



Helping People, Changing Lives Since 1965

## Early Education & Childcare Programs APPLICATION

Dear Applicant: Thank you for your interest in our program! Please complete this application as thoroughly as possible.

Head Start / Child Development	Child Care Assistance Program (CCAP)
<ul style="list-style-type: none"> <li>Children <b>0-5</b> years of age.</li> <li><u>One (1) application per child.</u></li> <li>Documents <b>ARE</b> required to be submitted along with application.</li> </ul> <p>If you have any questions or need assistance with the application, please feel free to call (559) 415-7263 or (559) 415-7227.</p> <p>Please return the application to:</p> <p><a href="mailto:enroll@kcao.org">enroll@kcao.org</a> or Kings Community Action Organization <b>Attention: Enrollment Technician</b> 1130 N. 11<sup>th</sup> Ave. Hanford, CA 93230</p>	<ul style="list-style-type: none"> <li>Children ages <b>0-13</b> years of age.</li> <li><u>Only one (1) application per family.</u></li> <li>Documents <b>ARE NOT</b> required to be submitted along with application.</li> </ul> <p>If you have any questions or need assistance with the application, please feel free to call (559) 415-7231.</p> <p>Please return the application to:</p> <p><a href="mailto:kcaocel@kcao.org">kcaocel@kcao.org</a> or Kings Community Action Organization <b>Attention: Child Care Assistance Program</b> 1130 N. 11<sup>th</sup> Ave. Hanford, CA 93230</p>

Head Start and Child Development applications please include copies of documents listed below.

PLEASE PROVIDE ONE DOCUMENT FROM EACH CATEGORY:		
BIRTH	PROOF OF RESIDENCY	INCOME
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Certificate of Baptism <hr/> <b>PICTURE ID</b> <input type="checkbox"/> Parent ID	<b>NO P. O. BOX</b> <input type="checkbox"/> Utility Bill <input type="checkbox"/> Rental Agreement/Receipt <input type="checkbox"/> Check Stubs/W-2 Form <input type="checkbox"/> Other Correspondence With Address <input type="checkbox"/> Driver's License <input type="checkbox"/> Identification Card <input type="checkbox"/> Homeless Declaration	<input type="checkbox"/> W-2 Forms (or) <input type="checkbox"/> Check stubs from prior 12 months (or) <input type="checkbox"/> Foster Care Agreement <input type="checkbox"/> Public Assistance <ul style="list-style-type: none"> <li>Social Security Income (SSI)</li> <li>CalWORKS or CalFresh</li> </ul>

PLEASE PROVIDE THE FOLLOWING DOCUMENTS, ONLY IF APPLICABLE:			
DISABILITIES	MEDICAL CARD	IMMUNIZATION	OTHER DOCUMENTS
➤ IFSP ➤ IEP	➤ Medi-Cal ➤ Private Insurance	➤ Immunizations (Shot Record) <b>(Required for enrollment)</b> ➤ Current physical <b>(Required for enrollment)</b>	➤ Custody Order ➤ Temporary Guardianship ➤ Adoption Agreement ➤ Foster Agreement

Kings Community Action Organization does not discriminate on the basis of color, ethnicity, religion, disability, age, gender, sexual orientation or any other factor prohibited by law.

## Early Education & Childcare Programs

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### OFFICE USE ONLY:

- ☐ Ages 0-5      ☐ HS/CD  
☐ Ages 5-13      ☐ CCAP

### What early education and child care programs are you interested in? (Circle all that apply)

- ☐ Child Care (0-13 years)      ☐ Head Start (0 years-5 years)      ☐ Both

\* Mark the following box if Adult #1 or Adult #2 in the household are current KCAO employee(s) ☐

### CHILD (child receiving services only)

First	Middle	Last	Suffix	Date of Birth	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race			Hispanic	Primary Language	Other Language
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you or any member of your family receive services from any of the following? Mark all that apply (Means Tested) ☐ Not Applicable

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Medi-Cal  | <input type="checkbox"/> WIC              | Please provide income reported on application:<br>\$ _____ |
| <input type="checkbox"/> Cal-Fresh   | <input type="checkbox"/> Head Start       |  |
| <input type="checkbox"/> California Food Assistance Program                          | <input type="checkbox"/> Early Head Start |  |
| <input type="checkbox"/> The Federal Food Distribution Program on Indian Reservation | <input type="checkbox"/> CalWORKs         |  |

### Adult #1 – Living in the home\*

☐ Pregnant

First	Middle	Last	Suffix	Date of Birth	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status		Type of Parent: Please check one		Primary Language	Other Language
<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Biological	<input type="checkbox"/> Adoptive		
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster		
<input type="checkbox"/> Separated	<input type="checkbox"/> Living w/partner	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Kinship		

Income: Please check all that apply (include amount) ☐ Not Applicable

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wages: Hours per week _____ Hourly Rate _____ | <input type="checkbox"/> Worker's Comp _____ | <input type="checkbox"/> Child Support _____ |
| <input type="checkbox"/> Cash Aid/TANF _____                           | <input type="checkbox"/> Tribal _____        | <input type="checkbox"/> SSA _____           |
| <input type="checkbox"/> Disability _____                              | <input type="checkbox"/> Foster _____        | <input type="checkbox"/> SSI _____           |
| <input type="checkbox"/> Unemployment _____                            | <input type="checkbox"/> Retirement _____    | <input type="checkbox"/> Other _____         |

### Adult #2 – Living in the home\*

☐ Not Applicable

☐ Pregnant

First	Middle	Last	Suffix	Date of Birth	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status		Type of Parent: Please check one		Primary Language	Other Language
<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Biological	<input type="checkbox"/> Adoptive		
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster		
<input type="checkbox"/> Separated	<input type="checkbox"/> Living w/partner	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Kinship		

Income: Please check all that apply (include amount) ☐ Not Applicable

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wages: Hours per week _____ Hourly Rate _____ | <input type="checkbox"/> Worker's Comp _____ | <input type="checkbox"/> Child Support _____ |
| <input type="checkbox"/> Cash Aid/TANF _____                           | <input type="checkbox"/> Tribal _____        | <input type="checkbox"/> SSA _____           |
| <input type="checkbox"/> Disability _____                              | <input type="checkbox"/> Foster _____        | <input type="checkbox"/> SSI _____           |
| <input type="checkbox"/> Unemployment _____                            | <input type="checkbox"/> Retirement _____    | <input type="checkbox"/> Other _____         |

### Contact Information

Physical Address:	Apt. #:	City:	Zip Code:
Mailing Address:(If Different)		Apt. #	City:
Phone Numbers: HOME (____) _____	MOBILE: (____) _____	E-mail:	

\*Please check box if you agree to be contacted by ☐ e-mail or ☐ text. \* Your carrier's message and text rates may apply.

OTHER FAMILY MEMBERS THAT ARE LIVING IN THE HOME AND SUPPORTED BY YOUR INCOME:☐ Not Applicable (Skip to Next Section)

Legal Name:	Gender	Date of Birth	Relation	Does this child need child care?	Enrolled in Head Start or Preschool
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, Program:
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, Program:
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, Program:
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, Program:

**Housing****Do you live in any of these situations:** In a motel, hotel, campground, abandoned building, trailer, in a car, or shared housing with friends or relatives?☐ Yes ☐ No If Yes, we can HELP.**Support Services**

Does your child have a current IEP or IFSP? (Provide Document)

☐ Yes ☐ No

Does your child receive services from these agencies?

☐ Referred by CPS ☐ SELPA ☐ CVRC ☐ UCPDoes your child have a suspected disability or delay (for example speech, learning, etc.) by a professional or parent? ☐ Yes ☐ No**Language**

- Which language(s) does your child hear at home? This includes the language(s) spoken by parents, grandparents, siblings, extended family, or others living within or visiting the home. \_\_\_\_\_
- Which language(s) does your child hear in their neighborhood and community? \_\_\_\_\_  
For example, with friends and neighbors, at church, or at after school programs or activities. This is to demonstrate language exposure not to measure language proficiency. \_\_\_\_\_
- Which language(s) does your child understand? \_\_\_\_\_
- 4) Which language(s) does your child speak? \_\_\_\_\_

**Agricultural Status****Has the entire family moved from one state to another for the purpose of engaging in agriculture work?** ☐ Yes ☐ No

If yes, family moved from where? \_\_\_\_\_ How many times in the last 24 months? \_\_\_\_\_ Date of last agricultural move? \_\_\_\_\_

**Has the entire family moved from one county to another for the purpose of engaging in agriculture work?** ☐ Yes ☐ No

If yes, family moved from where? \_\_\_\_\_ How many times in the last 24 months? \_\_\_\_\_ Date of last agricultural move? \_\_\_\_\_

**How did you hear about our services? (Circle all that apply)**KCAO Website  
FlyerWord of mouth  
Door to Door RecruitmentPast Parent  
KCAO StaffWalk-in  
Community Event: \_\_\_\_\_ Facebook**SIGNATURES: By signing this application I give my consent to be waitlisted for all programs my child (ren) qualify for.**

I have carefully reviewed the information in this application and certify to the best of my knowledge and belief that all information in this application is true, complete and correct. I further understand that this is an application for services that are paid for with federal/state funds and intentionally providing misleading; inaccurate or untruthful information could result in the disenrollment of my child from Head Start/Child Development.

**Parent/Guardian Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_

I have interviewed the applicant and certify to the best of my knowledge and belief that all information in this application is true, complete and correct. I further understand that this is an application for services that are paid for with federal/state funds and that intentionally providing misleading, inaccurate or untruthful information could have serious legal consequences for me and/or my employment status with KCAO.

**Staff Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_