

DATE & TIME RECEIVED: _____
BY WHOM: _____

APPLICATION INFORMATION SHEET

Do not remove this sheet from the application.

Thank you for your interest in Higher Horizons Head Start and Early Head Start. Higher Horizons serves children and families of all ethnic and cultural backgrounds, including children with disabilities and pregnant women who meet the Federal Income Eligibility Guidelines, and live within Fairfax County, VA.

We offer the following program options:

The **Center Based Program** enrolls children 6 weeks to 4 years of age in full day classes. Services are provided for working parent and full time students who meet the income and age requirements for the program. Documented **Homeless, Foster Care, or Families receiving Supplemental Security Income are categorically eligible.**

The **Home-Based Program** enrolls families with children 6 weeks to 2.6 years of age and pregnant women. Home Services will provide a Teacher to visit your home once per week and provide educational services to the family. Socialization groups will meet two times per month at the park, library, museum as well as other locations in the community.

Please make sure to complete **ALL** parts of the application, to process your application and determine your eligibility for the program,

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED IN PERSON MONDAY- FRIDAY FROM 9:00AM – 2:00PM

1. **Applicant child's birth certificate.** This will not be kept or copied; the staff member who receives your application must view your child's birth certificate and record pertinent information from it.
2. **Verification of your home address.** This may be a copy of your lease or a current utility bill, **not** cell phone, in your name. If you receive housing assistance (section 8), please submit a copy of your certificate or award letter. If you share housing, please submit a notarized address verification form from the homeowner / leaser that states that you live at the given address. Additionally, we require the homeowner's lease.
3. **Verification of your income.** This may be:
 - **2021 Income Tax Return 1040** from each **working family member. This includes you and your spouse.**
 - **2 current consecutive paycheck stubs**
 - **Self-employed workers** must provide the **2021 Income Tax Return 1040** and Schedule C.
 - **Seasonal workers** must provide a notarized letter from their employer and a copy of the most current federal **2021 Income Tax Return 1040.**
 - **Families with no earned income** must complete the Parent Statement Form to explain the source of support and indicate the monthly amount of assistance, the information will be verified with the source of support.
 - **Other sources of income** (child support, unemployment, etc.) must be included as income.
 - A copy of your **current** monthly TANF or SSI check; **OR**
 - A copy of a **current** award letter from the Department of Human Development that states how much you receive each month.
 - **Verification of School/Training** (if applicable): A copy of official computer registration form from the registrar's office.
 - **Other (if applicable)**
 - Parent or Child diagnosed disability with a copy of current IEP or IFSP
 - Parent Incarcerated
 - Child Protective Services or Family Preservation programs
 - Court documentation

THE ABOVE INFORMATION MAY BE VERIFIED WITH THE EMPLOYEE, HOMEOWNER, OR SOURCE OF YOUR SUPPORT. IF ALL THE INFORMATION IS NOT RECEIVED, THE APPLICATION WILL NOT BE PROCESSED. APPLICATIONS NEED TO BE PICK UP AND DROPPED OFF AT 5920B SUMMERS LANE FALLS CHURCH LOCATION.

Please call us at (703) 820-2457 or if you have any questions or if you need help in completing the application.

**5920-B Summers Lane, Falls Church VA 22041 • 703 820-2457.
6201 Leesburg Pike Suite #5, Falls Church, VA 22044 •**

www.higherhorizons.org

Applicant & Family Member Information



Child or Pregnant Parent Applying for Services

First	Middle	Last	Birthday	Gender		
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			
Primary Health Coverage	Other Health Coverage	Insurance #	Medicaid	Medicaid #	Doctor	Dentist
			<input type="checkbox"/> Not Eligible		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			<input type="checkbox"/> On Medicaid		<input type="checkbox"/> No	<input type="checkbox"/> No
			<input type="checkbox"/> Potentially Eligible			

Do you have concerns about your child's development?

Yes, Please Explain No

Father Name

First	Middle	Last	Birthday	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> Central & South American Indian	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply for this adult:	
<i>Please Print Clearly</i>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School		<input type="checkbox"/> Teen Parent	
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled		If teen parent, subsidized?	
		<input type="checkbox"/> Natural/Adopted/Step		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grandchild			
		<input type="checkbox"/> Niece/Nephew			
		<input type="checkbox"/> Foster			
		<input type="checkbox"/> Other			
E-mail Address: _____					Country of Origin _____

Mother Name

First	Middle	Last	Birthday	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> Central & South American Indian	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply for this adult:	
<i>Please Print Clearly</i>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School		<input type="checkbox"/> Teen Parent	
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled		If teen parent, subsidized?	
		<input type="checkbox"/> Natural/Adopted/Step		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grandchild			
		<input type="checkbox"/> Niece/Nephew			
		<input type="checkbox"/> Foster			
		<input type="checkbox"/> Other			
E-mail Address: _____					Country of Origin _____

Additional Child (Non-Applicant) *

First	Middle	Last	Birthday	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> Central & South American Indian	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		

Additional Child (Non-Applicant) *

First	Middle	Last	Birthday	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> Central & South American Indian	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		

Family Information, Income & Identity Verification

Applicant Name: _____ Birthday _____

Family Information					
Living Address	Address Line 2	Zip	City	State	County
Mailing Address (if different)	Address Line 2	Zip	City	State	County
Phone Numbers	Type (check one)				
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____				Number in Family _____
Text Messages:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____				Number of Children _____
<input type="checkbox"/> Yes <input type="checkbox"/> No				Number in Household _____	
Parental Status (check one)	Primary Language at Home	Homeless Family	Military Family	Referred by Child Welfare Agency	Receiving SNAP (food Stamps)
<input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Parent		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income					
TANF	Supplemental Security Income (SSI)		WIC		WIC ID (if applicable)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

This Section for Agency Use Only

CHILD'S IDENTITY VERIFICATION

First Name		Middle Name	Last Name	
Place of Birth	Date of Birth	Birth Certificate Number	Date Issued	
Form of Proof				

Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), and passport, copy of the placement agreement or other proof of the child's identity from a child placing agency. While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Staff Signature	Date
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Please complete questions that apply to you. (Please leave attached to the application)

If pregnant, please indicate how many weeks or months and due date at the time of this application:

Weeks: _____ or Months: _____

Due Date: _____

If you are applying to the EHS center program, which serves (6 weeks to 2.6 years), please check the appropriate box below. (Higher Horizons does not provide transportation for children less than three years of age)

- Yes**, I can transport my child to and from school at the times indicated below.
- No**, I cannot transport my child to and from school at the times indicated below.

School arrival time is from 7:30 – 8:45am
Pick up times are from 3:30 – 4:30pm

Has the child attended another school?

- Yes
- No

How did you hear about our program?

- Region 2 Social Services Building
- Flyers - which location? _____
- Referral – from _____
- My child _____ is currently enrolled.
Child's name
- Family/Friend
- I had a child previously enrolled in Higher Horizons
- Bus signs

CERTIFICATION

I understand that as an applicant for Head Start/Early Head Start, I must provide information on my income. I understand that the program staff reserves the right to review the information and to make an eligibility determination for the program. I understand and give permission so that the program staff may use third parties to verify a family's circumstances.

I certify that the information provided is true and accurate to the best of my knowledge. I understand that if I knowingly provide false information, my child may be found ineligible for the program.

I agree to third party verification

I do not agree to third party verification

This statement was read to me

Parent/Guardian Signature _____

Date _____