If you need help or have questions about this application, please call 512-303-7737 or 1-800-433-7570. You can also contact the center located in your community for assistance with completing the application. Addresses and phone numbers are located on page 2.

**A COMPLETE APPLICATION MUST HAVE THE FOLLOWING ATTACHED TO IT:**

1) Copy of your child’s birth certificate or birth facts record (driver’s license for pregnant applicant)
2) Income verification showing income for the past 12 months or the preceding calendar year (2015 W-2 forms, pay stubs, 2015 Tax Return, SSI, TANF or other authorized documentation)
3) Supporting documentation if your child has a diagnosed disability (for example ARD and IEP or IFSP documents)
4) Referrals from Community Agencies (If applicable)
5) Foster and Kinship Parents must provide a copy of the Placement Authorization.

INCOMPLETE APPLICATIONS WITHOUT DOCUMENTATION CAN NOT BE CONSIDERED FOR ENROLLMENT.

---

**2016 Income Guidelines for Head Start and Early Head Start**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>At or Below 100%</th>
<th>100%-130%</th>
<th>Over 130%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11,880</td>
<td>15,444</td>
<td>Over 15,444</td>
</tr>
<tr>
<td>2</td>
<td>16,020</td>
<td>20,826</td>
<td>Over 20,826</td>
</tr>
<tr>
<td>3</td>
<td>20,160</td>
<td>26,208</td>
<td>Over 26,208</td>
</tr>
<tr>
<td>4</td>
<td>24,300</td>
<td>31,590</td>
<td>Over 31,590</td>
</tr>
<tr>
<td>5</td>
<td>28,440</td>
<td>36,972</td>
<td>Over 36,972</td>
</tr>
<tr>
<td>6</td>
<td>32,580</td>
<td>42,354</td>
<td>Over 42,354</td>
</tr>
<tr>
<td>7</td>
<td>36,730</td>
<td>47,749</td>
<td>Over 47,749</td>
</tr>
<tr>
<td>8</td>
<td>40,890</td>
<td>53,157</td>
<td>Over 53,157</td>
</tr>
</tbody>
</table>

For families with more than 8 persons, add $4,160 for each additional person.

---

If your child is selected for enrollment, you will also be asked to submit the following health records at your enrollment meeting:

6) a current immunization record,
7) last physical exam,
8) last dental exam,
9) hematocrit/hemoglobin test results,
10) Lead blood test results,
11) TB screening.

If you are unable to obtain these records or need assistance, please contact us.

Visit our website at [www.ctfhs.org](http://www.ctfhs.org)

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
### Office and Center Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Phone Numbers</th>
<th>Center-Based and Home-Based options are available for Early Head Start.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cen-Tex Family Services, Inc. Administrative Office</td>
<td>2402 N. Main, Bastrop, TX 78602</td>
<td>512-303-7737</td>
<td>1-800-433-7570</td>
<td></td>
</tr>
<tr>
<td>La Grange Administrative Office</td>
<td>879 Mode Lane, La Grange, TX 78945</td>
<td>979-968-6488</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elgin Head Start Center</td>
<td>1002B N Avenue C, Elgin, TX 78621</td>
<td>512-285-4022</td>
<td></td>
<td>Center-Based and Home-Based options are available for Early Head Start.</td>
</tr>
<tr>
<td>Bastrop Child Development Center</td>
<td>607 Mesquite, Bastrop, TX 78602</td>
<td>512-321-7774</td>
<td></td>
<td>Center-Based and Home-Based options are available for Early Head Start.</td>
</tr>
<tr>
<td>Wee Care Learning Center</td>
<td>159 Settlement Drive, Bastrop, TX 78602</td>
<td>512-321-0933</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stoney Point Head Start Center</td>
<td>108 Point Dr, Del Valle, TX 78617</td>
<td>512-247-5530</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cedar Creek Head Start Center – Age 4</td>
<td>5582 FM 535, Cedar Creek, TX 78612</td>
<td>512-321-2900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emile Head Start Center</td>
<td>601 MLK Dr., Bastrop, TX 78602</td>
<td>512-308-9107</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lost Pines Head Start Center -- Ages 3-4</td>
<td>151 Tiger Woods Dr., Bastrop, TX 78602</td>
<td>512-308-9129</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smithville Head Start Center – Ages 3-4</td>
<td>308 Southwest Fourth, Smithville, TX 78957</td>
<td>512-237-4449</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eagle Lake Head Start Center – Age 3</td>
<td>600 Johnnie Hutchins Dr., Eagle Lake, TX 77434</td>
<td>979-234-6863</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Lighthouse Child Development Center</td>
<td>200 Ice St., Eagle Lake, TX 77434</td>
<td>979-234-4113</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Beginnings Child Development Center</td>
<td>1001 Schley St., Eagle Lake, TX 77434</td>
<td>979-234-2785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Lighthouse Child Development Center</td>
<td>200 Ice St., Eagle Lake, TX 77434</td>
<td>979-234-4113</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeff Dock Child Development Center</td>
<td>1010 E Industry, Giddings, TX 78942</td>
<td>979-542-9512</td>
<td></td>
<td>Center-Based and Home-Based options are available for Early Head Start.</td>
</tr>
<tr>
<td>Head Start Applying For (serves ages 3-4):</td>
<td>Cedar Creek ☐</td>
<td>Eagle Lake ☐</td>
<td>Elgin ☐</td>
<td>Emile ☐</td>
</tr>
<tr>
<td>Early Head Start Applying For (serves ages 0-3):</td>
<td>Bastrop CDC ☐</td>
<td>Elgin ☐</td>
<td>Jeff Dock CDC ☐</td>
<td>The Lighthouse CDC ☐</td>
</tr>
<tr>
<td>Child’s Name (If Pregnancy application, mother’s name and due date):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth (attach copy of birth certificate):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does Child have a disability? Yes ☐ No ☐</td>
<td>Gender of child: Male ☐ Female ☐</td>
<td>Is child currently homeless? (PIR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, attach IEP, IFSP or evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the child is in the process of being evaluated by ECI, school district, or has a Doctor’s referral for a suspected disability. Check here and provide documentation ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s Primary Language: (PIR)</td>
<td>Physical Address:</td>
<td>City</td>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Mailing Address if different from above:</td>
<td>City</td>
<td>Zip</td>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Mark benefit(s) received by your family: (attach documentation of all benefits received) (PIR)</td>
<td>TANF ☐</td>
<td>SSI ☐</td>
<td>Grants/Scholarships ☐</td>
<td>Child Support ☐</td>
</tr>
<tr>
<td>Retirement ☐</td>
<td>Veteran’s Benefits ☐</td>
<td>Unemployment ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child lives in a: single-parent household ☐ two-parent household ☐ (PIR)</td>
<td>Legal Guardian (attach legal guardianship papers) ☐ Foster Home (attach Placement Authorization) ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to child: parent(s) ☐ grandparent(s) ☐ other relative(s) ☐ non-relative foster ☐ (PIR) other ☐ Specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School District in which child lives:</td>
<td>Number of children in household (Must list below):</td>
<td>Number of Adults in the household (Must list below):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names of household members solely supported by income of the child’s parent(s)/guardian (must match the number of adults and children above):</td>
<td>Date of Birth of Household Member listed:</td>
<td>Relationship to applicant.</td>
<td>Does this family member have a disability? Please list type of disability.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>self</td>
<td></td>
</tr>
</tbody>
</table>
Cen-Tex Family Services, Inc. Head Start and Early Head Start
2016/2017 Eligibility Application

<table>
<thead>
<tr>
<th>Primary Parent/Guardian Name:</th>
<th>Relationship:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language:</th>
<th>Home Phone:</th>
<th>Work Phone:</th>
<th>Cell Phone:</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PIR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mark all that apply: (attach pay stubs, 2015 W-2 or tax return, or Employer's Statement of Gross Income) (PIR)
- Working full-time □
- Working part-time □
- In school or job training □
- Unemployed □

Estimated Income Before Deductions of Primary Parent: Complete Only if Primary Parent is Employed

<table>
<thead>
<tr>
<th>Secondary Parent/Guardian Name:</th>
<th>Relationship:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language:</th>
<th>Home Phone:</th>
<th>Work Phone:</th>
<th>Cell Phone:</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PIR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mark all that apply: (attach pay stubs, 2015 W-2 or tax return, or Employer's Statement of Gross Income) (PIR)
- Working full-time □
- Working part-time □
- In school or job training □
- Unemployed □

Estimated Income Before Deductions of Secondary Parent: Complete Only if Secondary Parent is Employed

Does child have a referral from CPS, a school district, or a Mental Health Provider? Yes □
(attach referral from agency or provider) No □

Has child received a referral to Head Start or Early Head Start for a medical condition by his/her physician? Yes □
(attach referral from physician) No □

Has family or a family member received services from the Family Crisis Center or CPS? Yes □ No □

Does a parent/guardian or the family possess a valid Court Order of Protection? Yes □
(attach court order) No □

Does the child have a parent/guardian incarcerated? Yes □ No □

Is at least one parent/guardian of the child active U.S. military? Yes □ No □ (PIR)

Is at least one parent/guardian of the child a veteran of the U.S. military? Yes □ No □ (PIR)

Was child previously enrolled in Head Start or Early Head Start? Yes □ No □ Where?___________

Does your family currently have child care? Yes □ No □

Are you potentially eligible for Childcare Subsidy and willing to apply? Yes □ No □

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Cen-Tex Family Services, Inc. Eligibility Application  Page 4
Is your child currently on CCS? If yes, your child will be considered for an extended day of service.

Yes ☐ No ☐

(PIR)

Is your family potentially eligible for SSI or TANF? Yes ☐ No ☐

(PIR)

### Family Demographics:

The following section is demographic information used by Cen-Tex Family Services, Inc. for Federal program reporting requirements and long and short term agency planning.

<table>
<thead>
<tr>
<th>Ethnicity of Child (Mark One) (PIR)</th>
<th>☐ Hispanic or Latino Origin ☐ Non-Hispanic/Non-Latino Origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race of child/applicant:</td>
<td>☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or other Pacific Islander</td>
</tr>
<tr>
<td>Is child biracial/multi-racial? ☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Is child enrolled in WIC? ☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

(PIR)

Does your family currently receive SNAP food benefits? ☐ Yes ☐ No

(PIR)

My child is currently covered by: (PIR)

(Must state reason if no health insurance is checked.):

☐ Medicaid ☐ Private insurance without dental

☐ CHIP (Children’s Health Insurance Program) ☐ Private insurance with dental

☐ No Health Insurance: Reason:

(PIR)

My child’s medical doctor is: (PIR) Dr. Phone #:

Doctor’s address:

Date of last visit and proof of last visit attached:

My child’s dentist is: (PIR) Dentist Phone #:

Dentist’s address:

Date of last visit and proof of last visit attached:

Primary Caregiver: ☐ Mother ☐ Father ☐ Legal guardian

(PIR)

- Highest level of education obtained:

☐ less than high school: last grade completed _________

☐ High school graduate or GED

☐ Some college, Vocational School, Associates degree

☐ Bachelor’s or advanced degree

Secondary Caregiver: ☐ Mother ☐ Father ☐ Legal guardian

(PIR)

- Highest level of education obtained:

☐ less than high school: last grade completed _________

☐ High school graduate or GED

☐ Some college, Vocational School, Associates degree

☐ Bachelor’s or advanced degree

(PIR)

Cen-Tex does not provide transportation services. Can you transport or make arrangements to transport your child to the center they will be enrolled in? ☐ Yes ☐ No

Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).
Cen-Tex Family Services, Inc. Head Start and Early Head Start
2016/2017 Eligibility Application

Name of Student: ________________________ Gender: □ Male □ Female

Last       First

Birth Date: _______/_____/_________ Grade: ____________

Check the box that best describes with whom the student resides. (Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

□ Parent(s)
□ Legal Guardians(s)
□ Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)
□ Other ____________________________________________

Name of person with whom student resides: ____________________________________________

Length of Time at Present Address: ________________________________________________

Length of Time at Previous Address: ________________________________________________

Please check only one box that best describes where the student is presently living:

□ In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable:) (CODE=N)
  □ My home has no electricity (CODE=U)
  □ My home has no running water (CODE=U)

□ In the home of a friend or relative because I lost my housing (examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.) (CODE=D)

□ In a shelter because I do not have permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing) (CODE=S)

□ In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization) (CODE=S)

□ In a hotel or motel (examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.) (CODE=HM)

□ In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location (CODE=U)

□ None of the above describe my present living situation

Briefly describe your situation: ____________________________________________________________

Factors contributing to the student’s current living situation (check all that apply):
Cen-Tex Family Services, Inc. Head Start and Early Head Start
2016/2017 Eligibility Application

☐ Natural disaster
☐ Tornado, storm, flood, etc.
☐ Hurricane, name: ________________________
☐ Fire: prairie, forest, grass, lightning strike, etc.
☐ Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
☐ Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
☐ Military: Parent/guardian deployed, injured or killed in action
☐ Incarceration of parent/guardian
☐ Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
☐ Home fire not due to natural causes (i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.)
☐ Economic hardship:
   ☐ Loss of job resulting in inability to pay rent or mortgage
   ☐ Income from part-time or low paying job does not cover cost of housing in the area
   ☐ Loss of mortgage, including loss of mortgage of landlord if student/student’s family is renting
   ☐ Eviction record and/or inability to produce deposits for rent or utilities
   ☐ High medical bills that leave little or no money for housing
   ☐ Lack of affordable housing in the area
   ☐ Minor student unable to afford housing on my own
   ☐ None of the above describe the main reasons for my present living situation

Briefly explain the contributing factors:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade Level</th>
<th>School</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

I certify that the information on this application is true and correct. I understand that this application DOES NOT AUTOMATICALLY “ENROLL” my child IN THE HEAD START/EARLY HEAD START PROGRAM. If my child or I are selected for enrollment and it has been discovered that I gave false information during the application process, we can be removed from the program.

______________________________________________________________________________
Signature of Parent or Legal Guardian

______________ Date __________