



Downeast Community Partners

Serving Children and Families in Downeast Maine since 1970

OFFICE USE ONLY	
Center:	_____
Age:	_____
Eligibility:	_____ <input type="checkbox"/> R

2020-2021 PROGRAM YEAR APPLICATION

Head Start/Early Head Start and/or Child Care Services & Pre-K Collaborations

Child's Name: _____ Date of Birth: ___/___/___ Gender: M F

MaineCare Number: _____ Private Insurance: _____ #: _____

Race: White Black/African American Amer. Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Bi-Racial/Multi-Racial Other: _____

Hispanic (regardless of race): YES NO

Child's Primary Language: _____ Child's Secondary Language: _____

A. PRIMARY PARENT INFORMATION	B. SECONDARY PARENT INFORMATION
Name: _____	Name: _____
Gender: <input type="radio"/> M <input type="radio"/> F	Gender: <input type="radio"/> M <input type="radio"/> F
Relationship to child (check all that apply) <input type="radio"/> Biological Parent <input type="radio"/> Adoptive Parent <input type="radio"/> Step-Parent <input type="radio"/> Legal Guardian <input type="radio"/> Foster Parent <input type="radio"/> Other: _____	Relationship to child (check all that apply) <input type="radio"/> Biological Parent <input type="radio"/> Adoptive Parent <input type="radio"/> Step-Parent <input type="radio"/> Legal Guardian <input type="radio"/> Foster Parent <input type="radio"/> Other: _____
Child lives with this parent: <input type="radio"/> All of the time <input type="radio"/> Some of the time	Child lives with this parent: <input type="radio"/> All of the time <input type="radio"/> Some of the time <input type="radio"/> None of the time
Employment Status: <input type="radio"/> Employed (Employer: _____) <input type="radio"/> Unemployed <input type="radio"/> Stay at home parent <input type="radio"/> Student <input type="radio"/> Disabled/Retired	Employment Status: <input type="radio"/> Employed (Employer: _____) <input type="radio"/> Unemployed <input type="radio"/> Stay at home parent <input type="radio"/> Student <input type="radio"/> Disabled/Retired
Primary Language: _____	Primary Language: _____
Secondary Language: _____	Secondary Language: _____
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Living with partner	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Living with partner
Living Address: _____ _____	Living Address: _____ _____
Mailing Address: <input type="radio"/> SAME AS LIVING _____ _____	Mailing Address: <input type="radio"/> SAME AS LIVING _____ _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Email address: _____	Email address: _____

C. OTHER FAMILY MEMBERS WHO LIVE IN YOUR HOME		
NAME	DATE OF BIRTH	RELATIONSHIP TO CHILD

D. ADDITIONAL FAMILY CIRCUMSTANCES AND EXPERIENCES

At times, families may experience economic or social challenges that can create stress or hardships that may prioritize your eligibility status. Is your family experiencing any of the following?

teen parent
 serious illness/disability
 alcohol/drug issues
 family violence
 homelessness
 foster care
 child protective services
 caring for elderly or ill family member
 death in the family
 grandparent or other family member raising child
 mental health concerns
 military deployment
 family member incarcerated
 other circumstances: _____

E. INFORMATION ABOUT YOUR CHILD THAT WILL HELP US BEST ASSIST HIM/HER

We welcome children of all abilities and will coordinate with service providers to best support your child. Please provide the following information:

(1) Has your child been diagnosed with a disability or health issue?
 No Yes Diagnosis: _____

(2) Does your child have an IFSP (Individual Family Service Plan) or an IEP (Individual Education Plan)?
 No Yes (Please submit a copy, or we will ask you to sign a release so that we may obtain a copy)

(3) Has your child been involved with any of the following agencies?
 Child Development Services (CDS) Community Health & Counseling Services (CHCS)
 Special Children's Friends Washington County Children's Program
 Other: _____

(4) Do you or any other adult have concerns regarding your child: (speech, hearing, physical development, behavior, social/emotional, health, nutrition, etc.)?
 No Not sure Yes (describe): _____

F. SUPPORTS YOU MAY BE RECEIVING

WIC Medical Financial Assistance (i.e. MaineCare) SNAP (Food Stamps)

Child Care Subsidy (check type): CCSP Transitional Child Care (TCC) ASPIRE

Other Child Care Subsidy: _____

Other Downeast Community Partners Services (accessed by anyone in household):

Housing Weatherization Transportation Fuel Assistance/LIHEAP Friendship Cottage
 Nurse Home Visiting/Bridging Maternal Nursing Health At Home Downeast Home Repair Network

G. HOUSEHOLD INCOME

Types of household income (Check all that apply):

- Employment Wages
- Foster Care/Adoption Subsidy
- Public Assistance (i.e. TANF, PAS received any time in the past 12 months)
- Supplemental Security Income (SSI)
- Social Security, Social Security Survivor Benefits, Social Security Disability Income (SSDI)
- Unemployment
- Alimony - Amount: _____ per week month irregular payments
- Child Support - Amount: _____ per week month irregular payments
- Other Income (describe): _____
- I do not currently have any household income.

NOTE: Head Start, Early Head Start, and some Pre-K programs require an income eligibility determination. For these programs, income documentation is required to complete the application.

H. TRANSPORTATION SUPPORT

Downeast Community Partners does not provide transportation to any of its early childhood programs. We do have some funds available to assist Head Start eligible families with the cost of transportation and we will facilitate finding other families who wish to carpool. If you would like more information, please talk with center staff about transportation.

Our collaboration partners in Bucksport and Trenton provide busing for 4-year-olds.

I. WHAT TO SUBMIT WITH YOUR APPLICATION

For programs requiring income documentation, the documentation must show the last twelve months or calendar year of household income. Examples of income documentation include 2019 W2s or 1040 tax forms, DHHS foster care letter, TANF statement, SSI/SSDI statement, unemployment statement, etc.

If you are not sure what documentation to include, please call our Enrollment Specialist at (207) 610-5187. Failure to submit all income documentation for Head Start/Early Head Start may cause processing delays or prevent your child's placement on the waiting list and/or acceptance into the program.

All original documentation will be mailed back to the applicant.

J. CENTER/PROGRAM CHOICE (Select all programs you are interested in and note which is your first choice)

HEAD START/Pre-K

(No fee for Head Start/Pre-K programs!)

3 and 4 year olds:

- Bucksport PreK/HS – follows public school day/calendar
- Calais PreK/HS – follows public school day/calendar
- Deer Isle-Stonington ECEC – follows public school day/calendar
- Ellsworth ECEC – 4 mornings per week, Sept–May
- Flaherty ECEC – Machias, 4 mornings per week, Sept–May
- Mt. View ECEC – Sullivan, 4 mornings per week, Sept–May
- Schoodic ECEC – Gouldsboro, 4 mornings per week, Sept–May
- Trenton PreK/HS – follows public school day/calendar

4 year olds only:

- Calais Alt. School HS – follows public school day/calendar
- Ellsworth PreK/HS at EEMS –4 mornings per week, Sept–May
- Woodland PreK/HS – follows public school day/calendar

**Child Care or
Child Care with Head Start/Early Head Start**

Monday – Friday, Year-Round

For parents needing full-time or part-time
childcare. State Subsidies Accepted!

INFANT/TODDLER (6wks – 3yrs)

- Ellsworth ECEC
- Flaherty ECEC (Machias)
- St. Croix ECEC (Calais)

PRESCHOOL (3yrs – 5yrs)

- Ellsworth ECEC
- Flaherty ECEC (Machias)
- St. Croix ECEC (Calais)

K. SIGNATURES AND CERTIFICATION

I certify under penalty of perjury that, to the best of my knowledge, the family and income information provided on this application along with all supporting documentation submitted is true.

Applicant's Signature: _____ **Date:** ____/____/____

L. SUBMIT THE APPLICATION

You may deliver your application and supporting documentation to the center nearest you, or you may use one of the methods below.

Postal Mail: Downeast Community Partners, Enrollment Office, PO Box 648, Ellsworth, ME 04605

Fax: (207) 667-2212, ATTN: Enrollment Specialist

Scan and Email: enrollment@downeastcommunitypartners.org

Thank you for your interest in our programs!
We look forward to receiving your application.