

CAP of Lancaster County Head Start Instructions for Eligibility Application

1. Print Eligibility Application
2. Complete the Eligibility Application.
3. Gather the income documents needed* (see definition below) ; must include the total income of all members of the family (see definition below), for either the past twelve months or for the previous calendar year, whichever more accurately reflects your family's current situation.
4. When you have completed #1 and #2 call our recruitment offices (see below) in your area for an appointment to complete the Eligibility Application process. Also please call if you have questions or need assistance.

During September thru April call:

Lancaster City – (717)295-1441

Columbia – (717)684-0216

Mt. Joy/Elizabethtown – (717)333-8198

Ephrata/Lititz – (717)738-4218

Quarryville/New Holland – (717)333-1939

During May thru August call:

All areas of the county call (717)299-7301 or 1-(800)732-0018

Head Start Definition of Income

Income means total cash receipts before taxes from all sources, with certain exceptions. Income includes:

- (1) Money, wages or salary before deductions
- (2) Net income from non-farm or farm self-employment
- (3) Social security or railroad retirement
- (4) Unemployment compensation, strike benefits, workers' compensation, veterans benefits, or public assistance
- (5) Training stipends
- (6) Alimony, child support, military family allotments, other regular support from absent family member or someone not living in the household
- (7) Private pensions, government pensions including military retirement, insurance or annuity payments
- (8) College scholarships, grants, fellowships, assistantships
- (9) Dividends, interest, net rental income, net royalties, receipts from estates or trusts
- (10) Net gambling or lottery winnings.

Income Documents Accepted

- (1) Income Tax Form 1040
- (2) W-2
- (3) 12 month pay stub
- (4) Unemployment
- (5) Written statements from employers
- (6) Child support documentation

* Foster children, children living in families that receive TANF cash benefits (including SSI), and children who's families meet the McKinney-Vento Act 42 U.S.C. 11435 are categorically eligible and we need the following documentation instead of income documents

- (1) Proof of foster status
- (2) TANF/SSI award letter
- (3) Residency Questionnaire for McKinney-Vento Act. (will be completed at the Head Start Center)

Head Start Definition of Family

A family is

"...all persons living in the same household who are

- (1) Supported by the income of the parent(s) or guardians(s) for the child enrolling in the program and
- (2) Related to the parents(s) or guardian(s) by blood, marriage, or adoption."

CAP of Lancaster County Head Start Eligibility Application

Please fill in the form completely and accurately. All information will be kept confidential.

Child's Name: _____ Date of Birth: _____
(First, Middle, Last)

Gender: Male Female Spoken Language English Spanish Other _____

Ethnicity: Hispanic/Latino Non Hispanic/Latino

Race: Asian Bi-racial/Multi-racial Black Caucasian Native American Pacific Islander Unspecified
 White other, please specify _____

Parent or Guardian Information *(The person signing the application should complete this section.)*

Parent or Guardian's Name: _____
(First, Middle, Last)

Date of Birth: _____ Relationship to Child: _____
(00/00/0000) (Example: Mother, Father, Foster Father, Grandmother, etc.)

Home: _____
(Street Address) (City) (ZIP)

Mail: *(if different)*: _____
(PO Box/Street Address) (City) (ZIP)

Telephone: _____
(Home) (Cell) (Work)

E-mail address: _____

In what language do you prefer to communicate: English Spanish Other _____

Current Employment Status: _____

Do you receive WIC? Yes No Previously

Other Parent/Guardian Information

Parent/Guardian's Name: _____
(First, Middle, Last)

Date of Birth: _____ Relationship to Child: _____
(00/00/0000) (Example: Mother, Father, Foster Father, Grandmother, etc.)

Home: _____
(Street Address) (City) (ZIP)

Mail: *(if different)*: _____
(PO Box/Street Address) (City) (ZIP)

Telephone: _____
(Home) (Cell) (Work)

E-mail address: _____

In what language do you prefer to communicate: English Spanish Other _____

Income and Household Composition

What is your family's total yearly income before taxes? (See definition of income on instruction sheet) \$ _____

How many people are in your family? (See definition of family on instruction sheet) _____

I understand that this application does not guarantee enrollment in Head Start.

Parent/Guardian Signature _____ Date _____