



HEAD START
EARLY HEAD START
Application Process

No child is automatically accepted. Every child is put on a waiting list.
A quick application does not guarantee acceptance into the program.

Our programs do not operate on a first-come / first-served basis. When an opening becomes available in the option you requested, all children on the waiting list for that option are considered.

To complete a quick application, you can:

- Call or come into your local Head Start office.
Print a mail-in form from our website - www.pacecaa.org.

The following required information can be mailed or brought into our office.
Your child is not eligible for selection without the following information.

- 1. Proof of your total household income for the last 12 months (paycheck stubs, tax statement, child support, public assistance, etc.)
2. An official copy of your child's birth certificate.
3. If your child has a disability that affects his ability to learn - we'll need a copy of your child's IEP/ IFSP.
4. If applicable - A copy of any legal documentation (guardianship, adoption, etc.)

The attached mail-in form and required documents can be either:

Mailed: Program Coordinator
525 N. 4th St.
Vincennes, IN 47591
Brought in: OR Your local Head Start Center
Faxed: OR fax: 812-882-7982

For more information phone:
Bicknell: 812-735-3916 Linton: 812-847-7687 Vincennes: 812-882-7927 Washington: 812-254-6098

The computer gives points to determine acceptance into the program. If your child is selected, a Family Specialist or Home Visitor will contact you to schedule an enrollment visit. Next, your Teacher will call you to set up an initial home visit.

Place a check next to the information that is true about your household:

- Child you are applying for has been the victim of documented child abuse or neglect
You are homeless
Child you are applying for has a documented disability that affects his ability to learn
You are currently in the military or a veteran
Receive SNAP (Food Stamps)
Receive WIC
You are on subsidized housing

Referral (Specify):



DATE of Application: \_\_\_\_\_  
Head Start & Early Head Start  
Mail-In Application Form

I certify the information given below for the PACE is correct and true. I understand that should the program determine that the information given is false or incorrect; my child could be dropped from the program.

**PRINT CLEARLY**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
Phone #: \_\_\_\_\_ Other phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address & City: \_\_\_\_\_ HHW# \_\_\_\_\_

Race:  White  African-American  Biracial  Other

Ethnicity:  Hispanic  Non-Hispanic

Language:  English  Spanish  Other

**Parent/ Guardian Name/DOB:** \_\_\_\_\_ Lives in the house with the child?  Yes  No

Parent Employment Status:  Employed Full-Time  Employed Part-Time  Employed Seasonally  
 Unemployed  Retired  Disabled  Full Time Student

Is this person enrolled in school or job training?  Yes- full time  Yes-part time  No

Parent/ Guardian Education Level:  9<sup>th</sup> or less  10<sup>th</sup> or 11<sup>th</sup>  High school graduate  GED  
 Associate Degree,  Vocational School, or some college  An advanced degree or baccalaureate degree

Language:  English  Spanish  Other

**Parent/ Guardian Name/DOB:** \_\_\_\_\_ Lives in the house with the child?  Yes  No

Parent Employment Status:  Employed Full-Time  Employed Part-Time  Employed Seasonally  
 Unemployed  Retired  Disabled  Full Time Student

Is this person enrolled in school or job training?  Yes- full time  Yes-part time  No

Parent/ Guardian Education Level:  10<sup>th</sup> or 11<sup>th</sup>  9<sup>th</sup> or less  High school graduate  GED  
 Associate Degree,  Vocational School, or some college  An advanced degree or baccalaureate degree

Language:  English  Spanish  Other

**Other people living in house with child:**

NAME

DATE OF BIRTH

RELATIONSHIP TO CHILD

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