



## CHILD AND FAMILY DEVELOPMENT PROGRAMS

### **Early Head Start/Head Start/State Pre-Kindergarten**

225 Westridge Drive, Watsonville, CA 95076

Office: (831)724-3885 / 688-3802 • Fax: (833)204-4892 • email: [IntakeProcesses@EncompassCS.org](mailto:IntakeProcesses@EncompassCS.org)

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Dear Parent,

Thank you for your interest in our Child and Family Development programs. Our programs provide free high quality school readiness for infants, toddlers, and preschool age children of eligible families living in Santa Cruz County. We offer extended day and part day preschool classes to children ages 3-5 (Pre-kindergarten age). We also offer home-base services to newborns to 36 months and toddler center classes for children ages 12 months to 36 months.

Please complete the attached application. **NOTE THAT A PART OF THE APPLICATION PROCESS, IS TO HAVE AN INTERVIEW WITH ONE OF OUR INTAKE STAFF.**

#### **Automatic Eligibility**

Your child is automatically eligible if you receive one of the following benefits:

- The child you are applying for is foster **OR**
- Your family is receiving benefits or services through the CalWORKs/TANF program **OR**
- A family member living with and supported by child's parent(s) is receiving Supplemental Security Income (SSI) **OR**
- Your family considers themselves homeless (per the definition of the McKinney-Vento Homeless Act)

#### **Income Eligibility**

Your family is eligible if your income meets the current year Federal Poverty Guidelines. Documents must include all sources of income received by the child's parent(s)/guardian(s) (more information regarding the type of income verification required is on page 3 of the attached application)

#### **Required Documents**

You need to submit the following documents with the application to determine eligibility (**remember: any copies of documents submitted will not be returned**)

- **Income documents:** Income Tax Report 1040-A form (from previous year)
- **Proof of age:** Copy of birth or hospital certificates, medical insurance card, U.S. passport.
- **Child's Immunization Record:** California law states that children cannot attend class without proof of up-to-date immunizations.
- **Copy of child's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP):** Only if child has a diagnosed disability.

#### **Submitting Child's Application**

You can submit your application in person at our main office or by via email, or fax. The information you provide us will assist us in determining if your child is eligible for our programs and to prioritized (using our selection criteria point system) your child's placement on our wait lists.

If you have questions about the application or required documents, and/or need assistance completing the application, please give us a call at the telephone number listed above. **We will be happy to assist you!**

## Health Requirements

For all children participating in any of our Child and Family Development programs we are required to obtain copies of the following health information. If your child does not have medical insurance or you have no way to pay for these exams, please call our office for assistance. Our Health staff is available to answer any questions you may have regarding these health requirements.

### Documents to submit with Child's Application

- ❖ **Immunization Record:** Before your child can attend class or a Home Base Socialization, a copy of your child's immunization records must be received by the program according to the State of California Immunization requirements. If you do not have a copy of your child's immunization record or your child has not received all required immunizations, call your child's health care provider as soon as possible to obtain a record or make appointment for your child to receive these immunizations.

### Required within 30 days of your child's 1<sup>st</sup> day of school or Home Base Home Visit:

- ❖ **Health Assessment (Physical Exam or Well-Baby Check):** We need a copy of your child's health assessment (physical exam or well-baby check) by a physician. This exam should include a Tuberculosis (TB) test and/or an assessment, if at risk.

### Required within 90 days of your child's 1<sup>st</sup> day of school or Home Base Visit:

- ❖ **Dental Exam:** We need a copy of your child's current dental exam and any treatments received within the past year. (*Required for Head Start children. Recommended, but not required for Early Head Start children*).
- ❖ **Hemoglobin/Hematocrit Test:** We need a copy of your child's Hemoglobin/Hematocrit test. Completed by your child's physician usually at 9 and 24 months of age.
- ❖ **Blood Pressure Measurement:** Beginning at age 3 we need documentation of a blood pressure measurement. This measurement is usually completed during your child's physical exam.
- ❖ **Lead Test:** We need a copy of your child's lead test. Physicians complete this test usually when children are 12 and 24 months of age.

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### Child's Application

(Confidential)

Child (applicant)			
First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:
Child's primary language:		Is the child in foster care: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Race: <input type="checkbox"/> White (Latino & Caucasians) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Bi-Racial/Multi-Racial (please, specify): <input type="checkbox"/> Other (specify):		
Does your child have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had seizures or convulsions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child have any chronic (ongoing) health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, complete A & B): A. Type of chronic (ongoing) conditions: _____ B. Does your child take medication for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have any feeding or eating problems that require special dietary substitutions or adaptive equipment (i.e. gastric tube, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, complete A): A. Describe eating/feeding problems or equipment needed:			
Does your child have a diagnosed disability? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach a copy of current Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP) to child's application and complete A): A. Please (✓) type of disability for which your child is receiving special education services: <input type="checkbox"/> Speech and Language Delay <input type="checkbox"/> Development Delay <input type="checkbox"/> Emotional/Behavioral Disorder <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Autism <input type="checkbox"/> Other (explain):			
Does your child require any adaptive devices while at school (i.e. wheelchair, walker, hearing aids, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, complete A): A. Describe adaptive equipment needed:			
Do you have any concerns regarding your child's speech? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain):			
Do you have any concerns about your child's hearing and vision? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain):			
Do you have any health concerns about your child? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain):			

## Family Information

Child lives with:

Both Parents     
  Single Parent (only)     
  Foster Parent(s)     
  Legal Guardian     
  Joint Custody

### Parent/Guardian # 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

How do you prefer we contact you?  
 Home Phone     Cell Phone  
 Work Phone     Email Address  
 Text

In what language do you prefer your written information?  
 English     Spanish

Employment Status:  
 Full-Time     Part-Time     Unemployed  
 Disabled     Seasonal     Retired  
 Job Training/School

Are you an employee of this program/agency?  
 Yes     No

Are you related to an employee of this program/agency?  
 Yes     No

### Parent/Guardian # 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

How do you prefer we contact you?  
 Home Phone     Cell Phone  
 Work Phone     Email Address  
 Text

In what language do you prefer your written information?  
 English     Spanish

Employment Status:  
 Full-Time     Part-Time     Unemployed  
 Disabled     Seasonal     Retired  
 Job Training/School

Are you an employee of this program/agency?  
 Yes     No

Are you related to an employee of this program/agency?  
 Yes     No

## Family Size

Please list all people in the household (do not list "parents or child" you are applying for) who are supported by the parent/s guardian/s income (if you need more room, please use another sheet of paper).

First and Last Name	Date of Birth	Relation to child (applicant)

**Total number of people living in the household for whom you provide financial support?**

## Family Circumstances

Please indicate any events, which have occurred in your family within the last 2 years.

- Death in the family     
  Serious illness in the family     
  Divorce/Separation     
  Military Deployment  
 Homeless     
  Incarceration of parent/guardian     
  Grandparent/relatives raising child (kinship care)  
 Other (specify): \_\_\_\_\_     
  None

Was your child referred to our program?       Yes       No (if yes, by whom)?

- Doctor/Clinic     
  Public Health Nurse     
  Counselor/Therapist     
  Families Together  
 PAPA's     
  Child Protective Services     
  Pajaro Valley Unified School District  
 Other (who)? \_\_\_\_\_

## Income Eligibility Questions

**Is your family currently receiving Cash Aid benefits?**  Yes       No  
 (TANF benefits include on-going TANF/CalWORKS cash grant and/or Welfare-to-Work non cash aid)  
 If yes, attach documentation that you are currently receiving TANF benefits.

**Are you or anyone in your family currently receiving Supplemental Security Income (SSI) (✓)?**  Yes       No  
 If yes, attach documentation verifying that you or someone in your family is currently receiving benefits.

**Is this an application for a Foster child?**  Yes       No  
 If yes, attach copy of the Foster Care Grant.

**Is your family currently homeless?**  Yes       No  
 (living temporarily in transitional housing, shelters, hotels, or vehicles; or moving frequently between the home of relatives and/or friends) You may be asked to provide verification that you are receiving homeless services.

**Do you receive income from wages?**  Yes       No  
 Income tax report (1040-A form), W2's (from previous year). If yes, attach verification.

**Do you receive Child Support, State Disability, Unemployment or Worker's Compensation Benefits?**  Yes       No  
 If yes, attach verification of benefits received in the last 12 months.

Parent/Guardian # 1 Paydays:  
 Weekly       Every 2 weeks       Twice per month  
 Monthly

Parent/Guardian # 2 Paydays:  
 Weekly       Every 2 weeks       Twice per month  
 Monthly

Check this box only if you have no other way to document your income.       I get paid in cash

Check this box only if you have no other way to document your income.       I get paid in cash

Check this box only if you have no income.  
 No income or Automatic Benefits

Check this box only if you have no income.  
 No income or Automatic Benefits

## How Did You Hear About Our Program?

- Family or Friend     
  Community Agency     
  Community Event     
  Print Advertisement  
 Internet     
  Other (who)? \_\_\_\_\_

## Program Option Page

Please review the program options below and indicate which option(s) you are applying for:

### Early Head Start

#### ■ Home Base Program (birth – 3 years) - year round program

This program provides services to families in their home. The Home Visitor assists parents in providing learning opportunities that enhances their child's growth and development by using the home as the child's primary learning environment. A Home Visitor visits the home each week for 1 ½ hours. In addition, two socialization groups are held each month where children have the opportunity to develop social skills with other children, and parents have the opportunity to socialize with other parents.

#### ■ Toddler Center Base Program (12 – 36 months) – year round program

Children are enrolled in an extended day class 5 days a week (Monday-Friday) for 6 ½ hours. Three nutritious meals are provided. Families also participate in home visits and parent/teacher conferences.

<input type="checkbox"/> Starlight Children's 1 360 Arthur Rd Watsonville 8:30 am – 3 pm <b>12 – 24 month olds only</b>	<input type="checkbox"/> Starlight Children's 2 360 Arthur Rd Watsonville 8:30 am – 3 pm <b>18 – 36 month olds only</b>	<input type="checkbox"/> Baskin 1 6500 Soquel Ave # 1700 Aptos 8:30 am – 3 pm	<input type="checkbox"/> Natural Bridges 1 255 Swift St Santa Cruz 8:30 am – 3 pm
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### Head Start

#### ■ Part-Day Center Base Program (3 – 5 years/pre-kindergarten age)

Children are enrolled in an AM or PM class 4 days a week (Tuesday-Friday) for 3 ½ hours. Two nutritious meals are served. Families also participate in home visits and parent/teacher conferences.

<input type="checkbox"/> Martinelli 1 441 Rogers Ave Watsonville ___ 8:15 am – 11:45 am ___ 12:45 pm – 4:15 pm	<input type="checkbox"/> Terry Jimenez 2 201 Brewington Ave Watsonville ___ 8:15 am – 11:45 am ___ 12:45 pm – 4:15 pm <b>3 year old only</b>	<input type="checkbox"/> Via del Mar 120 W. Beach St Watsonville ___ 8:15 am – 11:45 am ___ 12:45 pm – 4:15 pm	<input type="checkbox"/> Vista Verde 1 1936-A Freedom Blvd Freedom ___ 8:15 am – 11:45 am ___ 12:45 pm – 4:15 pm <b>3 year old only</b>
<input type="checkbox"/> Vista Verde 2 1936-A Freedom Blvd Freedom ___ 8:15 am – 11:45 am ___ 12:45 pm – 4:15 pm	<input type="checkbox"/> Branciforte 175 Benito Ave Santa Cruz ___ 8:15 am – 11:45 am ___ 12:45 pm – 4:15 pm	<input type="checkbox"/> Baskin 2 6500 Soquel Ave # 1700 Aptos ___ 8:15 am – 11:45 pm ___ 12:45 pm – 4:15 pm	<input type="checkbox"/> No Preference

#### ■ Extended Day/Extended Year Center Base Program (3 – 5 years/pre-kindergarten age)

Children are enrolled in an extended day class 5 days a week (Monday-Friday) for 6 hours. Three nutritious meals are served. Families also participate in home visits and parent/teacher conferences.

<input type="checkbox"/> Angela Agbayani 140 Herman Ave Watsonville 8:15 am – 2:15 pm	<input type="checkbox"/> Martinelli 2 441 Rogers Ave Watsonville 8:15 am – 2:15 pm	<input type="checkbox"/> Starlight 235 Hammer Dr Watsonville 8:15 am – 2:15 pm	<input type="checkbox"/> Terry Jimenez 1 201 Brewington Ave Watsonville 8:15 am – 2:15 pm
<input type="checkbox"/> Ludlow 7105 Highway 9 Felton 8:15 am – 2:15 pm	<input type="checkbox"/> Natural Bridges 2 255 Swift St Santa Cruz 8:15 am – 2:15 pm	<input type="checkbox"/> The Farm 3060 Cunnison Ln Aptos 8:15 am – 2:15 pm	<input type="checkbox"/> No Preference

### Parent/Guardian Signature:

I certify that all the information in this application and documents provided is correct. I understand that if any false information is given, my child's application may be disqualified or services discontinued.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_