



TTU CEHS Eligibility Questionnaire – CHILD APPLICATION

- 1. Is the child/mom applying for Early Head Start a **foster child**? Yes No
If yes, please provide a copy of placement paperwork from the state.
- 2. Does your family receive **TANF or SSI**? Yes No
If yes, please provide a copy of your most recent award letter.
- 3. Does your family have an open case with **CPS**? Yes No
If yes, please provide a copy of your current safety plan.
- 4. **Declaration of Homeless status:** The McKinney-Vento Act of the United States government may allow you to declare your family as homeless, even temporarily.

Do you or your family live in any of the following circumstances?

- In a shelter (family shelter, domestic violence, youth or temporary housing)
- In a motel, hotel, or weekly rate housing
- More than one family living together (doubled up with friends or relatives) due to loss of housing, economic hardship, or a similar situation
- In an abandoned building, car, or other inadequate accommodations
- In a public place such as a park, bus station, RV park, or camping ground
- None of these apply to my family

Signature _____ **Date** _____

Certification Statement: *I certify that the above information regarding my family's situation is true and I have provided all documentation requested by Texas Tech University Center for Early Head Start.*

_____ I give TTU CEHS permission to contact the following person(s) regarding my living situation.
Initials

Contact Person _____ **Phone** _____

.....
Third Party Verification (for TTU CEHS staff use only)

CEHS Staff name _____ Date _____ Time _____

Contact Name _____ Relationship/Agency _____

Notes _____

CEHS Staff Signature _____



TEXAS TECH UNIVERSITY
College of Human Sciences

Center for Early Head Start™

3315 East Broadway ▪ Lubbock, TX 79403 ▪ (806) 765-2737 ▪ www.depts.ttu.edu/earlyheadstart

TTU CEHS Enrollment – CHILD APPLICATION

Please bring the following documents when turning in your application:

Birth Certificate – hospital birth certificate, birth facts, or Health Department birth certificate.

Address verification – utility bill or lease/rental agreement.

Cell phone or cable bills will NOT be accepted as proof of residency. If you are currently living with someone else, a signed statement from the home/lease owner, with a copy of the utility bill in their name, is required.

Income information – **ONE** of the following for the past year (not required if you are homeless or the child is in foster care)

- a. pay stubs – previous 12 months
- b. income tax return
- c. W-2 Form
- d. Written statement from employer
- e. Written, signed statement of self-employment or unemployment

Health insurance – Medicaid, CHIP, or private insurance card for pregnant mom

Other documents, please turn in if applicable:

School verification – if enrolled in any school, please provide a school schedule

Military ID card – if applicable

Proof of Temporary Guardianship - if applicable

Incomplete applications will not be accepted. If you are pregnant, please fill out a PREGNANT APPLICATION.

An in-person or phone interview was conducted with this applicant. All documents were submitted as applicable.

CEHS Staff signature _____ Date _____

How did you hear about our program? _____ Referred by _____

Child Information

Child's Name _____
First MI Last

Social Security # _____ Date of Birth _____ Gender M F
(Optional)

Child lives with: Biological parent(s) Grandparent(s) or other relative(s)
 Adoptive parent(s) Foster parent(s)
 Legal guardian(s)

Race, Ethnicity & Language

Race: American Indian / Alaskan Native Native Hawaiian / Pacific Islander White
 Asian Black or African American
 Bi-racial / Multi-racial Other, please specify _____

Hispanic Ethnicity Yes No

Primary language English Spanish Other, specify _____

Second language Yes No If yes, specify _____

Please indicate a second language if you/your family plan to teach your child more than one language.

Health and Family Services

Is your child currently enrolled in Early Childhood Intervention (ECI) or another therapeutic program?

Yes No If yes, who is your child's caseworker(s)? _____

Do you have any concerns about your child's health / development? Yes No

If yes, what are your concerns? _____

Does your child have health insurance? Medicaid CHIP
 Private insurance No insurance at this time

Child's doctor or clinic _____ Child's dentist _____

Is your family currently experiencing any of the following:

domestic abuse or WPS incarceration of a parent
 mental/emotional health needs terminal illness of a parent
 substance abuse recent death of a parent
 other _____

Does your family receive WIC? Yes No

Does your family receive SNAP? Yes No

Parent / Guardian Information

Parent's Name _____
First MI Last

Address _____ City _____ Zip _____

Birthdate _____ Social Security # (optional) _____

Telephone Numbers Cell _____ Can this cell receive text messages? Yes No

Work _____ Other _____

Parent / Guardian Information (continued)

Email address _____

Relationship to child applying to TTU Center for Early Head Start _____

Are you currently pregnant? Yes No High-Risk pregnancy N/A

Are you active or retired military? Yes No

Race, Ethnicity, and Language

Race: American Indian / Alaskan Native Native Hawaiian / Pacific Islander White
 Asian Black or African American
 Bi-racial / Multi-racial Other, please specify _____

Hispanic Ethnicity Yes No

Primary language English Spanish Other, specify _____

Second language Yes No If yes, specify _____

Employment and Education

Employment full-time part-time not working (unemployed, retired, disabled)

Occupation _____ Employer _____

Typical work schedule _____
(Mon-Fri, overnight, shiftwork, seasonal, etc)

Training

Currently enrolled in job-related training skills training vocational, trade, or business school training

Attending school full-time part-time

Education Level High school diploma GED Did not graduate; highest grade completed _____
 Associate degree some college / advanced training
 Bachelor's degree Master's degree

Other Parent / Guardian Information

Parent's Name _____
First MI Last

Address _____ **City** _____ **Zip** _____

Birthdate _____ **Social Security # (optional)** _____

Telephone Numbers Cell _____ Can this cell receive text messages? Yes No

Work _____ Other _____

Email address _____

Relationship to child applying to TTU Center for Early Head Start _____

Are you active or retired military? Yes No

Race, Ethnicity, and Language

Race: American Indian / Alaskan Native Native Hawaiian / Pacific Islander White
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Training

Currently enrolled in job-related training skills training vocational, trade, or business school training

Attending school full-time part-time

Education Level: High school diploma GED Did not graduate; highest grade completed _____
 Associate degree some college / advanced training
 Bachelor's degree Master's degree

Other children living in the home

Name _____ Date of Birth _____ Gender M F

Name _____ Date of Birth _____ Gender M F

Name _____ Date of Birth _____ Gender M F

Name _____ Date of Birth _____ Gender M F

Alternate Contact Information

Name _____ Phone number _____

Name _____ Phone number _____

I certify that this information is true to the best of my knowledge. I understand that if any part of this information is willfully misrepresented, my participation in this agency's program may be terminated and I may be subject to legal action. I also understand that this information will be held in strict confidence and is accessible to me during normal business hours. I understand that once my child is selected to receive Early Head Start services, they will remain eligible until their third birthday.

Signature _____

Date _____

I request paperwork be made available to me in the following language (other than English) Language _____

I request a translator be made available to me during enrollment meeting Language _____

This institution is an equal opportunity provider

Updated June 12, 2020



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Thank you for applying for TTU Center for Early Head Start. Once the completed application and all relevant documents are turned in, your child will be placed on the waiting list. Spots are filled immediately, based on the age that is needed in the program, as well as based on the need of the family. Your child may be selected for one of the following three program options:

CEHS Home Based program

- Weekly home visitation program with family and child that last one and a half hours each
- Weekly socialization opportunities offered at the CEHS center
- Can enroll pregnant women into this program option
- Eligible to transfer to a center-based classroom when spots are available

CEHS Center Based program

- High-quality childcare provided Monday through Friday from 7:30 am to 2:30 pm
- *After-school childcare provided from 2:30 pm to 5:30 pm only for families who qualify for CCS (Child Care Services) authorization*
- Center is accredited by the National Association for the Education of Young Children (NAEYC)
- Provides diapers, wipes, formula, food, basic care items, and all education materials for enrolled children

Please update your address or phone number if they change.

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