòt Relasyon* (Presize) _____		Èske gen yon Lòd Pwoteksyon oswa yon Lòd Pa Pran Kontak ki konsène timoun sa a? <input type="checkbox"/> Wi <input type="checkbox"/> Non					
* Dokiman legal yo obligatwa pou anrejistre timoun nan.							
Bezwen Espesyal/Andikap:							
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)):				<input type="checkbox"/> Non <input type="checkbox"/> Wi	Si se WI, bay Dat la:		
Early Steps Program-Individualized Family Support Plan (Plan Sipò Fanmi Endividyèl Atravè Pwogram Etap Bonè (IFSP)):			<input type="checkbox"/> Non <input type="checkbox"/> Wi	Si se WI, bay Dat la:			
Dyagnostik Pwofesyonèl (òtòfoni, ègofoni, elatriye):			<input type="checkbox"/> Non <input type="checkbox"/> Wi	Si se WI, bay Dat la:			
Aparèy Fonskyonèl yo Itilize: <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							
Sèvis Sante:							
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: <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: Dekri I: <input type="checkbox"/> Nanpwen, dapre sa nou konnen							
Sikonstans Familyal: (tanpri, fè atansyon lè wap ranpli l)							
Konpozisyon Familyal: Tanpri tcheke <input checked="" type="checkbox"/> kaz ki kòrèk la		Wi	Non	Kondisyon paran an: Tanpri tcheke <input checked="" type="checkbox"/> kaz ki kòrèk la		Wi	Non
Abi Sibstans yo Anrejistre nan dosye				Yon Paran			
Vyolans Domestik yo Anrejistre nan dosye				De (2) Paran			
Nivo edikasyon Paran an <8 ^{èm} ane yo Anrejistre nan dosye				Paran Nan Mezon Akèy			
Paran an se yon jèn timoun <17 ane yo Anrejistre nan dosye				Titè Legal			
Sanzabri: _____ Non Ajans la: _____		Kantite tan depi li sanzabri: _____		Sèvis Familyal Tanpri tcheke <input checked="" type="checkbox"/> kaz ki kòrèk la		Wi	Non
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 (Kòmansè Davans) pou ale nan Head Start (Kòmansè Davans Bonè)				Asistans Piblik/ Welfare TANF/AFDC			
Paran / Etidyan kap Travay yo Anrejistre nan dosye				Alokasyon Siplemanè Revni Sekirite (SSI)			
Frè/Sè kap retounen nan pwogram Head Start/Early Head Start (pwogram Kòmansè Davans/Kòmansè 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				
Nivo Lang:	Ras:	Edikasyon:		
Angle <input type="checkbox"/> M pa pale ditou <input type="checkbox"/> Yon tikal <input type="checkbox"/> Plizoumwen <input type="checkbox"/> Mwen degaje m Lòt Lang Ou Pale: <input type="checkbox"/> M pa pale ditou <input type="checkbox"/> Yon tikal <input type="checkbox"/> Plizoumwen <input type="checkbox"/> Mwen degaje m	<input type="checkbox"/> Azyatik <input type="checkbox"/> Nwa oswa Afwo Ameriken <input type="checkbox"/> Endyen Ameriken oswa Natifnatal Alaska <input type="checkbox"/> Natifnatal Awayen oswa lòt Zile Pasifik <input type="checkbox"/> Blan <input type="checkbox"/> Birasyal/Milti-rasyal	<input type="checkbox"/> Yon diplòm avanse oswa yon diplòm bakaloreya <input type="checkbox"/> Yon diplòm asosye (2 zan kolèj), lekòl pwofesyonèl oswa kèk kou kolèj <input type="checkbox"/> Li gradye High school oswa li gen GED <input type="checkbox"/> 11 – 9 ^{yèm} ane <input type="checkbox"/> mwenske 8 ^{yèm} ane		
Fòmasyon Travay/Lekol	Etnisite:			
<input type="checkbox"/> Nan fòmasyon travay oswa lekòl <input type="checkbox"/> PA nan fòmasyon travay oswa lekòl	<input type="checkbox"/> Orijin Ispanik oswa Latino <input type="checkbox"/> Orijin ki pa Ispanik ni Latino			

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				
Nivo Lang:	Ras:	Edikasyon:		
Angle <input type="checkbox"/> M pa pale ditou <input type="checkbox"/> Yon tikal <input type="checkbox"/> Plizoumwen <input type="checkbox"/> Mwen degaje m Lòt Lang Ou Pale: <input type="checkbox"/> M pa pale ditou <input type="checkbox"/> Yon tikal <input type="checkbox"/> Plizoumwen <input type="checkbox"/> Mwen degaje m	<input type="checkbox"/> Azyatik <input type="checkbox"/> Nwa oswa Afwo Ameriken <input type="checkbox"/> Endyen Ameriken oswa Natifnatal Alaska <input type="checkbox"/> Natifnatal Awayen oswa lòt Zile Pasifik <input type="checkbox"/> Blan <input type="checkbox"/> Birasyal/Milti-rasyal	<input type="checkbox"/> Yon diplòm avanse oswa yon diplòm bakaloreya <input type="checkbox"/> Yon diplòm asosye (2 zan kolèj), lekòl pwofesyonèl oswa kèk kou kolèj <input type="checkbox"/> Li gradye High school oswa li gen GED <input type="checkbox"/> 11 – 9 ^{yèm} ane <input type="checkbox"/> mwenske 8 ^{yèm} ane		
Fòmasyon Travay/Lekol	Etnisite:			
<input type="checkbox"/> Nan fòmasyon travay oswa lekòl <input type="checkbox"/> PA nan fòmasyon travay oswa lekòl	<input type="checkbox"/> Orijin Ispanik oswa Latino <input type="checkbox"/> Orijin ki pa Ispanik ni Latino			

TRAVEY: (Paran /Gadyen Legal)	
Adilt Primè: <input type="checkbox"/> Ap travay dat Efektif: _____ <input type="checkbox"/> Se pap travay (sa vle di pa travay, pran retrèt, oswa andikape) dat efektif: _____ <input type="checkbox"/> Manm nan Militè Ameriken <input type="checkbox"/> Veteran Militè <input type="checkbox"/> N / A	Adilt Segondè: <input type="checkbox"/> Ap travay dat Efektif : _____ <input type="checkbox"/> Se pap travay (sa vle di pa travay, pran retrèt, oswa andikape) dat Efektif: _____ <input type="checkbox"/> Manm nan Militè Ameriken <input type="checkbox"/> Veteran Militè <input type="checkbox"/> N / A

Lòt Manm Fanmi (Se revni paran an oswa titè a kap sipòte l):					
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 l
 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 verife 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: _____ 1st Year Child's date of entry into program: _____
 2nd Year Child's date of entry into program: _____ 3rd 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 verify 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: _____