



Episcopal Children's Services

Better Lives Start With Better Beginnings.

Dear Parents,

Thank you for your interest in Episcopal Children's Services Early Head Start Program. Please fill out the enclosed application form and return it with proof of income, child's age, and proof of residency.

1. **Income Verification** (*Please attach one of the following documents to reflect the past twelve months or calendar year. One must be dated within the past 30 days from signature of this application.*)

- Public Assistance Verification Letter (AFDC, TANF, or SSI)
- Pay Stubs
- Pay Envelopes
- W2's
- Individual Tax Form 1040
- Verified Letter from Employer
- Unemployment Compensation (Claim letter or payment stubs)

2. **Verification of Child's Age**

- Birth Certificate

3. **Proof of Area Residency**

- Utility Bill (PG&E, Cable, SBC)
- Current Rental Agreement or Lease

Please mail or drop off your completed application and proof of eligibility directly to the center you are interested in attending. If you are interested in enrolling your child in Duval County centers you need to mail or drop off your application to our Home Office on Baymeadows Rd.

If you have any questions, feel free to call the Home Office or any Centers listed below. Head Start/Early Head Start staff will be pleased to help you fill out the application or answer any questions.

Episcopal Children's Services

8443 Baymeadows Rd., Suite 1
Jacksonville, FL 32256
Phone: (904)-726-1500 ext. 227
Fax: (904)-726-1520
Email: kbonesteel@ecs4kids.org

Middleburg Head Start/Early Head Start

2506 Blanding Blvd.
Middleburg, FL 32068
Phone: (904)-291-5472
Fax: (904)-291-5474

Baker County Early Head Start

522 S. 6th St.
Macclenny, FL 32063
Phone: (904)-259-8431
Fax: (904)-259-7540

Green Cove Springs Head Start/Early Head Start

1107 Martin Luther King Blvd.
Green Cove Springs, FL 32043
Phone: (904)-529-1150
Fax: (904)-529-1151



8443 Baymeadows Rd, Suite 1
Jacksonville, FL 32256
www.ecs4kids.org

Family Member Information

Shaded boxes will be completed by agency staff.

Primary Adult Name _____ Birthday _____

Applicant Name _____ Birthday _____

| Primary Adult | | | | | | |
|-------------------------|--------------------------------|--------|--|---|--------------------------------------|-------------------------------------|
| Last | | First | | Middle | Preferred | Suffix |
| Birthday | | Gender | | SSN | | Alternate ID |
| Highest Grade Completed | Employment Status ¹ | | <input type="checkbox"/> Lives with Family | <input type="checkbox"/> Provides Financial Support | <input type="checkbox"/> Teen Parent | <input type="checkbox"/> Subsidized |
| Email Address | | | | | | |
| Notes | | | | | | |

| Secondary Adult | | | | | | |
|-------------------------|--------------------------------|--------|--|---|--------------------------------------|-------------------------------------|
| Last | | First | | Middle | Preferred | Suffix |
| Birthday | | Gender | | SSN | | Alternate ID |
| Highest Grade Completed | Employment Status ¹ | | <input type="checkbox"/> Lives with Family | <input type="checkbox"/> Provides Financial Support | <input type="checkbox"/> Teen Parent | <input type="checkbox"/> Subsidized |
| Email Address | | | | | | |
| Notes | | | | | | |

| Participant 1 | | | | | | |
|--------------------------------|--|--------------------------------|---|---|--------------------------------------|---|
| Last | | First | | Middle | Preferred | Suffix |
| Birthday | | Gender | | SSN | | Alternate ID |
| Race (check all that apply) | | Ethnicity | | English Proficiency | | <input type="checkbox"/> Primary |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American | <input type="checkbox"/> Black | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Other _____ | <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient |
| Nationality | | Other Language Spoken _____ | | | | <input type="checkbox"/> Primary |
| | | | | <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | | |
| Primary Adult Relationship | | | <input type="checkbox"/> Custody | Secondary Adult Relationship | | <input type="checkbox"/> Custody |
| Medicaid Eligibility | Medicaid Number | Primary Health Coverage | | Other Health Coverage | Insurance Number | |
| Notes | | | | | | |

| Participant 2 | | | | | | |
|--------------------------------|--|--------------------------------|---|---|--------------------------------------|---|
| Last | | First | | Middle | Preferred | Suffix |
| Birthday | | Gender | | SSN | | Alternate ID |
| Race (check all that apply) | | Ethnicity | | English Proficiency | | <input type="checkbox"/> Primary |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American | <input type="checkbox"/> Black | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Other _____ | <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient |
| Nationality | | Other Language Spoken _____ | | | | <input type="checkbox"/> Primary |
| | | | | <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | | |
| Primary Adult Relationship | | | <input type="checkbox"/> Custody | Secondary Adult Relationship | | <input type="checkbox"/> Custody |
| Medicaid Eligibility | Medicaid Number | Primary Health Coverage | | Other Health Coverage | Insurance Number | |
| Notes | | | | | | |

| Other Family Members | | | | | |
|----------------------|------|-------|----------|--------|-----|
| Adult/Child | Last | First | Birthday | Gender | SSN |
| | | | | | |
| | | | | | |
| | | | | | |
| Notes | | | | | |

1. Employment Status Codes: F - Full Time, P - Part Time Training, R - Retired or Disabled, T - Training or School, B - Full Time & Training, I - Part Time & Training, S - Seasonally Employed, U - Unemployed

Parent/Guardian Signature _____ Date _____

