

## **Terrebonne Parish Consolidated Government Head Start Program**

**Head Start is a federally funded comprehensive preschool program for children ages 3 to 5 from low income families. In order to qualify for the 2017-2018 school session, a child must be three years old by September 30, 2017.**

**The Terrebonne Parish Head Start Program does not discriminate on the basis of race, color, national origin, sex, or disabilities.**

**Children do not have to be potty trained for acceptance in Head Start.**

**Parents of children with severe or multiple disabilities are encouraged to apply.**

**There is no fee charged for Head Start services. Parents must provide transportation.**

**To process this application, copies of the following information must be provided. *The information you provide on and with this application will remain confidential.***

- |   |  |
|---|--|
| <input type="checkbox"/> Child's Birth Certificate            | <input type="checkbox"/> Child's Immunization Records      |
| <input type="checkbox"/> Child's Social Security Card         | <input type="checkbox"/> Child's Medicaid/Ins. Card        |
| <input type="checkbox"/> Parent/Guardian's Drivers License/ID | <input type="checkbox"/> Proof of Residency (utility bill) |

**Verification of Income- If you are employed, you must provide two current check stubs. If you receive food stamps, you must provide a food stamp printout sheet dated within the last 30 days. If you receive child support, SSI or unemployment compensation, you must provide proof that you receive these.**

**Child's Evaluation/Individual Education Plan (If your child receives speech therapy, physical therapy, occupational therapy, or Early Steps Services)**

**Send signed/dated application and copies of the documents listed above to:  
Terrebonne Parish Head Start  
809 Barrow Street  
Houma, Louisiana 70360  
Attention: Araminta Rainey**

**Check any services your child is currently receiving:**

- Private therapy (speech, physical, or occupational therapy)
- Home-based services through the Terrebonne Parish School System
- Private day care
- Early Steps

**Where did you hear about the Head Start Program?**     Newspaper     Flyer  
 Relative/Friend     School System    Other \_\_\_\_\_

**If you have questions or need assistance with the application process,  
Please call (985) 580-7273.**



\_\_\_\_\_ TOTAL NUMBER OF PERSONS THAT LIVE IN THE HOUSEHOLD Count only those that are supported by the income of the parent or legal guardian.

**You must list these household members, their date of birth and relationship to the child you are applying for including yourself.**

First and Last Name	D.O.B.	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MOTHER/GUARDIAN'S INFORMATION**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Level of Education:**  
\_\_\_\_\_ **Received High School Diploma/GED** or **Last Grade Completed** \_\_\_\_\_  
\_\_\_\_\_ **Some College** \_\_\_\_\_ **College Graduate (Degree** \_\_\_\_\_)  
\_\_\_\_\_ **Currently Enrolled in High School /Technical Training School/College**

**Is Mother/Guardian currently employed?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
**Where?** \_\_\_\_\_ **Work number:** \_\_\_\_\_  
\_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_ **Paid** \_\_\_\_\_ **Weekly** \_\_\_\_\_ **Bi-Weekly** \_\_\_\_\_ **Monthly**

**FATHER/GUARDIAN'S INFORMATION**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Level of Education:**  
\_\_\_\_\_ **Received High School Diploma/GED** or **Last grade Completed** \_\_\_\_\_  
\_\_\_\_\_ **Some College** \_\_\_\_\_ **College Graduate (Degree** \_\_\_\_\_)  
\_\_\_\_\_ **Currently Enrolled in High School/Technical Training School/College**

**Is Father/Guardian currently employed?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
**Where?** \_\_\_\_\_ **Work Number:** \_\_\_\_\_  
\_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_ **Paid** \_\_\_\_\_ **Weekly** \_\_\_\_\_ **Bi-Weekly** \_\_\_\_\_ **Monthly**

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Does your child receive Medicaid/LaChip? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Do you receive Food Stamps? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Do you receive FITAP/TANF (Welfare)? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Do you receive child support? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Do you receive Social Security Benefits? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Do you receive S.S.I.? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Do you receive Unemployment Comp.? \_\_\_\_\_ No \_\_\_\_\_ Yes

Do you have reliable transportation to bring your child to and from Head Start?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (Head Start does not provide transportation.)

At what school will your child attend Pre-K/Kindergarten? \_\_\_\_\_

Have you ever had a child in Head Start before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give child's name, where and year of enrollment: \_\_\_\_\_

Does the child you are applying for have a diagnosed disability or a condition that may lead to a disability? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, describe and attach I.E.P. from School Board: \_\_\_\_\_

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Is your child on a special diet or take medication(s) prescribed by a physician?  
\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please list details: \_\_\_\_\_

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Is there anything else you would like for us to know about your child or family (i.e., homeless, displaced by natural disaster, sudden loss of income, terminally ill family member, or other type of family crisis)? \_\_\_\_\_

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Please identify any assistance/resources your family may need (check all that apply).  
 Housing     Food Stamps     Medicaid/LACHIP/Health Insurance  
 Transportation     Family Counseling     GED/Continuing Education  
 Utility Assistance     Employment     Legal Aid     Mental Health     SSI  
 Other (please list) \_\_\_\_\_

I certify that all the information I have provided on and with this application, including income, is accurate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TPCG Head Start Staff Representative

\_\_\_\_\_  
Date