



HEAD START ELIGIBILITY APPLICATION NORTHERN TIER COMMUNITY ACTION CORPORATION

NTCAC Head Start
P.O. Box 389
Emporium PA 15834
Phone: (814) 486-1161 x224
Fax: (814) 486-0519

Thank you for your interest in the Northern Tier Community Action Corporation Head Start Program! A complete Head Start application includes:

- Proof of Income
- Immunization Record
- Birth Certificate (copies only - **DO NOT SEND THE ORIGINAL COPY**)
- Custody Agreement (if applicable)

Head Start is an income-based program, so no application can be processed without proof of benefits, proof of income, or a zero-income statement. Copies or photographs of any of the items listed below are acceptable:

- Proof of public assistance benefits (SNAP, TANF, SSI) - a photo of an EBT card or determination letter is required for confirmation
- Pay Stubs for any biological parent/legal stepparent/legal guardian in the *household* (**only required if household does not receive any of the benefits listed above**)
- W2 or tax form 1040 for any biological parent/legal stepparent/legal guardian in the household
- Child Support order (for the child applicant - any support received for siblings isn't required)
- Unemployment Determination Letter
- Foster care payment or adoption subsidy (for child applicant only)

If you require assistance or have questions regarding the application, you can contact the main office at (814) 486-1161 x224 or by contacting the center you're interested in directly at the numbers below:

Bradford: (814) 368-9150
Coudersport: (814) 274-7017
Emporium: (814) 486-4000, Ext. 2077
Johnsonburg: (814) 965-5627
St. Marys: 814-781-7776

Eldred: (814) 225-2200
Port Allegany: (814) 642-2807
Ridgway: (814) 772-4030
Kane: (814) 389-5720
Elk/Cameron Home-Based: (814) 781-6666

Failure to submit income documentation will delay processing of your child's application. If accepted, you will receive an acceptance packet in the mail. Please make sure to contact us if your address changes any time during the application process.

Priority for enrollment first goes to income-eligible families. Submission of an application **DOES NOT** guarantee a place in one of our classrooms.

We look forward to providing your family a Head Start!



**Northern Tier Community Action Corporation
HEAD START PROGRAM**

2025 INCOME GUIDELINES

Family Size	100% Annual Income	130%	300%
1	15,650	20,345	46,950
2	21,150	27,495	63,450
3	26,650	34,645	79,950
4	32,150	41,795	96,450
5	37,650	48,945	112,950
6	43,150	56,095	129,450
7	48,650	63,245	145,950
8	54,150	70,395	162,450

For family units with more than 8 members, add \$5,500 for each additional person.

Priority given to income eligible families.

10% of families can be above the income guidelines.

Families with income above 300% are not eligible to participate in Head Start.



NORTHERN TIER COMMUNITY ACTION CORPORATION HEAD START ELIGIBILITY APPLICATION

Mailing Address:
Northern Tier Community Action Corporation
Head Start Program
P.O. Box 389
Emporium PA 15834
Administrative Office: Toll Free: 888-809-3704, Ext. 224
Fax: 814-486-0519

Reviewed: 1/25

CHILD'S INFORMATION

Last Name: _____ First Name: _____ Date of Birth: ____/____/____

Address: (street, city, state, zip code): _____

Rent Own Live with Family/Friends Other _____

Gender: Female Male Hispanic: Yes No Language Spoken In Home: _____

Race: Black or Af. Am. White Multi-Racial/Bi-Racial Asian Am. Indian/Alaskan Native Other _____

Does your child have a special need/disability/health concern? No Yes If yes, please describe and provide documentation: _____

Does your child have a current Individualized Education Plan (IEP) or receiving services from IU9? No Yes Unsure

Is your child receiving services with another agency? No Yes If yes, which agency? _____

Is your child potty-trained? (This will not affect your child's enrollment) No Yes

PRIMARY ADULT INFORMATION

Last Name: _____ First Name: _____ Date of Birth: ____/____/____

Address: (street, city, state, zip code): _____

Phone: Land Line: _____ Cell: _____ Work: _____ Alternate: _____

Gender: Female Male Hispanic: Yes No Primary Language: _____ Marital Status: _____

Race: Black or Af. Am. White Multi-Racial/Bi-Racial Asian Am. Indian/Alaskan Native Other _____

Child's Relationship: Biological Adopted Step Foster Grandchild Other _____ Legal Custody: Yes No

Highest Level of Education: Less than a High School Graduate High School Graduate GED
 Some College/Vocational or Advanced Training Associate Degree Bachelor's Degree Master's Degree

Employment Status: Employed Not Employed Currently Enrolled: Job Training Secondary Education

Teen Parent (at time of child's birth under age 18) Yes No EMAIL (Required): _____

SECONDARY ADULT INFORMATION

Last Name: _____ First Name: _____ Date of Birth: ____/____/____

Address: (street, city, state, zip code): _____

Phone: Land Line: _____ Cell: _____ Work: _____ Alternate: _____

Gender: Female Male Hispanic: Yes No Primary Language: _____ Marital Status: _____

Race: Black or Af. Am. White Multi-Racial/Bi-Racial Asian Am. Indian/Alaskan Native Other _____

Child's Relationship: Biological Adopted Step Foster Grandchild Other _____ Legal Custody: Yes No

Highest Level of Education: Less than a High School Graduate High School Graduate GED
 Some College/Vocational or Advanced Training Associate Degree Bachelor's Degree Master's Degree

Employment Status: Employed Not Employed Currently Enrolled: Job Training Secondary Education

Teen Parent (at time of child's birth under age 18) Yes No EMAIL: _____

FAMILY INFORMATION

OTHER ADULTS (NOT the Primary and Secondary) living in the household (Attach separate sheet of paper if necessary):

Last Name	First Name	Date of Birth	Sex	Race	Hispanic? Yes or No	Relationship to Child	Highest Level of Education	Employment Status

OTHER CHILDREN (NOT the Applicant living in the household (Attach separate sheet of paper if necessary):

Last Name	First Name	Date of Birth	Sex	Race	Hispanic? Yes or No	This Child's Relationship to the Child Applicant

Number In Household: _____ **Number in Family:** _____ **Household Status:** Single Parent Two-Parent

Parent currently incarcerated: Yes No
 Homeless Family: Yes No
 Receiving SNAP: Yes No
Receiving WIC: Yes No
 Referred by Child Welfare Agency or Mental Health Provider: Yes No
Receiving TANF(Cash Assistance): Yes No
 SSI: Yes No
 Do You Receive Child Support? Yes No
Active Military Yes No
 Military Veteran Yes No

FAMILY INCOME

YOU MUST ATTACH PROOF OF INCOME TO THIS APPLICATION. Proof of income include Tax Form 1040 & W-2, determination letters for TANF, SSI, SNAP, unemployment, child support, foster care subsidy, and paystubs or a letter from the employer on official letterhead. **Head Start staff will be completing an Eligibility Verification Form listing the actual income amount(s) obtained from the proof of income you provide. We require you to fill out the Source, Person Receiving, and Payment Frequency in the chart:**

Source of Income	Person Receiving	Payment Frequency	Proof Attached
Employment Primary Adult	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 wks <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Secondary Adult	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 wks <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Assistance: <input type="checkbox"/> TANF (Cash Assistance Only)	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 wks <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> SSI	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 wks <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> SNAP	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 wks <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 wks <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foster Care/Adoption Subsidy	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 wks <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support (Only the child applicant)	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 wks <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other- Specify: _____	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 wks <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zero Income	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROGRAM OPTIONS

Center: Operates from September through May. Centers are located in Bradford, Coudersport, Emporium, Johnsonburg, Kane, Eldred, Port Allegany, Ridgway, and St. Marys.

Home Base: Operates from August through May. The Home Base option provides families with 1 1/2 hours of home instruction weekly and two socializations monthly with other home based children.

If both options are available in your area, please check which option you prefer:

- Center Only - If classroom is full, will remain on waiting list in case of opening at the center
- Center with Home Base as an option if classroom is full
- Home Base option only

OTHER INFORMATION

Is there any additional information you wish to provide such as suspected disability, major medical concerns, hardships, homeless status, etc.?

I have attached the following required information and signed /dated and reviewed the application to verify that all areas are fully completed. I understand if the following documentation is not attached, it will delay my child's application process.

- Copy of child's immunization record
- Copy of child's birth certificate
- Copy of current income
- Copy of custody agreement (if applicable)

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. If any information changes, I am obligated to notify the program immediately. I also understand that the information in this application will be held in strict confidence and is used to determine eligibility but does not guarantee enrollment into the program. Northern Tier Community Action Corporation does not discriminate on the basis of sex, age, religion, national origin or disabilities.

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

Head Start Staff Signature _____ **Date Staff Received:** _____

PLEASE FILL OUT THE SECTION BELOW ONLY IF YOUR CHILD HAS A CURRENT IEP

IEP/ER Release of Information

I give my permission for Northern Tier Community Action Corporation Head Start Program to obtain a copy of the most recent IEP/ER from Seneca Highlands Intermediate Unit Nine for my child, _____ (Print Child's Name)

I understand this information is being requested for the purpose of program enrollment and provision of service. In order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the agency listed above, and will be effective for one year from the date signed below. I understand that I may withdraw my permission at any time. I also understand that upon request I will receive a copy of the information.

Signature of Parent/Guardian

Town/City

Date