

## Moore Community Early Head Start Pre-Application Checklist

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

**TO APPLY:**

By Appointment Only

Pre-applications available for pick up daily

**MUST RESIDE IN HARRISON COUNTY**

**INCOMPLETE APPLICATIONS NOT ACCEPTED**

If you have any further questions, please contact a Family Health Service Specialist:

**Katina Spaulding – Office: 228-436-0881 (406 Davis Street, Biloxi) or  
228-436-0633 (345 Nichols Drive, Biloxi) Cell: 228-297-5076**

**Linda Lyons Center – Office: 228-277-1010 (13523 Dedeaux Road, Gulfport)**

### 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 residency **(Harrison County)**
- 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. 5)**  **If Homeless**– Homeless Form - Notarized **(Pg. 6)**
- 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)**
- Proof of residency **(Harrison County)**
- EPSTD Baby Well Check-2 Months-36 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  **If Homeless**– Homeless Form - Notarized
- TANF / SSI Documentation
- Proof of **current** enrollment in school (adult classes, college etc.)

Las familias que necesitan asistencia de traductor durante la cita, por favor llame, El Pueblo 228-436-3986 o ministro Grejada 228-348-1744. Ver página cuatro preguntas.

# Moore Community House Early Head Start Pre-Application Form

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.

# Moore Community House Early Head Start Pre-Application Form

## 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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# Moore Community House Early Head Start Pre-Application Form

## 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:

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



# MOORE COMMUNITY HOUSE EARLY HEAD START

## Pre-Application Form

Please print and complete thoroughly for proper processing.

|                 |              |  |               |       |        |                       |
|-----------------|--------------|--|---------------|-------|--------|-----------------------|
| <b>Adult 1:</b> | Parent Name: |  | SSN#          |       | DOB:   |                       |
|                 | Address:     |  |               | City: |        | State:      Zip Code: |
| Primary Number: |              |  | Other Number: |       | Email: |                       |

### PREGNANT WOMEN

|                       |                      |   |   |             |
|-----------------------|----------------------|---|---|-------------|
| How Many Weeks?       | Expected Due Date:   | High Risk: <input type="checkbox"/> Yes <input type="checkbox"/> No | Receiving Prenatal Care: <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| First Prenatal Visit: | Last Prenatal Visit: | Last Dental Visit:  |   | Medicaid #: |
| Prenatal Doctor:      | Address:             |   |   | Phone:      |

### INCOME INFORMATION:

|   |   |   |   |  |
|---|---|---|---|--|
| Highest Grade Completed:  | 20 years or younger: <input type="checkbox"/> Yes <input type="checkbox"/> No   | TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No              | WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Employment: <input type="checkbox"/> Full Time (40) <input type="checkbox"/> Full Time (35 or less)<br><input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student | <input type="checkbox"/> Unemployed - <i>IF</i><br><b>UNEMPLOYED SEE PAGE 5</b> | <input type="checkbox"/> Homeless - <i>IF</i><br><b>HOMELESS SEE PAGE 6</b> | Work Number:  |  |
| Employer's Name:  |   | Address:  |   |  |
| Name of School:   |   | Address:  |   |  |

|   |                 |  |   |   |   |        |
|---|-----------------|--|---|---|---|--------|
| <b>Adult 2:</b>   | Parent Name     |  | SSN#  |   | DOB:  |        |
|   | Primary Number: |  |   | Other number:   |   | Email: |
| Highest Grade Completed:  |                 |  | 20 years or younger: <input type="checkbox"/> Yes <input type="checkbox"/> No   | TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No              | WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No |        |
| Employment: <input type="checkbox"/> Full Time (40) <input type="checkbox"/> Full Time (35 or less)<br><input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student |                 |  | <input type="checkbox"/> Unemployed - <i>IF</i><br><b>UNEMPLOYED SEE PAGE 5</b> | <input type="checkbox"/> Homeless - <i>IF</i><br><b>HOMELESS SEE PAGE 6</b> | Work Number:  |        |
| Employer's Name:  |                 |  |   | Address:  |   |        |
| Name of School:   |                 |  |   | Address:  |   |        |



# MOORE COMMUNITY HOUSE EARLY HEAD START

## Pre-Application Form

Please print and complete thoroughly for proper processing.

| List Members of Household | Social Security # | Date of Birth | Race/ Ethnicity: | Male / Female |
|---------------------------|-------------------|---------------|------------------|---------------|
| Name:                     |                   |               |                  |               |
| Name:                     |                   |               |                  |               |
| Name:                     |                   |               |                  |               |
| Name:                     |                   |               |                  |               |

### Information Child Enrolling:

|  |                              |  |
|--|------------------------------|--|
| Child's Pediatrician:  | Address:                     | Phone                                      |
| Child's Dentist:   | Address:                     | Phone                                      |
| Child No. 1 Medicaid Number : <input type="checkbox"/> Private Insurance | Child No. 2 Medicaid Number: | <input type="checkbox"/> Private Insurance |

### Emergency Contact and Release Information:

|       |        |  |
|-------|--------|--|
| Name: | Phone: | <input type="checkbox"/> Emergency <input type="checkbox"/> Release To |
| Name: | Phone: | <input type="checkbox"/> Emergency <input type="checkbox"/> Release To |

By signing below you understand that [if accepted]:

I authorize Moore Community House Early Head Start to correspond with me via Email, Text, Official Website or other Agency tools only for the specific purpose of Recruitment, Parent Engagement and/or Community Engagement in accordance with Head Start Standards. (Pg. 2)

**Pregnant Women:** All prenatal requirements not completed **BEFORE** child enters at 2 months, will result in child being placed on waitlist. [Children not prepared to enter at 2 mos. may be placed back on waitlist.]

**All Applicants:** All enrollment requirements not met at time of acceptance will result in child being placed [back] on waitlist.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_