Dear Families,

Thank you for your interest in MACAA Early Head Start. Early Head Start is a publicly funded (free) comprehensive child development program for children birth to age 3 and pregnant women. Our Early Head Start program will offer both a center-based childcare option and a home-based (home visiting) option. Initial application review and eligibility verification will begin in April 2021. Applications are accepted year-round. Information will be handled confidentially. Please be sure to complete this form in its entirety.

Please retain this sheet for your information. Do not submit this page with your child’s application!

What Early Head Start programs options are available?

*Income restrictions and other factors determine eligibility*

<table>
<thead>
<tr>
<th>Center-Based</th>
<th>Home-Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant, Toddler and Two-year old classes</td>
<td>Home visiting program for pregnant women and families with children ages</td>
</tr>
<tr>
<td>Park Street Center</td>
<td>birth through three years old.</td>
</tr>
<tr>
<td>1025 Park St, Charlottesville, VA</td>
<td>Available to eligible families living in the City of Charlottesville, and</td>
</tr>
<tr>
<td></td>
<td>the counties of Albemarle, Fluvanna, Louisa and Nelson.</td>
</tr>
</tbody>
</table>

Pregnant Women

Available in eligible women in the City of Charlottesville, and the counties of Albemarle, Fluvanna, Louisa, and Nelson

How do I apply for Early Head Start program for my child?

1. Fill out one application for each participant.
2. Include ALL sources of household income with the application.

Your child’s application will NOT be processed until all documents are received.

How do I submit my child’s application?

Application can be found online at Go2Grow.com

*Paper applications may be submitted to:*

MACAA Early Head Start

1025 Park St
Charlottesville, Virginia 22901
Lina Abril, Enrollment Coordinator
Phone: (434) 295-3171 ext. 3008 Email: lmontoya@macaa.org

MACAA Early Head Start Program

United Way of Greater Charlottesville

Go2Grow.com

806 E High St
Charlottesville, Virginia 22902
Rebecca Martin, Navigator
Phone: (434) 459-0506 Email: go2grow@unitedwaycville.org

Important Dates

Applications are now being accepted.
Selection process will begin June 15th, 2021.
Anticipated opening by August 2021.

*Applications are accepted year-round to fill vacancies within the Early Head Start program as they occur. *
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Program Selection

Please select all program options you are interested in:

- Center-Based
- Home-Based
- Pregnant Women

If it is determined that you are not eligible for or you are not accepted into your first program of choice, would you like to learn about other program options that are available?  

- Yes  
- No

Please visit virginiaquality.com or childcareva.com for additional information about providers within your city or county of residence.

Child-Applicant

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthdate</th>
<th>Gender</th>
</tr>
</thead>
</table>

Race (select all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Bi-Racial (Black or African American & White)

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

English Proficiency:

- None
- Little
- Moderate
- Proficient

Primary Language: 

Language:

Other Language Proficiency:

Primary Health Coverage

- Not eligible
- Eligible
- Enrolled
- Unknown

Other Coverage

Insurance #

Medicaid #

Doctor/Medical Home

Dental Coverage

Dental Coverage #

Dentist/Dental Home

Parent/Guardian-1

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthdate</th>
<th>Gender</th>
</tr>
</thead>
</table>

Living Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
</table>

Mailing Address (if different from above)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
</table>

Phone Number(s) [please * by your preferred method of communication]

Cell

Home

Work/Other

Best time to reach you?

Permission to text?

- Yes
- No

Additional Contact Information

Email

Other Language Proficiency:

Race (please select all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Bi-Racial (Black or African American & White)

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

English Proficiency:

- None
- Little
- Moderate
- Proficient

Primary Language:

Language:

Other Language Proficiency:

Parent/Guardian

Highest Level of Education

<table>
<thead>
<tr>
<th>Grade 9</th>
<th>Grade 10</th>
<th>Grade 11</th>
<th>Grade 12</th>
<th>GED</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Diploma</td>
<td>Other/Vocational School</td>
<td>Associate Degree</td>
<td>Bachelor's Degree</td>
<td>Master's Degree</td>
</tr>
</tbody>
</table>

Employment Status

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Part-time &amp; training</th>
<th>Grandparent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>Part-time &amp; training</td>
<td>Grandparent</td>
</tr>
<tr>
<td>Retired or disabled</td>
<td>Foster parent</td>
<td>Other relative:</td>
</tr>
</tbody>
</table>

Relationship to Child:

- Biological/Adoptive/Stepparent
- Foster parent
- Other relative:

Custody:

- Yes
- No

Place Employed:

Check all that apply (for Parent/Guardian-1)

- Child lives with parent/guardian-1
- Parent/Guardian provides financial support
- Parent/Guardian was a teen parent (under 19 years of age)
- Parent/Guardian-1 is separated/divorced
- Parent/Guardian-1 has long-term/chronic illness
- Parent/Guardian-1 has a disability
- Parent/Guardian-1 has mental health concerns
- Parent/Guardian-1 has a history of substance abuse
- Parent/Guardian-1 is deceased
- Parent/Guardian-1 is a victim of violence
- Parent/Guardian-1 is proficient in reading and writing in primary language
- Active-Duty Military: Yes
- Yes, currently deployed
- Yes, previously deployed
- No
- Incarcerated: Yes
- No
## Parent/Guardian-2

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthdate</th>
<th>Gender</th>
</tr>
</thead>
</table>

### Living Address

<table>
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<tr>
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<th>Zip Code</th>
<th>County</th>
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</thead>
</table>

### Mailing Address (if different from above)

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<tr>
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<th>County</th>
</tr>
</thead>
</table>

### Phone Number(s) [Please * by your preferred method of communication]

<table>
<thead>
<tr>
<th>Cell</th>
<th>Home</th>
<th>Work/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Contact Information

<table>
<thead>
<tr>
<th>Email</th>
<th>Best time to reach you?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Permission to text?

- [ ] Yes
- [ ] No

### Race (please select all that apply)

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White
- [ ] Bi-Racial (Black or African American & White)

### Ethnicity

- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

### English Proficiency

- [ ] None
- [ ] Little
- [ ] Moderate
- [ ] Proficient

### Primary Language

<table>
<thead>
<tr>
<th>Language:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Other Language Proficiency

- [ ] Little
- [ ] Moderate
- [ ] Proficient

### Highest Level of Education

- [ ] < Grade 9
- [ ] Grade 10
- [ ] Grade 11
- [ ] Grade 12
- [ ] GED

### Employment Status

- [ ] Full-time
- [ ] Part-Time
- [ ] Seasonal
- [ ] Unemployed

### Relationship to Child

<table>
<thead>
<tr>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Custody

- [ ] Biological/Adoptive/Stepparent
- [ ] Grandparent
- [ ] Foster parent
- [ ] Other relative:

### Place Employed:

Check all that apply (for Parent/Guardian-2)

- [ ] Child lives with parent/guardian-2
- [ ] Parent/Guardian-2 provides financial support
- [ ] Parent/Guardian-2 was a teen parent (under 19 years of age)
- [ ] Parent/Guardian-2 is separated/divorced
- [ ] Parent/Guardian-2 has long-term/chronic illness

### Alternate Contact(s) if Parent/Guardian Cannot Be Reached

**Contact-1 Name (first and last)**

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th>Release To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact-2 Name (first and last)**

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th>Release To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional people authorized to pick up child (list below)
Person(s) not authorized to pick up child (list below)

Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be include, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Family Members Living in the Home (if more space is needed, please list additional family members on another page)

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Age</th>
<th>If school age, what school do they attend?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Child & Family Information

**CHILD (check all that apply and provide any explanation(s) in the space provided)**

*Information from this section will be kept confidential and is used to determine eligibility for programs*

- Child has no contact with one or both parents
- Child does not live with his/her parents
- Child or sibling(s) have been removed from the home
- Child is/was in foster care
- Child is an English Language Learner
- Child has been abused (physically, sexually, and/or emotionally)
- Child in counseling
- Child has a medical condition and/or allergies
- Child uses a medical device (ex. glasses, hearing aid(s), wheel chair, etc.)
- Child has a suspected or identified disability
- Child is not potty-trained (not required for acceptance into program(s))
- Child does not have a pediatrician and/or dentist
- Child was born before 37-weeks
- Child weighed less than 5 lbs. at birth
- Safety plan/Protective order is/was in place
- Child has had Child Protective Services involvement
- A court order custody agreement is in place (if yes, a copy will need to be provided)

Please provide any additional details in the space below:

**HOUSEHOLD (check all that apply)**

*Information from this section will be kept confidential and is used to determine eligibility for programs*

<table>
<thead>
<tr>
<th>Housing</th>
<th>Nutrition</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Family is currently experiencing homelessness</td>
<td>- Family is receiving SNAP</td>
<td>- Domestic violence in the home</td>
</tr>
<tr>
<td>- Family is living in temporary housing</td>
<td>- Family is receiving WIC</td>
<td>- No drivers license holder in the household</td>
</tr>
<tr>
<td>- Housing concerns</td>
<td>- Family has nutritional needs</td>
<td>- Household member has mental health concerns</td>
</tr>
<tr>
<td>(overcrowded, needs major repairs, lack of heat, etc.)</td>
<td></td>
<td>- Sibling(s) in home has a disability</td>
</tr>
<tr>
<td>- Family has moved 2 or more times in the past 3 years</td>
<td></td>
<td>- Sibling(s) in home has learning challenges</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Sibling(s) in home has behavioral concerns</td>
</tr>
</tbody>
</table>

Is your child currently enrolled in a childcare/preschool?  Yes  No
If yes, where is your child currently enrolled?

Does your family receive childcare subsidy/assistance?  Yes  No
Would you like more information about applying for childcare subsidy?  Yes  No
Would you like assistance developing an after-school plan?  Yes  No

If your child is selected for one of the three public programs, what are your after-school plans?

Do you have concerns about your child in the following areas? (check all that apply)

- Weight
- Sleep patterns
- Eating habits
- Health
- Development
- Behavior
- Social interaction
- Speech

Please provide any additional details in the space below:

Has your child ever been referred to or evaluated by the school system or other facility for special education, speech, Early Intervention, or other preschool services?

- Yes  No  If yes, where?  When?  Outcome?

Does he/she have an IFSP or IEP or are they currently receiving service?  Yes  No
(If yes, please attach)

Other than service workers, how many people can you call on to help with your child in the event of an emergency?  0  1  2  3+
Is there anything else you would like us to know about your child?

Is there anything else you would like us to know about your family?

Has your child or your family been negatively impacted by COVID-19? Please explain.

* If you have more than one child applying for services, please complete a separate copy of this form for each applicant.

I give permission for my application to be shared if there are other services and/or programs appropriate for families with preschool-aged children: ☐ Yes ☐ No

I certify that all the above information is true and correct, and that all income is reported. I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that if my child is accepted into a program, the school/program will receive state funds based on the information I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program. I understand that this application will serve to meet the needs of my family through available public and/or private providers and based on my eligibility will support my family in securing childcare/preschool services for my child. All personal information will be handled respectfully and confidentially. Signature of parent guardian is required for eligibility determination.

Signature of Parent/Guardian: _________________________________________________________ Date Signed: __________________________

Staff Verification (Staff Use Only)

☐ I verify that I have received all documents indicated above. Date: __________________________

Staff Name: ___________________________ Staff Signature: ___________________________