

Northern California Child Development, Inc.

Head Start & Early Head Start Programs

220 Sycamore St., Suite 200, Red Bluff, CA 96080

(530) 529-1500

FAX: (530) 529-1560

Enrich children's lives; Empower families; Engage our community



Northern California Child Development Inc.

Thank you for your interest in NCCDI Tehama County Head Start and/or Early Head Start services. As requested, we have sent you an application for you to fill out. Once this application is filled out, you may turn it in at any of our centers or our Central Office located in Red Bluff. A staff member will be contacting you to schedule a follow up interview to finish the application process. Please be patient as this can take up to two weeks.

The following documents are required to complete your application. If you do not turn them in with your application, you will need to turn them in at your follow up appointment.

If you are receiving any of the following: Passport to Services (Cash Aid), Foster Letter, SSI Letter, and/or Unemployment Benefit Letter.

If you are working, we will need the following for each employed parent:

- For parents that work an unpredictable schedule: 3 months worth of income.
- For parents that work a set schedule: 1 month worth of income.
- For parents that work seasonally: 12 months worth of income or current year Tax Return.
- For parents that are self employed: a letter from the source of income OR a copy of the most recently signed and completed tax returns with a statement of current estimated income for tax purposes OR other business records, such as ledgers, receipts, or business logs.

Age verification for *each* child in your home including: Birth Certificate, Baptismal Certificate, Passport to Services or any Department of Social Service document, Foster Care letter, etc.

Copy of the applied child's Immunization Record.

Copy of the applied child's medical insurance card including Medi-Cal.

Court order paperwork including custody orders, restraining orders, visitation orders, guardianship papers.

IEP or IFSP if the applied child is diagnosed with a disability.

Thank you,

Jennifer Torres
Enrollment and Recruitment Coordinator
NCCDI Tehama County Head Start and Early Head Start

Please fill out to the best of your ability

Mother or Other Guardian Information

First Name Middle Initial Last Name

Date of Birth (mm/dd/yyyy)

- Race
- Asian
 - Black/African-American
 - Multi-Racial/Bi-Racial
 - Native Hawaiian/Pacific Islander
 - White
 - Native American/Alaskan Native
 - Hispanic
 - Other

What Languages do you speak at home?

- English
- Spanish
- Other:

What language did you first learn?

- English
- Spanish
- Other:

What is your relationship to the child that is applying for services today?

- my biological child
- my step-child
- my Foster child
- my grandchild
- other relative or caregiver

Are you currently pregnant?

- yes, due date: _____
- No

Do you live in the same home as your family?

- Yes
- No

What is your highest level of education?

- less than 12th grade
- HS diploma or GED
- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree or higher
- Technical or Vocational School

Are you currently working, going to school, retired, or disabled? Mark all that apply.

- Yes, I am:
 - Working Full time
 - Working Part time
 - Going to School Full Time
 - Going to School Part Time
 - Retired
 - Disabled
- None of these

Date _____

Father or Other Guardian Information

First Name Middle Initial Last Name

Date of Birth (mm/dd/yyyy)

- Race
- Asian
 - Black/African-American
 - Multi-Racial/Bi-Racial
 - Native Hawaiian/Pacific Islander
 - White
 - Native American/Alaskan Native
 - Hispanic
 - Other

What Languages do you speak at home?

- English
- Spanish
- Other:

What language did you first learn?

- English
- Spanish
- Other:

What is your relationship to the child that is applying for services today?

- my biological child
- my step-child
- my Foster child
- my grandchild
- other relative or caregiver

Are you currently pregnant?

- yes, due date: _____
- No

Is this parent living with you?

- Yes
- No

What is your highest level of education?

- less than 12th grade
- HS diploma or GED
- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree or higher
- Technical or Vocational School

Are you currently working, going to school, retired, or disabled? Mark all that apply.

- Yes, I am:
 - Working Full time
 - Working Part time
 - Going to School Full Time
 - Going to School Part Time
 - Retired
 - Disabled
- None of these

Please fill out for each **applying** child.

First Child

First Name	Middle Initial	Last Name	
Date of Birth (mm/dd/yyyy)			
Race	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
What language does your child speak the most?		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
Does your child have a diagnosed disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IEP <input type="checkbox"/> IFSP	
If yes, does the child have any of the following?			
Does your child have health insurance??		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type?		<input type="checkbox"/> MediCal <input type="checkbox"/> Private <input type="checkbox"/> Transitional MediCal <input type="checkbox"/> Other	
What type of services does this child need?		<input type="checkbox"/> Full Day Care (0-4 years) <input type="checkbox"/> Part Day Preschool (3-4 year olds only) <input type="checkbox"/> Home Visitation (Pregnant mothers & 0-2 year olds only)	
<input type="checkbox"/> Not needed			

Second Child

First Name	Middle Initial	Last Name	
Date of Birth (mm/dd/yyyy)			
Race	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
What language does your child speak the most?		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
Does your child have a diagnosed disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IEP <input type="checkbox"/> IFSP	
If yes, does the child have any of the following?			
Does your child have health insurance??		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type?		<input type="checkbox"/> MediCal <input type="checkbox"/> Private <input type="checkbox"/> Transitional MediCal <input type="checkbox"/> Other	
What type of services does this child need?		<input type="checkbox"/> Full Day Care (0-4 years) <input type="checkbox"/> Part Day Preschool (3-4 year olds only) <input type="checkbox"/> Home Visitation (Pregnant mothers & 0-2 year olds only)	
<input type="checkbox"/> Not needed			

Third Child

First Name	Middle Initial	Last Name	
Date of Birth (mm/dd/yyyy)			
Race	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
What language does your child speak the most?		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
Does your child have a diagnosed disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IEP <input type="checkbox"/> IFSP	
If yes, does the child have any of the following?			
Does your child have health insurance??		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type?		<input type="checkbox"/> MediCal <input type="checkbox"/> Private <input type="checkbox"/> Transitional MediCal <input type="checkbox"/> Other	
What type of services does this child need?		<input type="checkbox"/> Full Day Care (0-4 years) <input type="checkbox"/> Part Day Preschool (3-4 year olds only) <input type="checkbox"/> Home Visitation (Pregnant mothers & 0-2 year olds only)	
<input type="checkbox"/> Not needed			

Fourth Child

First Name	Middle Initial	Last Name	
Date of Birth (mm/dd/yyyy)			
Race	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
What language does your child speak the most?		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
Does your child have a diagnosed disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IEP <input type="checkbox"/> IFSP	
If yes, does the child have any of the following?			
Does your child have health insurance??		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type?		<input type="checkbox"/> MediCal <input type="checkbox"/> Private <input type="checkbox"/> Transitional MediCal <input type="checkbox"/> Other	
What type of services does this child need?		<input type="checkbox"/> Full Day Care (0-4 years) <input type="checkbox"/> Part Day Preschool (3-4 year olds only) <input type="checkbox"/> Home Visitation (Pregnant mothers & 0-2 year olds only)	
<input type="checkbox"/> Not needed			

Please fill out the following information

Living Address:

Street Address	Apt. #	City, State	Zip Code
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Mailing Address if different:

Street Address	Apt. #	City, State	Zip Code
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Phone Number:

<i>Please Circle One:</i>	Message	Work	Home	Cell
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Phone Number:

<i>Please Circle One:</i>	Message	Work	Home	Cell
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Phone Number:

<i>Please Circle One:</i>	Message	Work	Home	Cell
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Other Family Members or Persons in your Home

Adult/ Child	Male/Female	First Name	Last Name	Birthdate	Relationship to applied child
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Do you receive any of the following services?

Mark all that apply

- Cash Aid
- Social Security Income
- CalFresh
- WIC
- Child Protective Services

Is anyone in your immediate family considered active duty military?

- Yes No

Is anyone in your immediate family considered a disabled Veteran?

- Yes No

What is your estimated gross annual household income?

- \$0-10,000
- \$10,001-20,000
- \$20,001-30,000
- \$30,001-40,000
- \$40,001-50,000
- \$50,001 or more

Who would you like us to contact in case of an emergency?

Name	Relationship to Child	Permission to Pick Up?
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Phone Number	Type of Phone
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Name	Relationship to Child	Permission to Pick Up?
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Phone Number	Type of Phone
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When is the best day for an Application Staff Member to contact you for your follow up appointment? Please mark all that apply.

	Monday	Tuesday	Wed.	Thurs.	Friday
8:00 a					
9:00 a					
10:00 a					
11:00 a					
12:00 p					
1:00 p					
2:00 p					
3:00 p					
4:00 p					

No Preference on Days or Times

We understand that some parents/guardians will be unable to meet during the work week due to work and/or school. We would be more than happy to meet with you at a time not mentioned above. Please indicate what days and/or times work better for you and why:
