Amador Tuolumne Community Action Agency
Early Childhood Services

Head Start/Early Head Start and California State Preschool Program

We offer these child development programs throughout Amador and Tuolumne Counties
In Amador County:

- Extended-Day Class for children ages 3-5 (8:30-2:30) Jackson
- Extended-Day Class for children ages 3-5 (8:00-2:00) Ione
- Full-Day Classes for toddlers 18 months - 3 years (8:30-2:30) Jackson
- Full-Day Classes for infants and toddlers 6 weeks- 3 years (8:00-2:00) Ione
- Home Visiting Program for children birth to three years of age and pregnant mothers

Our programs are free of charge.

Our programs provide children with kindergarten readiness skills while ensuring they are healthy and ready to learn. Parents are offered opportunities to learn leadership skills, volunteer in the classroom, and have access to our family services staff for parent education, support services and referrals to community agencies. Early Childhood Services provides meals in the center-based programs by participating in the federally funded Child Care Food Program.

We are an equal opportunity provider.

Application Instructions

- **To apply for services, please stop in or call one of our centers, or call 223-7333 ext. 3, to set up an in-take interview with one of our staff members.**
- During the interview, we will assist you in completing an application and determine if we have all the documentation needed to establish your child's eligibility. To help us do this, you will be asked to bring the following to your interview:
    - **Your child's birth certificate** (not needed for pregnant women)
    - **One month's worth of income or proof of homelessness or foster care**
    - **Your child's immunization record**
    - **Families of children with disabilities are encouraged to apply (please bring IFSP/IEP)**
- After your in-take interview, application and documentation are complete, your child's eligibility status will be determined.
- Eligible children are prioritized for placement in the program according to our selection criteria. **Please keep in mind that submitting an application and completing an in-person interview does not mean your child has automatically been accepted in our program.**
- We will contact you when an opening in your preferred program is available.

If you have any questions about Early Head Start, Head Start, California State Preschool or applying for services, please call 223-7333 ext. 3.

Amador Eligibility Application

Amador Tuolumne Community Action Agency
EARLY CHILDHOOD SERVICES
EARLY HEAD START---HEAD START---CALIFORNIA STATE PRESCHOOL PROGRAM

A. Parent/Guardian: Full name including middle initial	Gender: □ Male □ Female	Birth date	Phone Numbers: Home Cell Work Text

Relationship to enrolling child: □ Mother □ Father □ Grandparent □ Foster parent □ Relative other than grandparent □ Other_____

Primary Language:	Secondary Language:	Ethnicity/Race:	Medical Insurance: □ Yes - If yes what type? □ No □ MediCal □ Other, list type: _____	Marital Status:	Education Level:	Veteran of US Military: □ Yes □ No

A. Parent Street Address:	City	State	ZIP Code	Current Member of US Military: □ Yes □ No
A. Parent Mailing Address:	City	State	Zip Code	

A. Parent/Guardian Employer/School Name: Occupation:	Work/School Schedule:	**SUN**	**MON**	**TUE**	**WED**	**THUR**	**FRI**	**SAT**	Total Hours Per Week:

B. Parent/Guardian: Full name including middle initial	Gender: □ Male □ Female	Birth date	Phone Numbers: Home Cell Work

Relationship to enrolling child: □ Mother □ Father □ Grandparent □ Foster parent □ Relative other than grandparent □ Other_____

Primary Language:	Secondary Language:	Ethnicity/Race:	Medical Insurance: □ Yes - If yes what type? □ No □ MediCal □ Healthy Families □ Other, list type: _____	Marital Status:	Education Level:	Veteran of US Military: □ Yes □ No

B. Parent Street Address:	City	State	ZIP Code	Current Member of US Military: □ Yes □ No

B. Parent/Guardian Employer/School Name: Occupation:	Work/School Schedule:	**SUN**	**MON**	**TUE**	**WED**	**THUR**	**FRI**	**SAT**	Total Hours Per Week:

(EHS) PREGNANT MOTHERS: Due Date (mm/dd/yy): _____/ _____/_____ Are you receiving prenatal services? □ Yes □ No

Please state any special concerns about this pregnancy: _____

Family Eligibility- Check all that apply:		
□ Child Protective Services	□ Working	□ Attending school or job training
□ Preschool experience	□ Actively Seeking Employment	□ Parent/Guardian incapacitated
□ Infant or Toddler Care	□ Cal Works	□ Foster Child
□ Pregnant	□ Homeless	□ Other:

Family Annual Gross Income. Check one range:
*Actual calculations of income will be made upon receipt of your income documentation.

□ $0-$10,000	□ $10,001-$15,000	□ $15,001-$20,000	**Family size:**
□ $20,001-$25,000	□ $25,001-$30,000	□ $30,001 +	

□ **All proof of income received for the month is attached:** such as pay stubs, letter from employer, current notice of action from Social Services or Social Security, child support, disability or unemployment.

ATCAA welcomes children with special needs.

LIST ALL CHILDREN residing in the home to be counted in the family size.
PREGNANT MOTHERS: please put "unborn" for child's name and estimated Birth Date.

(List enrolling children first)

1. Full name of child (include middle initial)	Gender: ☐ Male ☐ Female	Birth Date	Ethnicity/Race	Primary Language
Does this child have any Special Needs or a Disability? ☐ Yes ☐ No If yes, explain:	Medical Insurance: ☐ Yes - If yes what type? ☐ No ☐ MediCal ☐ Healthy Families ☐ Other, list type: _____			Secondary Language
2. Full name of child (include middle initial)	Gender ☐ Male ☐Female	Birth Date	Ethnicity/Race	Primary Language
Does this child have any Special Needs or a Disability? ☐ Yes ☐ No If yes, explain:	Medical Insurance: ☐ Yes - If yes what type? ☐ No ☐ MediCal ☐ Healthy Families ☐ Other, list type: _____			Secondary Language
3. Full name of child (include middle initial)	Gender ☐ Male ☐ Female	Birth Date	Ethnicity/Race	Primary Language
Does this child have any Special Needs or a Disability? ☐ Yes ☐ No If yes, explain:	Medical Insurance: ☐ Yes - If yes what type? ☐ No ☐ MediCal ☐ Healthy Families ☐ Other, list type: _____			Secondary Language
4. Full name of child (include middle initial)	Gender ☐ Male ☐ Female	Birth Date	Ethnicity/Race	Primary Language
Does this child have any Special Needs or a Disability? ☐ Yes ☐ No If yes, explain:	Medical Insurance: ☐ Yes - If yes what type? ☐ No ☐ MediCal ☐ Healthy Families ☐ Other, list type: _____			Secondary Language

Does your child (age 3-5) need help with potty training? ☐ Yes ☐ No

Do you or anyone else have any concerns about this child's overall health, development, learning or behavior? ☐ Yes ☐ No

If yes, please explain: _____

Has the enrolling child attended a daycare or preschool in the past? ☐ Yes ☐ No If yes, where? _____

Are you receiving WIC services? ☐ Yes ☐ No ☐ Previously

Are you receiving CalFRESH services (food stamps)? ☐ Yes ☐ No ☐ Previously

Are you receiving TANF services (cash aid)? ☐ Yes ☐ No ☐ Previously

How did you find out about ATCAA Early Head Start--Head Start---State Preschool?

☐ Internet ☐ Newspaper ☐ Radio ☐ Flyer ☐ Banner or booth ☐ Friend or relative ☐ TV ☐ Other _____

Are you an ATCAA employee? ☐ Yes ☐ No Are you related to an ATCAA employee? ☐ Yes ☐No If yes, who_____

(ATCAA employees or relatives of ATCAA employees must have their applications and placement approved by the Early Childhood Services Director and ATCAA Executive Director prior to receiving ATCAA services.)

ATCAA welcomes children with special needs.

Amador Tuolumne Community Action Agency
EARLY CHILDHOOD SERVICES
EARLY HEAD START---HEAD START---CALIFORNIA STATE PRESCHOOL PROGRAM

Mark 1st, 2nd, 3rd	Class Name & Hours	Days	Ages	Location
HEAD START & STATE PRESCHOOL (School-Year Program)				
	Jackson 8:30 am - 2:30 pm	Mon-Fri	3-5	151 Shopping Drive, Jackson 223-7333 ext. 3
	Ione 8:00 am- 2:00pm	Mon-Fri	3-5	108 W. Marlette, Ione 274-0395
EARLY HEAD START (Year-Round Program)				
	Amador Home Base	As scheduled	Pregnant Moms	Weekly in-home educational services.
	Amador Home Base	As scheduled	0-3	Weekly in-home educational services and twice monthly social play groups.
	Jackson 8:30 am- 2:30 pm	Mon-Fri	18 months- 3 years	101 Shopping Drive, Jackson 223-7333 ext. 3
	Ione 8:00 am- 2:00 pm	Mon-Fri	6 weeks- 3 years	108 W. Marlette, Ione 274-0395

To be eligible for ATCAA Early Childhood Services programs, the following conditions must be met:

- **Be a resident of Amador County.**
- **Meet age requirements (Head Start children must be 3 years of age; State Preschool children must be 3 years of age by September 1; Early Head Start children must be 0-3 years of age; Pregnant women can be any age).**
- **Meet the income guidelines (Federal Poverty Guidelines and/or State Income Ceilings) or be categorically eligible.**

Please bring the following to your in-take interview:

- **Your child's Birth Certificate**
- **Proof of income (pay stubs, unemployment, disability, SSI/SSA, child support, foster care, TANF, W2, statement etc.) or proof of homelessness, foster care, or CalFRESH**
- **Immunization records for your child**
- **If your child has a disability, bring a copy of his or her IFSP or IEP.**

I certify under penalty of perjury that any other adults living in the home whose income is not listed are not the biological, adoptive, or step mother/father of my child(ren). Furthermore, I certify that the information in this enrollment application is true and complete to the best of my knowledge. If any part is false or omitted, my participation in this agency's programs may be terminated and I may be subject to legal action. I understand that my eligibility may be reviewed by representatives of the State of California and the Federal Government.

Parent/Guardian Signature: _____ **Date:** _____

Email address: _____ **(optional)**

If there are questions about my application, I prefer to be contacted by: ☐ phone ☐ text message ☐ e-mail

To apply for services, please stop in or call one of our centers, or call 223-7333 ext. 3, to set up an in-take interview with one of our staff members.
If you have any questions about Early Head Start, Head Start, California State Preschool, or applying for services, please call 223-7333 ext. 3.

What's Next…..? After your child's eligibility has been determined, you will receive a letter to confirm the status of your application. As we need to be able to communicate with you about your child's eligibility and possible placement in our program, please contact us if your address or phone number(s) changes. All information provided will be treated confidentially and will be used only for determining eligibility.

ATCAA welcomes children with special needs.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.