

# Miami Dade County CAA Head Start/Early Head Start

## SEKSYON 1

### Aplikasyon- Fanmye Demografic Form

#### Section 1

**Pou Ki Sant ou Aplike:** \_\_\_\_\_  
Center Applying For

**Non timoun la:** \_\_\_\_\_  
Child's Name                      Pwemye non                      Non Mitan                      Sinyati  
First Name                      Middle                      Last Name

**Ti non jwet:** \_\_\_\_\_ Sex li:     M                       F  
Nickname

✓ **Dat li Fe:** \_\_\_\_\_  
Date of Birth

**Adres:** \_\_\_\_\_  
Address

Apt# \_\_\_\_\_ Vil \_\_\_\_\_ Eta \_\_\_\_\_ Cod Postal \_\_\_\_\_  
City                      State                      Zip Code

**Telefon la Kay** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      **Telefon travay:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Home                      Phone Work

**Telefon Selula:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      **Biper:**(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Celluar Phone                      Pager

**(Maké tout sa ki apliké pou ou):** Mark all that apply

- Habité     Posté     Vini Chaché     Vini Deposé     Lot: Spesifye \_\_\_\_\_  
Living    Mailing    Pick-up    Drop-off    Other Specify

**Etnisite: Ethnicity** (check one)

Required

- Espagnol ou Latino                       non Espagnol ou Latino  
Hispanic or Latino                      non Hispanic or Latino

**Ras:Race** (check one)

Required

- Amerikin Indyin ou Nativ Alaskan                       Aziatic                       Noir ou Afrikan Amerikin  
American Indian or Alaskan Native                      Asian                      Black or African American

- Nativ Hawaiiin ou Pacific Islander                       Blan     Sou Kategori                       Biracial/Multiracial  
Native Hawaiian or other Pacific Islander                      White     Unspecified                       Other \_\_\_\_\_

# Miami Dade County CAA Head Start/Early Head Start

## SEKSYON 1

### Aplikasyon- Fanmye Demografic Form

#### Section 1

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**Non timoun la:** \_\_\_\_\_

Child's Name	Pwemye non First Name	Non Mitan Middle	Sinyati Last Name
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**Abilite pou pale Angle:**       Twe byen       Byen       Pa Twe Byen       Pa di tou  
**English Speaking Ability:**      Very Well      Well      Not Well      Not at All

**Langaj Pale:** Pwemye: \_\_\_\_\_ Deziem: \_\_\_\_\_  
**Language(s) Spoken:**

- English       Spanish
- Caribbean Languages (e.g. Haitian-Creole) Specify: \_\_\_\_\_
- Other: Specify: \_\_\_\_\_
- Unspecified

**Konsern Jénéral ou genyin de Santé e Devlopman timoun:**

Concerns About Child's Health and Development:

- Oui      Yes       Non (Jambe nan lot kestion)      No       Ou pa Konnin (Jambe nan lot kestion)

**Dekri konsern/ Describe Concern:** : Aggressive, Non-Compliant/Disruptive, Attention/Concentration, Self-Concept/Anxiety, Withdrawn/shy, Speech, Developmental Delay Eating difficulties, Stress/Situational Problems, Hearing/Deafness, learning disability, Visual, Difficult to Understand/walk, etc.

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**Kijes ki dekri konsern nan:**

**Concerns expressed by:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pwemye moun kap pran swen<br>Primary Care Provider | <input type="checkbox"/> Ajans Sosyal Sevis<br>Social Service Agency   | <input type="checkbox"/> Mamb Fanmye<br>Family members |
| <input type="checkbox"/> Moun ki bay swen medical<br>Medical Provider       | <input type="checkbox"/> HS/EHS Pwogram Estaff<br>HS/EHS Program Staff |  |

Staff Head Start  Lot Moun ou Ajensi: \_\_\_\_\_  
 Other Person or Agency

# Miami Dade County CAA Head Start/Early Head Start

## Aplikasyon- Fanmiye Demografic Form

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Granmoun Aplikan \* Manman/ Ou Manman figu  
Adult Applicant/Mother Figure

**Non Aplikan:** \_\_\_\_\_

Name	Pwemye Non First Name	Non mitan Middle	Signati Last
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**Moun ki yon siporting granmoun nan vi timoun la:**  oui  non  
Person is a supporting Adult in the Child's life:

**Moun ki tet nan fanmiye la:**  oui  non  
Person is the Head of Household for family:

**Moun ki rete nan minm kay avek met kay la:**  Oui tout tan  Non, jame  Oui gin te fous  
Person resides in same household with Head of Household:

**Dat de nesans** Date of Birth: \_\_\_\_\_

**Sex:**  F  M

**Etnisite Ethnicity:** check one

Espagnol ou Latino  
Hispanic or Latino

Non Espagnol ou Latino  
Non Hispanic or Latino

**Ras Race:** check one

Amerikin Indyan ou Nativ Alaskan  Aziatic  Noir ou Afrikan Amerikin  Biracial/Multiracial  
American Indian or Alaskan Native Asian Black or African American

Nativ Hawaiin ou Pacific Islander  Blan  Sou Kategori \_\_\_\_\_  
Native Hawaiian or other Pacific Islander White Unspecified

**Abilite pou pale Angle:**  Twe byen  Byen  Pa Twe Byen  Pa di tou  
**English Speaking Ability:** Very Well Well Not Well Not at All

**Langaj Pale:** Pwemye: \_\_\_\_\_ Deziem: \_\_\_\_\_

**Language(s) Spoken:**

English  Spanish  Caribbean Languages (e.g. Haitian-Creole) Specify: \_\_\_\_\_  
 African Languages (e.g. Swahili, Wolof) Specify: \_\_\_\_\_  
 Other: Specify: \_\_\_\_\_  Unspecified

**Marital stati:**  Pa marye  marye  separe  divos  vev  
**Marital Status:** Single Married Separated Divorce Widowed

**Aplikan ki ansi nt:**  Oui  Non  Pa aplike  
**Applicant is Currently Pregnant:** Yes No

**Relasyon avek timoun ki elijib li:**  
**Person's Relationship to the Eligible Child:**

Paran biolojic  Foster Paran  Belmer/Boper  Paran adoptif  Gran Paran  
Biological Parent Foster Parent Step Parent Adoptive Parent Grandparent

- Matant/tonton     marain/parain     Legal gadyen     Lot relative     No biolojical/Legal Relasyon  
 Aunt    Godparent    Legal Guardian    Other Relative    No Biological/Legal Relationship

## Miami Dade County CAA Head Start/Early Head Start Aplikasyon- Fanmiye Demografic Form

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Granmoun Aplikan \* Manman/ Ou Manman figu

**Ki pi gro class ou complete lekol:** \_\_\_\_\_    **Dat complete** \_\_\_\_\_  
 Highest Level of Education Completed    Date completed

**Ou te atand vokasyon pweparasyon, lekol pou business ou trade:**     Oui     Non (Jambe nan lot qestyon)  
 Attended Vocational Training, Trade or Business School    Yes    No

**Ou resevwa sertifica ou lisans:**     Oui     Non  
 Received Certificate or license    Yes    No

**Ou te patisipe nan pweparasyon pwogram gouvenman:**     Oui     Non Jambe nan lot qestyon  
 Participated in Government Training Program    Yes    No

**Ki pweparasyon pwogram out e atand (Make tout sa ki aplike pou ou)**

JOBS     JTPA     Job Corps     Lot: Spesifye \_\_\_\_\_

**Moun ki vle pran adisyonel pweparasyon pou job/pou edikasyon;**

Person is willing to Pursue Additional Education/Job Training

Oui     Non     Pa aplike  
 Yes    No

**Moun ki Te anrole deja Nan Head Start ou byen yon lot pwogram pou timoun:**

Person Previously Enrolled in Head Start or Other Child Development Program

Oui     Non    Ki Dat de \_\_\_\_/\_\_\_\_/\_\_\_\_/  
 Yes    No    Date

**Aplikan se yon manman ki poucor genyin 18 ane**

Applicant is a Teen Mother

Oui     Non  
 Yes    No

**Aplikan a lekol**     oui     non **Nivo lekol:**

Applicant is currently in School

Elemanter  
 Elementary

Segonde  
 Junior High

High School

**Paran ki poucor granmoun nan ki lekol yo te ale**

Teen Parent Program in School

Oui     Non  
 Yes    No

**Aplikan anrole paran ki poucor granmoun Nan pwogram**

Applicant enrolled in teen program

Oui     Non  
 Yes    No

# Miami Dade County CAA Head Start/Early Head Start

## Aplikasyon- Fanmiye Demografic Form

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Granmoun Aplikan \*Papa/ Ou Papa figu  
Adult Applicant                      Father /Father Figure

**Non Aplikan:** \_\_\_\_\_

Applicant Name                      Pwemye Non First Name                      Non mitan Middle Name                      Signati Last Name

**Moun ki yon sipó granmoun nan vi timoun la :**                       oui Yes                       non No  
Person is a Supporting Adult in the Child Life

**Moun ki tet nan fanmiye la :**                       oui Yes                       non No  
Person is the Head of Household for family

**Moun ki rete Nan minm kay avek met kay la:**                       Oui tout tan                       Oui, jame                       Oui gin te foua  
Person resides in same household with Head of Household                      Yes, all the time                      Yes, some of time                      No, never

**Dat de nesans:** \_\_\_\_\_                      Sex:  M  
Date of Birth

**Etnisite/Ethnicity:**

Espagnol ou Latino                      Hispanic or Latino                       Non Espagnol ou Latino Non Hispanic or Latino

**Ras/Race:**

Amerikin Indyin ou Nativ Alaskan                       Aziatic                       Noir ou Afrikan Amerikin                       White  
American Indian or Alaskan Native                      Asian                      Black or African American                      Blan  
 Nativ Hawaiin ou Pacific Islander                       Sou Kategori                       Biracial/Multiracial  
Native Hawaiian or other Pacific Islander                      Unspecified

**Abilite pou pale Angle:**                       Twe byen                       Byen                       Pa Twe Byen                       Pa di tou  
**English Speaking Ability:**                      Very Well                      Well                      Not Well                      Not at All

**Langaj Pale: Pwemye:** \_\_\_\_\_                      **Deziem:** \_\_\_\_\_

**Language(s) Spoken:**

English  
 Spanish  
 Native Central American, South American, & Mexican Languages (e.g. Mixteco, Quichean)  
Specify: \_\_\_\_\_  
 Caribbean Languages (e.g. Haitian-Creole) Specify: \_\_\_\_\_  
 Other: Specify: \_\_\_\_\_  
 Unspecified

**Marital stati:**                       Pa marye                       marye                       separe                       divos                       vev  
Marital Status                      Single                      Married                      Separated                      Divorced                      Widowed

**Relasyon avek timoun ki elijib li:**

Person's Relationship

Paran biolojic                       Foster Paran                       Belmer/Boper                       Paran adoptif                       Gran Paran                       matant/tonton  
Biological Parent                      Foster Parent                      Step Parent                      Adoptive Parent                      Grandparents                      Aunt/Uncle  
 Marain/parain                       Legal gadyen                       Lot relative                       No biolojical/Legal Relasyon  
Godparent                      Legal Guardian                      Other Relative                      No Biological/Legal Relationship

# Miami Dade County CAA Head Start/Early Head Start

## Aplikasyon- Fanmiye Demografic Form

Granmoun Aplikan \*Papa/ Ou Papa figu  
Adult Applicant Father/Father Figure

**Okipasyon ( Make yon Selman )**  
Primary Occupational Status (Mark only one)

**Dat:** \_\_\_\_\_  
Date

**Travay Ki Peye**  
Paying job

- Tout Jounin (Travay 34 e pa semen)  
 Moitie Jounin (Travay mwens ye 34 e)  
 Pa seson-eksepte travay late  
 Pa seson Travaye late  
 Travaye Ki pral lekòl

**Stage Pou Travay**  
In Job Training Program

- Stage Ki Peye  
 Stage la pa paye
- Ki le Kol**  
In School
- Pou Genyen "high school diploma"  
 Pou Genyen "college degree"  
 Pou Genyen "Postgraduate Degree"  
 Ki Lesol E Ki al travay  
 Tout lot bagay

**Son Travay**  
Unemployed

- Avek Esperyans Travay  
 Son Experyans Travay

**Tout lot bagay**

- Other  
 Travaye Lon Kay  
 Retrete  
 Pa kab travay pa ke dezabilite  
 anyen

**Ki pi gro class ou complete lekòl:** \_\_\_\_\_  
Highest Level of Education Completed

**Dat complete** \_\_\_\_\_  
Date Completed

**Ou te atand vokasyon pweparyasyon, lekòl pou business ou trade:**  Oui  Non (Jambe nan lot qestyon)  
Attended Vocational Training, Trade or Business School Yes No (Skip to next question)

**Ou resevwa sertifica ou lisans:**  Oui  Non  
Received Certificate Yes No

**Ou te patisipe nan pweparyasyon pwogram gouveman:**  Oui  Non  
Participated in Government Training Program Yes No (Skip to next question)

**Ki pweparyasyon pwogram out e atand (Make tout sa ki aplike pou ou):**  
Training program(s) attended (Mark all that apply)

JOBS  JTPA  Job Corps  Lot: Espesifye \_\_\_\_\_

**Moun ki vle pran adisyonel pweparyasyon pou job/pou edikasyon:**  Oui  Non  Pa aplike  
Person is willing to pursue additional Education/Job Training Yes No Not applicable

**Moun ki te anrole deja nan Head Start ou byen yon lot pwogram pou timoun:**  
Person Previously Enrolled in Head Start or Other Child Development program:  Oui  Non Ki Dat \_\_\_\_/\_\_\_\_/\_\_\_\_/

### OTHER FAMILY MEMBERS

**Non:** \_\_\_\_\_ **Date li Fe:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name Pwemye/ First MI Sinyati Last name(s) Date of Birth

Relasyon ok timoun la/ Relationship to Child: \_\_\_\_\_  M  F

**Non:** \_\_\_\_\_ **Date li Fe:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name Pwemye/ First MI Sinyati Last name(s) Date of Birth

Relasyon ok timoun la/ Relationship to Child: \_\_\_\_\_  M  F

**Non:** \_\_\_\_\_ **Date li Fe:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name Pwemye/ First MI Sinyati Last name(s) Date of Birth

Relasyon ok timoun la/ Relationship to Child: \_\_\_\_\_  M  F

**Non:** \_\_\_\_\_ **Date li Fe:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name Pwemye/ First MI Sinyati Last name(s) Date of Birth

Relasyon ok timoun la/ Relationship to Child: \_\_\_\_\_  M  F

**Non:** \_\_\_\_\_ **Date li Fe:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name Pwemye/ First MI Sinyati Last name(s) Date of Birth

Relasyon ok timoun la/ Relationship to Child: \_\_\_\_\_  M  F

**Miami Dade CAA Head Start / Early Head Start  
Application - Family Demographics Form  
Fanmye Demografic Form Fanmye Kompozisyon e Resous  
Family Composition and Resources**

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**Fanmye de:** \_\_\_\_\_  
Family of

**Tipe Fanmiye:**

Family Type (Check only one)

- |   |   |
|---|---|
| <input type="checkbox"/> Fanmiye de 2 paran<br>2 parent family  | <input type="checkbox"/> 2 Paran nan fammy (Paran kap travay)<br>2 parent family (Working Parent)                                       |
| <input type="checkbox"/> 2 Paran nan fammy (Paran kap travay, Etidge tout tan)<br>2 Parent Family (working PT/FT Student) | <input type="checkbox"/> 2 Paran nan fammy Kap etidge tou tan<br>2 parent family (FT student)   |
| <input type="checkbox"/> Fammy de 1 paran (manman figi selman)<br>Single parent (mother figure)                           | <input type="checkbox"/> Fammy de 1 paran (papa figi selman)<br>single parent (father figure)   |
| <input type="checkbox"/> Fammy de 1 paran (manman figi selman) habite avek patne li<br>Single parent mother working       | <input type="checkbox"/> Paran celibate (paran kap etidge tout tan,<br>kap travay demi jounin)<br>Single parent (working FT/PT student) |
| <input type="checkbox"/> Fammy de 1 paran (papa figi Selman) habite avek patne li<br>Single parent father working         | <input type="checkbox"/> Paran Celibate (Etidge tout tan)<br>Single parent (Student)  |
| <input type="checkbox"/> Foste fanmiye<br>Foster family   | <input type="checkbox"/> Lot tipe de fanmiye: Espesifye _____<br>Other type of family: Specify  |

✓ **Kalite de sèvis ou asistans finansye ou resevwa (Make tout sa ki aplike pou)**  Oui  No  
Type of Services or Financial Assistance Received (Mark all that apply): Yes No

- |  |   |
|--|---|
| <input type="checkbox"/> Medikal asistans (i.e. Medicaid/Medicare)<br>Medical Financial assistance | <input type="checkbox"/> Unemploiman asirans<br>Unemployment compensation                               |
| <input type="checkbox"/> Food Stamps<br>Food Stamps  | <input type="checkbox"/> Kay Leta asistans<br>Public Housig Assistance                                  |
| <input type="checkbox"/> Sosyal Sekirite (SSI)<br>Social Security (SSI)                            | <input type="checkbox"/> Asistans Piblik/welfare (TANF/AFDC)<br>Public Assistance                       |
| <input type="checkbox"/> Child sipor/alimony<br>Child Support/Alimony                              | <input type="checkbox"/> Enerji asistans pwogram<br>Energy Program Assistance                           |
| <input type="checkbox"/> Lot: Espesifye _____<br>Other   | <input type="checkbox"/> Asirans Leta (Floridoe Kid Care)<br>State Child Health Insurance (Fl Kid Care) |
|  | <input type="checkbox"/> Foster Care/Adopsyon<br>Foster Care/Adoption                                   |
|  | <input type="checkbox"/> WIC (coupon)   |

**Si fanmiye la ap resevwa Asistan Piblik, repond qestyon say o:**

If the family is receiving Public Assistance, Answer the following

**Komanse jwen sèvis:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Began receiving services**

**Lè lap tèmine:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Scheduled termination**

**Fanmiye la aplike pou Sosyal Sekirite (SSI):**

Family applied to receive Supplemental Securiry Income SSI

Oui  Non

**Miami Dade County CAA Head Start/Early Head Start  
FANMYE DEMOGRAFIC FORM KOMPOZISYON E RESOUS  
Family Composition and Resources**

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**Fanmye de:** \_\_\_\_\_  
Family of

**Aranjeman pou paye kaye ou:**  
Housing Payment Arrangement

- Kaye pa ou       Echanje sèvis pou kaye       Leta paye moso pou ou  
Own housing      Exchange services for housing      Receive Subsidized housing
- Ou lwe kaye       Ou pa paye pou kaye       Lot:Espesifye \_\_\_\_\_  
Rent housing      make no payment for housing      Other Specify

**Jan de Kaye:**  
Type of Housing

- Yon Kaye     Kaye mobil/trailer \*     Pa gen Kaye     Kaye pou migrant     Apatman  
House      Mobile home/trailer      Homeless/no housing      Migrant housing      Apartment
- \*  Chamb Hotel/Motel     Kaye kominote       Lot \_\_\_\_\_  
Hotel/motel      Community Shelter (HAC, Salvation Army, Rescue Mission, etc)      Other, specify

\*  Abiti avèk poun lot moun temporeman  
Temporarily living with someone else

**Combyen tan ou genyin nan adres sa a:**  Mwen de 6 moi     6-12 moi     1-2 ane     Plis ke 2 ane  
Length of Time at Current address:      Less than 6 months      6-12 months      1-2 years      2 or more years

**12 moi pase comyen foi fanmiye ou deplase:**  
Number of Times Family Moved in the past 12 months

- Fanmiye pa deplase       2 foi       4 ou plis foi       Onfoi       3 foi  
Family has not moved      Twice      Four or more times      Once      3 times

**Rete nan la ri 12 denye moi yo (ou byen konnya a):**  
Homeless in the Past 12 Months (including currently homeless)

- Oui       Non (Jambe nan lot qestyon)

**Combyen tan depi ou nan la ri:**  
Length of times homeless

- Mwen de 1 moi     3-6 moi     1-3 moi     Plis ke 6 moi  
Less than 1 months      3-6 months      1-3 months      More than 6 months

**Miami Dade County CAA Head Start/Early Head Start**

**FANMYE DEMOGRAFIC FORM KOMPOZISYON E RESOUS**  
**Family Composition and Resources**

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**Fanmye de:** \_\_\_\_\_  
Family of

**Fanmye lan genyin moyen de twansportasyon:**  
Family currently has means of transportation

- Oui  Non (fin seksyon an)

**Mode de twansportasyon itilize (Make tout sa ki aplike):**  
Primary mode of transportation (Mark all that apply)

- Machine pwive (Voiti, van, truk)  Twansportasyon piblik (bis, taxi)  
Private vehicle (car, truck, van) Public transportation (bus, metrorail, taxi)
- Machine zanmi ou fanmye  Lot  
Friend's or relative's vehicle other

**Fanmye lan gen lot moyen de twansportasyon:**  
Family has alternate means of transportation

- Oui  Non (Fin seksyon)

**Lot moyen twansportasyon (Make tout sa ki aplike):**  
Alternative means of transportation (Mark all that apply)

- Machine prive (Voiti, truc, van)  Twansportasyon piblik (bbis, taxi)
- Machine zanmi ou fanmye  Lot

**Famiye lan te refer nan wigwam pa ki:**  
Family referred to program by

- Department Children and Families  Lopital/Dokte/Kote yo bay swen medical  
Department of Children and Families Hospital/Physician/Medical Provider
- Courts  Lot kote: Espesifye \_\_\_\_\_  
Courts Other, Specify

**How did you learn about the Head Start/Early Head Start Program?**  
Ki Jan ou Fe Konen de Pwogram Head Start/Early Head Start?

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**Parent Signature:** \_\_\_\_\_  
(Parent or Guardian Being Interviewed)

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Staff Signature:** \_\_\_\_\_  
(Staff Person Conducting Interview)

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Miami Dade County CAA Head Start/Early Head Start

## Aplikasyon- HSFIS Konsern Devlopman Timoun

### HSFIS CHILD DEVELOPMENT ISSUES

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**Dat Komplete:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Completed

Non Paran: \_\_\_\_\_  
Name of Parent  
Non Timoun: \_\_\_\_\_

**Komplete pa signature:**  Head Start Estaf  
Completed By; Head Start Staff  
 Paran  
Parent

Sinyati: \_\_\_\_\_  
required  
Sinytati: \_\_\_\_\_  
required

**Bagay utilize:**  
Assistive Devices Ued

- Linet/Kontac**       **Pa itilize anyin**       **Bekine/baton/walker**  
Glasses/Contact Lenses      No assitive Devices used      Cruthches/Walker/Canes
- Bras nan dan**       **Chez roulant**       **Aparey nan zorey**  
Braces      Wheelchair      Hearing Aide
- Lot,Espefifye:** \_\_\_\_\_  
Other, Specify

**Byolojikal/Risc Medikal**  
Biological/Medical Risks

**Paran report e dosye indike no risc medical**  
Parent report and records indicates no established risks

<p><b>Paran</b> Parent</p> <p><b>Report</b> Report</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>Dosye</b> Record</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/> Leukemia</p> <p><input type="checkbox"/> Spina Bifida</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Heart condition</p> <p><input type="checkbox"/> Sickle Cell</p> <p><input type="checkbox"/> Asthma</p>
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**Environmantal Risc:**  
Environmental Risks

**Paran report e dosye indike no enviromantal risc**  
Parent report and record indicates no Environmental Risks

**Paran ki gen 17 ans**  
Parent(s) <17 years old

**Timoun abize ou negligee**  
Child abuse and/or neglect

**Parabtak dezabukute**  
Parental Disability

**Vyolens Domestik**  
Domestic Violence

**Paran Ki Genyen 8 grad edukastan**  
Parent(s) education <8<sup>th</sup> grade

**Abize Substans**  
Substance Abuse

# Miami Dade County CAA Head Start/Early Head Start

## Aplikasyon- HSFIS Konsern Devlopman Timoun

### HSFIS Child Developmental Issues

**Fanmye de:** \_\_\_\_\_  
Family of

✓ **DISABILITE:**      Paron report e dosye pa indike dezabilite

	<b>Sispect</b> Suspected	<b>Idantifye</b> Identified	<b>Dat</b> Date	<b>(Attaché Dokiman)</b> Attach Documentation	<b>Evalye pa</b> Evaluated by
Autism	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____		_____
Pwoblem emosyonal/kompotman Emotional/behavioral disorder	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____		_____
Pwoblem Sante Health impairment	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____		_____
Pwoblem Zorey inkli pa tande Hearing impairment including deafness	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____		_____
Pa ka apran byen Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____		_____
Mantal retadasyon Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____		_____
Pwoblem nan pie Orthopedic impairment	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____		_____
Pwoblem pale Speech or language impairment	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____		_____
Injuri nan servo Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____		_____
Pwoblem nan zieu inkli pa ouë minm Visual impairment including blindness	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____		_____
Lot: _____ Other					

**Timoun lan te eligib pa LEA ou Part C Agency pou li te resevwa edikasyon espesyal lot sèvis ou Part C sèvis anba Individyel Edikasyon Pwogram (IEP) ou Individyel Famiye siport Plan(IFSP).**

Child has been determined eligible by the LEA or Part C agency to receive special education and related services or Part C services under an Individualize Education Program (IEP) or Individualized Family Plan (IFSP)

Oui Si ou repond oui, sil vou ple attaché dokimantasyon      Non

Komante:  
Comments

**Miami Dade County CAA Head Start/Early Head Start**  
**HSFIS Combyen Moun Ki Nan Kay e Enkome enformasyon**  
**HSFIS HOUSEHOLD SIZE AND INCOME INFORMATION**

**Non Fanmiye:** \_\_\_\_\_  
Family Name

**Combyen Granmoun ki nan fanmiye:** \_\_\_\_\_ **Combyen Timoun kin an Fanmiye:** \_\_\_\_\_  
Number of Adults in Family Number of Children in Family

**Combye Granmoun ki kontwibye nan lajan:** \_\_\_\_\_  
Number of Adults contributing to the Income

**Dat Efektif:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Effective Date

**De ki tan lajan baze:**  **Dēnye 12 moi**  **Dēnye kalandrie ane**  
Time period income based on: Previous 12 months Last Calendar Year

<b>Sous Lajan</b> <b>Sil vou ple attaché prev lajan</b> Income Source	<b>Combyen</b> How much	<b>Chak ki lē</b> How often
<b>Pa agrikulti lajan ganye trava (wages,tip)</b> Non-Agricultural Earned Income		<input type="checkbox"/> semēn <input type="checkbox"/> 2 foi pa moi <input type="checkbox"/> chak 2 semēn <input type="checkbox"/> mansuel <input type="checkbox"/> Anuelman
<b>Agrikulti lajan ganye /(ie, wages, tip)</b> Agricultural Earned Income		<input type="checkbox"/> semēn <input type="checkbox"/> 2 foi pa moi <input type="checkbox"/> chak 2 semēn <input type="checkbox"/> mansuel <input type="checkbox"/> Anuelman
<b>Asistans Piblik/Welfare (ie. TANF,AFDC)</b> Public Assistance, Welfare		<input type="checkbox"/> semēn <input type="checkbox"/> 2 foi pa moi <input type="checkbox"/> chak 2 semēn <input type="checkbox"/> mansuel <input type="checkbox"/> Anuelman
<b>Sosyal Sekirite/Pansyon</b> Social Security/Pension		<input type="checkbox"/> semēn <input type="checkbox"/> chak 2 semēn <input type="checkbox"/> 2 foi pa moi <input type="checkbox"/> mansuel <input type="checkbox"/> Anuelman
<b>Sosyal Sekirite Assirans/(SSI)</b> Social Security Assistance		<input type="checkbox"/> semēn <input type="checkbox"/> chak 2 semēn <input type="checkbox"/> 2 foi pa moi <input type="checkbox"/> mansuel <input type="checkbox"/> Anuelman
<b>Adopsyon /Foster Care</b> Adoption /Foster Subsidy		<input type="checkbox"/> semēn <input type="checkbox"/> chak 2 semēn <input type="checkbox"/> 2 foi pa moi <input type="checkbox"/> mansuel <input type="checkbox"/> Anuelman
<b>Unanploiman Asirans</b> Unemployment Insurance		<input type="checkbox"/> semēn <input type="checkbox"/> chak 2 semēn <input type="checkbox"/> 2 foi pa moi

		<input type="checkbox"/> mansuel <input type="checkbox"/> Anuelman
<b>Child Siport e alimony</b> <b>Child Support /Alimony</b>		<input type="checkbox"/> semèn <input type="checkbox"/> chak 2 semèn <input type="checkbox"/> 2 foi pa moi <input type="checkbox"/> mansuel <input type="checkbox"/> Anuelman
<b>Lot lajan ganye</b> <b>Other Unearned Income</b>		<input type="checkbox"/> semèn <input type="checkbox"/> chak 2 semèn <input type="checkbox"/> 2 foi pa moi <input type="checkbox"/> mansuel <input type="checkbox"/> Anuelman

**Paran Verifikasyon**

<p>Mwen sertifye ke enfòmasyon mwen bay nan fom sila ave'k dokimen e prevlajan yo, korek e vre. I certify that the information, provided in this application package, and proof of income, is accurate and truthful to the best of my knowledge.</p> <p>Paran ou Gadyen Sinyati: _____ Dat: ____ / ____ / ____ Parent or Guardian Signature Ekri Sinyati: _____ Print Signature</p>	
---	--

**Staf, Paran ak Lajan Verifikasyon: Atache enfòmasyon:**

Staff and Parent Income Verification (check all that apply):

**Fanmye de:** \_\_\_\_\_  
Family of

**Total Lajan Nan Fammy:**

Family Income Totals:

**Pa agrikulti lajan ganye trava:** \$ \_\_\_\_\_

Non-Agricultural/Earned Income

**Agrikulti lajan ganye trava:** \$ \_\_\_\_\_

Agricultural/Earned Income

**Lot lajan ganye:** \$ \_\_\_\_\_

Unearned Income

**Verifikasyon Lajan: Atache enfòmasyon:**

Income Verification (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Fom 1040 enkom tax la<br>1040 Tax Statement     | <input type="checkbox"/> Fom W2<br>W2 Statement                            |
| <input type="checkbox"/> Souch Chek<br>Pay Stubs                         | <input type="checkbox"/> Siplemente Sale<br>I C Supplement                 |
| <input type="checkbox"/> Deklarasyon Sale<br>Income Declaration          | <input type="checkbox"/> Fom Pou Asistans Piblik<br>Public Assistance Form |
| <input type="checkbox"/> Benefes pou moun Ki Pedi travay<br>Unemployment | <input type="checkbox"/> Lot: Exsplikè _____<br>Other: Specify             |

**Pote tout enfòmasyon yo ba nou si ou resevwa yo.**

If you receive the following, please provide the requested information:

**Nimero doseye-a / Case Number**

Food Stamps/FDPIR \_\_\_\_\_

TANF \_\_\_\_\_

**Staff Income Verification Signatures (required):**

**I have examined the income documents checked above and certify that the child is eligible to participate in the program.**

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

**Center Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Family Meets Income Eligibility		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Over-income Approval	Date:
Enrollment by Eligibility Type		<input type="checkbox"/> Foster Family	<input type="checkbox"/> Public Assistance (TANF/SSI)	<input type="checkbox"/> Over Income	<input type="checkbox"/> Meet Poverty Guidelines

**Miami Dade CAA Head Start / Early Head Start  
Enrollment - HSFIS Child Medical Provider Information**

**Effective Date:** \_\_\_/\_\_\_/\_\_\_ **Child's Name:** \_\_\_\_\_

**Completed By:**  Head Start Staff Signature: \_\_\_\_\_

**Insurance Provider Type:**

- Public assistance (e.g., Medicaid, EPSDT or equivalent)  State Health Program (Kid Care)
- Private Coverage  Other: Specify \_\_\_\_\_

**Dental Coverage Included:**  Yes  No

**Insurance Provider's Name :( Medicaid, Kid Care)** \_\_\_\_\_

**Insurance ID or Policy Number:** \_\_\_\_\_ **Insurance Expiration Date:** \_\_\_/\_\_\_/\_\_\_

**Primary Care Provider:**  No regular primary care provider Referral completed to: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Primary Care Provider:**

\_\_\_\_\_  
 Provider name Phone#

\_\_\_\_\_  
 Street Suite#

\_\_\_\_\_  
 City State Zip

**Dental Care Provider:**  No primary dentist  
**Referral completed to:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Dental Care Provider:**

\_\_\_\_\_  
 Provider name Phone

\_\_\_\_\_  
 Street Suite#

City

State

Zip

Specialist Provider:  No Specialist

Provider name		Phone#
Street		Suite#
City	State	Zip

Type of Services Received: \_\_\_\_\_

Has Secondary Insurance:  No  Yes

## Miami Dade CAA Head Start / Early Head Start Enrollment – HSFIS Child Nutritional Assessment Form

Date Completed: \_\_\_/\_\_\_/\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Completed By:  Staff Signature (required) \_\_\_\_\_ Parent Signature (required): \_\_\_\_\_

**A. Infants:**

Eating frequency (times per day): |\_\_|\_\_| Amount consumed in 24 hours: |\_\_|\_\_|\_\_| ounces

Type of food consumed: \* Formula Type \_\_\_\_\_  Breast Milk  Milk  Other: Specify \_\_\_\_\_

**\*Miami-Dade Head Start participates in the Child Care Food Program and will provide the above listed formula.**

Feeding Method:  Breast Fed  Bottle Fed  Other: Specify \_\_\_\_\_

**B. Toddlers:**

Eating Frequency (times per day): |\_\_|\_\_|

At what age did the child start doing each of the following?

Eat solid food: |\_\_|\_\_| months Drink from a cup: |\_\_|\_\_| months Feed self: |\_\_|\_\_| months

**Dietary Habits:**

Favorite Foods: \_\_\_\_\_

Least Favorite Foods: \_\_\_\_\_

**Check all that applies. An item with an asterisk\* that is checked (yes) requires a referral to Nutrition Services:**

- Child takes vitamin/ mineral supplements?  *Yes*
- Supplements contain iron?
- Supplements contain fluoride?
- Supplements were prescribed?
- \*\*Foods not eaten for medical, religious or personal reasons?
- \*Child on a special diet?
- \*Change in child's appetite in the past month?
- \*Child takes a bottle?
- \*Child eats or chews things that aren't food?

\*\*Specify Diet or Formula Need.  
Medical reason require note from doctor.

\*Child has trouble chewing or swallowing?

\*Child often has:  
Diarrhea

Constipation

\*Concerns about what the child eats?

**Usual Food Group Eating Frequency:**

**Approximate Number of Times Each Week**

	0	1	2	3	4	5	6	7	7+
A. Milk, cheese, yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Meat, poultry, fish, eggs; or dried beans/peas, peanut butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Rice, grits, bread, cereal, tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Greens, carrots, broccoli, winter squash, pumpkin, sweet potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Oranges, grapefruit, tomatoes (fruit/juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Oil, butter, margarine, lard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Cakes, cookies, sodas, fruit drinks, candies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Miami Dade CAA Head Start / Early Head Start Enrollment – HSFIS Consents and Permissions Form

Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Form Type:    New                    Modify Record

Child Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
*First*                   *MI*                   *Last*

**Consents for Screenings:**

**Initials**

- |   |       |
|---|-------|
| <input type="checkbox"/> Vision                       | _____ |
| <input type="checkbox"/> Blood Pressure               | _____ |
| <input type="checkbox"/> Hearing                      | _____ |
| <input type="checkbox"/> Heights and Weights          | _____ |
| <input type="checkbox"/> Lead Screenings              | _____ |
| <input type="checkbox"/> Dental                       | _____ |
| <input type="checkbox"/> Speech                       | _____ |
| <input type="checkbox"/> Developmental and Behavioral | _____ |
| <input type="checkbox"/> Classroom Observations       | _____ |
| <input type="checkbox"/> Other: Specify _____         | _____ |

**Other Permissions/Releases:**

- |   |       |
|---|-------|
| <input type="checkbox"/> Share health records with the school system and other contracted providers'                      | _____ |
| <input type="checkbox"/> Accompany class on field trips   | _____ |
| <input type="checkbox"/> Use of the child's photograph  | _____ |
| <input type="checkbox"/> Medical / Dental / Emergency Consent   | _____ |
| <input type="checkbox"/> Vaccines Consent   | _____ |
| <input type="checkbox"/> Volunteer classroom assistance from CAA Foster Grandparent Program or Other approved volunteers' | _____ |

**Enrollment Consents and Permissions Signatures**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

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

Print Staff Name: \_\_\_\_\_

## AGENCY USE ONLY

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

### New Child

**Items received:**

Items	Date Received/Comments
*Birth Certificate (copy in file)	
*Proof of Income (copy in file)	
Parent's Picture Identification (copy in file)	
Social Security Cards for child and family members (copy in file)	
Immunization results(original in file)	
Physical Examination (original in file)	
TB or PPD Test /TB Risk Assessment (original in file)	
Hemoglobin and Hematocrit results (originals in file)	
Lead Screening results (original in file)	
Sickle Cell results (original in file)	
Vision Screening (original in file)	
Hearing Screening (original in file)	
Dental/Oral Health Examination (original in file)	
Diagnosed Disability Documentation (e.g. IEP/IFSP/Evaluation Report)	

### Application Tracking

	Staff Signature	Staff Print Name	Date
Folder Audit			
Medical Review			
Input into HSFIS			
Interview with Staff			

### Application Status

Accepted /Date \_\_\_\_\_

Enrolled/Date \_\_\_\_\_

Waiting list/Date \_\_\_\_\_

### Returning Child

	Staff Signature	Staff Print Name	Date
Folder Audit			
Interview with Social Worker			
Medical Review: (End of the year Health Status Report)			