Moore Community Early Head Start Pre-Application Checklist

WE ACCEPT AGES BIRTH - 3YRS & PREGNANT TEENS/WOMEN

TO APPLY:

Appointment Encouraged
Wednesday 9:00 a.m. – 4:00 p.m.
Fridays 9:00a.m. – 12:00 NOON.
Pre-applications available for pick up/drop off daily
MUST RESIDE IN HARRISON COUNTY

INCOMPLETE APPLICATIONS NOT ACCEPTED

If you have any further questions, please contact a Family/Health Service Coordinator:
Nichols Center: Lywanda White 228-297-5074 (345 Nichols Drive)
Davis Center: Katina Spaulding 228-297-5076 (406 Davis Street)

IF YOU ARE PREGNANT YOU WILL NEED:

☐ Birth Certificate
☐ Driver’s License or Valid I.D.
☐ Social security
☐ Immunization records (121 Form) (Yellow card NOT accepted)
☐ Dental Screen (MCH FORM)
☐ Private Insurance / Medicaid/Medicare
☐ Proof of Employment for all working parents (All that apply): ☐ Letter from new employer, ☐ W-2 /1040, documentation showing receipt of public assistance (☐ WIC Receipt, ☐ Food Stamp Letter, ☐ Child Support Letter)
☐ TANF / SSI Documentation
☐ Proof of current enrollment in school (adult classes, college etc.)
☐ Proof of pregnancy – if enrolling as a pregnant mom
☐ Prenatal Form (MCH FORM or prenatal history printout from doctor accepted)
☐ High Risk Documentation
☐ If unemployed – No Income Form - Notarized (Pg.3)
❑ Proof of current enrollment in school (adult classes, college etc.)

FOR BABIES 2 MONTHS – 36 MONTHS YOU WILL NEED:

☐ Birth Certificate or Certificate of Baptismal (with seal) for all children enrolling into program (If birth certificate is not yet available, must present something verifying date of birth, hospital letter etc.)
☐ Driver’s License or Valid I.D.
☐ If not birth parent, proof of guardianship.
☐ Social security per child
☐ Documentation of Child Disability / Medical Diagnosis (IFSP, Proof of referral, diagnosis etc.)
☐ Immunization records (121 Form) for all children enrolling into program. (Yellow card NOT accepted)
☐ Dental Screen - 12+ Months (MCH FORM)
☐ Private Insurance / Medicaid/Medicare care for all children enrolling into Program
☐ Proof of Employment for all working parents (All that apply): ☐ Letter from new employer, ☐ W-2 /1040, documentation showing receipt of public assistance (☐ WIC Receipt, ☐ Food Stamp Letter, ☐ Child Support Letter)
☐ If unemployed – No Income Form - Notarized (Pg.3)
☐ TANF / SSI Documentation
☐ Proof of current enrollment in school (adult classes, college etc.)
Moore Community House Early Head Start
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To receive updates about open slots on our waitlist, text "@mchwait" to "81010"

LIKE US...SHARE US!

BE THE FIRST TO KNOW SEE WHEN WE HAVE OPENINGS "LIKE" US ON FACEBOOK!

WWW.MOORECOMMUNITYHOUSE.ORG

THIS IS A FREE PROGRAM, BUT IS NOT A FREE RIDE...PARENTS WILL BE EXPECTED TO "ACTIVELY PARTICPATE" IF ACCEPTED.
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Frequently Asked Questions:

- **How many centers does MCH have?**
  One agency...one waitlist...two (2) centers (infants / Toddlers).

- **How much does it cost?**
  100% Free. All you bring is baby and 2 changes of clothes (double that if potty training), and we provide EVERYTHING else.

- **What ages does MCH EHS accept?**
  Ages 2 months – 3 years old and expectant women / teens.

- **Do I have to be employed?**
  No, but program does require parent / family to “actively partner” with agency by creating desired goals and “consistently” working toward those completing those goals. (i.e. obtain employment or higher pay, GED / higher education, better housing situation, time/money management) Goals are monitored / updated frequently by Family Health Coordinators to ensure parents are meeting this requirement.

  ➢ If a two (2) parent household, you must include second parent’s complete information on application and attach W2 or employment letter.

- **What are the school hours?**
  We are an EVERYDAY and year-round program. Monday thru Friday from 7:30AM – 3:30PM

- **How does the Expectant Mother program work?**
  If accepted, this program guarantees your unborn child a [free] slot for three (3) years. We serve pregnant women as early as 1st trimester. Once accepted, mom’s pregnancy health is monitored regularly, receives tons of prenatal education, participates in required prenatal trainings / workshops and receives monthly home visits. At 2 months old, baby will replace mom’s name on roster and begin school. (All prenatal requirements must be met BEFORE CHILD ENTERS or child may be placed back on waitlist Babies are required to fully enter EHS after birth or will be placed back on waitlist).

  ➢ If Pregnant, do I have to provide “everything” on the checklist? Yes, Think of it like this...Just as we monitor our babies by making sure they are keeping up with Well Child Checks, Shots etc., we also monitor pregnant women to make sure they are receiving proper prenatal care etc.

- **Why is MCH Early Head Start a school and not a “daycare”?**
  EHS / HS is a federally funded program licensed by the state with requirements that go beyond typical state “daycare” requirements. To receive funding each year, we are monitored by both state and national Offices of Head Start. Just as a school, we monitor attendance and tardys, provide individual curriculum [for each child], monitor, assess and screen children year-round to ensure that they are on track to meet public school education levels. Oh…and daycares are not 100% free.

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Preguntas frecuentes:

- ¿Cómo muchos centros hace MCH tienen?

Una agencia de... una lista de espera dos 2 centros (los bebés / niños pequeños).

- ¿Cuánto cuesta?

100% libre. Todo lo que trae es bebé y 2 cambios de ropa (doble eso si avisar), y proveemos de todo lo demás.

- ¿Qué edades acepta MCH EHS?

Las edades de 2 meses – 3 años de edad y mujeres embarazadas / adolescentes.

- ¿Tengo que emplear?

No, pero programa requieren padres / familia a "activamente" con la Agencia creando deseada objetivos y "constantemente" trabajando hacia aquellos completar esos objetivos. (es decir, obtener un empleo o pagar más, GED / educación superior, mejor vivienda situación, administración de tiempo/dinero) Objetivos son monitoreados y actualizados con frecuencia por los coordinadores de salud familiar para los padres están cumpliendo con este requisito.

☐ Si una 2 dos padres de familia, usted debe incluir segundo padres información completa sobre la aplicación y adjuntar carta W2 o empleo.

- ¿Cuáles son las horas de escuela?

Somos un programa durante todo el año y todos los días. El lunes al viernes de 7:30 – 15:30

- ¿Cómo funciona el programa madre expectante?

Si acepta, este programa garantiza a su niño no nacido un tragaperras [gratuito] de tres 3 años.

Atendemos a mujeres embarazadas tan pronto como el primer trimestre. Una vez aceptado, salud de embarazo de la madre es monitoreada regularmente, recibe toneladas de educación prenatal, participa en cursos prenatales necesarios / talleres y recibe visitas domiciliarias mensuales. En 2 meses, bebé reemplaza el nombre de la madre en la lista y comenzar la escuela. (Deben cumplirse todos los requisitos de prenatales antes enraizado niño o niño puede colocarse en lista de espera los bebés deben entrar completamente en EHS después del nacimiento o se colocará en lista de espera).

☐ Si está embarazada, ¿tiene que ofrecer "todo" en la lista?

Sí, pensar en ello como esto... Tal y como controlamos a nuestros bebés asegurándose de que mantienen con niño comprobar bien, vacunas etc., también supervisamos las mujeres embarazadas para asegurarse de que están recibiendo cuidado prenatal apropiado etc.

- Por qué es MCH temprano empezar una escuela y no una "guardería"?

EHS / HS es un programa con fondos federales autorizado por el estado con los requisitos que van más allá de los requisitos de "guardería" estatales típicos. Para recibir fondos cada año, estamos supervisados por el estado y las oficinas nacionales de Head Start. Así como una escuela, nos supervisar asistencia y taldys, proporcionar curriculum individual para cada niño, supervisar, evaluar y pantalla niños durante todo el año para asegurarse de que están en vías de cumplir los niveles de educación las escuelas públicas. Oh... y guarderías no son 100% gratis.

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NO INCOME STATUS VERIFICATION (One per parent)

This application is for: ☐ Myself (Pregnant Mothers) ☐ My child (Please print child’s name below)

Applicant/Parent’s Name: ____________________________
Child’s Name: ____________________________

I, ____________________________, attest that I have no source of income

Parent/Guardian/Caregiver Name: ____________________________

☐ I HAVE NOT WORKED WITHIN THE LAST 12 MONTHS
☐ I AM NOT CURRENTLY EMPLOYED, BUT WAS EMPLOYED DURING SOME PART OF THE LAST 12 MONTHS. (With this option, all must show proof of ANY income for part of the last 12 months)

Parent/Guardian/Caregiver Signature: ____________________________ Date: ___________

Second Parent/Guardian/Caregiver Non-Involvement Affirmation

By signing, I ____________________________, attest that as of ____________________________ on this day, he/she does not contribute to the household income and / or is /will not be involved at any point of if accepted for EHS Services.

I, ____________________________, have been advised of penalty for any false information or misrepresentation on this application.

Other/Outside Income Affirmation

I ____________________________, attest that I am not residing in the household but do contribute in the following way: Estimated $___________ per month.

Other / Outside Income Provider: ____________________________ Date: __________

NOTARY TO COMPLETE

State of Mississippi County of: __________

Signed or attested before me on: __________

By: ____________________________

Signature of notarial official: ____________________________

Title (and Rank): ____________________________

My commission expires: __________

SEAL

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HOMELESS STATUS VERIFICATION (One per parent)

This application is for:  ☐ Myself (Pregnant Mothers)  ☐ My child (Please print child's name below)

Applicant/Parent Guardian/Caregiver Name: ________________________________
Child’s Name: ____________________________________________________________

☐ I am currently homeless (section 752(2) McKinney-Vento Homeless Assistance Act).

Biloxi Public School District – Adopted June 14, 2005
A homeless individual is defined as one who lacks a fixed, regular and adequate residence, has a primary nighttime shelter in a supervised publicly or privately operated shelter for temporary accommodations, an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings (Section 103 (a) (1) (2) of the Act).

Parent/Guardian/Caregiver Signature __________________________ Date ________

Parent/Guardian/Caregiver Homelessness Affirmation

By signing,
I __________________________, attest that as of / on this day, that I fall within the above definition of Homelessness.
I, __________________________, have been advised of penalty for any false information or misrepresentation on this application.

NOTARY TO COMPLETE
State of Mississippi County of:
Signed or attested before me on:

By: __________________________  SEAL

Signature of notarial official:
Title (and Rank):
My commission expires:

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Please print and complete thoroughly for proper processing.

<table>
<thead>
<tr>
<th>Adult 1:</th>
<th>Parent Name:</th>
<th>SSN#</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Primary Number:</td>
<td>Other Number:</td>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

**PREGNANT WOMEN**

- How Many Weeks?
- Expected Due Date:
- High Risk: [ ] Yes [ ] No
- Receiving Prenatal Care: [ ] Yes [ ] No
- First Prenatal Visit:
- Last Prenatal Visit:
- Last Dental Visit:
- Medicaid #:
- Prenatal Doctor:
- Address:
- Phone:

**INCOME INFORMATION:**

- Highest Grade Completed: [ ] 20 years or younger: [ ] Yes [ ] No
- Employment: [ ] Full Time (40) [ ] Full Time (35 or less)
[ ] Part Time [ ] Full Time Student [ ] Part Time Student

[ ] Unemployed - IF

**UNEMPLOYED SEE PAGE 5**

[ ] Homeless - IF

**HOMELESS SEE PAGE 6**

- Work Number:
- Employer’s Name:
- Address:
- Name of School:
- Address:

<table>
<thead>
<tr>
<th>Adult 2:</th>
<th>Parent Name</th>
<th>SSN#</th>
<th>DOB:</th>
</tr>
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<tbody>
<tr>
<td>Primary Number:</td>
<td>Other number:</td>
<td>Email:</td>
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</table>
| Highest Grade Completed: | 20 years or younger: [ ] Yes [ ] No
- Employment: [ ] Full Time (40) [ ] Full Time (35 or less)
[ ] Part Time [ ] Full Time Student [ ] Part Time Student

[ ] Unemployed - IF

**UNEMPLOYED SEE PAGE 5**

[ ] Homeless - IF

**HOMELESS SEE PAGE 6**

- Work Number:
- Employer’s Name:
- Address:
- Name of School:
- Address:
By signing below you understand that [if accepted]:

- All requirements not completed before child
- Will result in child being placed on waitlist
- Enrollment requirements not met at time of acceptance

Pregnant Woman: All prenatals not completed before child

[ ]Teen Parent

In accordance with Head Start Standards (p. 2):

- Health
- Physical and Mental Development
- Social and Emotional Development
- Cognitive Development
- Community Engagement

Emergency Contact and Release Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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Information Child Enrolling:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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List Members of Household

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Social Security</th>
<th>Male / Female</th>
<th>Race / Ethnicity</th>
<th>Members of Household</th>
</tr>
</thead>
</table>