2025-2026

Prenatal, Early Head Start, 3 Year Old **2025-2026 School Year**

On behalf of Fayette County Child Development, Inc., we want to thank you for allowing us the opportunity to begin this educational adventure with you and your family. Please find enclosed the Fayette County Child Development Application.
The application must be filled out before returning to the following address:

Fayette County Child Development, Inc.
102 Hunter Street
Oak Hill, WV 25901
304-465-5613
Contact Person: Dianna Thompson

Please be sure to include with your application the following documentation:

- **Proof of Income** (e.g. check stubs, W-2, Tax return) If submitting check stubs, please submit your 2 most current check stubs. Please provide verification of all income received by the household. If you are a foster parent or a guardian, please provide income that you receive for providing care for the child who you are applying for. ***If you receive SNAP (Supplemental Nutrition Assistance Program/Food Stamps) you will only need to submit proof of that to be eligible for the program.***
- **Official birth certificate from the Vital Registration Office** (from the state where the child was born)
- **Complete immunization records**
- **Health Insurance Card**
- **Verification of Well Child/Preventive Health Exam**
- **Proof of dental exam**
- **Proof of residency** (e.g. utility bill, lease agreement, tax statement)
- **Any court documentation or custody paperwork**

Your application **cannot** be processed until we receive all the information listed above. Also please make sure and include in your application any persons residing in your home that you financially support (i.e. other children or adults).

Thank you and please feel free to contact Dianna Thompson, 304-465-5613, if you should have any questions.

2025-2026 Fayette County Child Development, Inc. Program Application

Please check appropriate applications: ___ Prenatal Application ____ Early Head Start ___ 3 Year Old

Applicant

First	Middle	Last	Suffix	Nickname	Birthday	Gender	Home County

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other: _____	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ Poor ☐ Moderate ☐ Proficient

Primary Health Coverage	Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home
			☐ Not Eligible ☐ On Medicaid ☐ Potentially		

Dental Coverage	Dental Coverage #	Dentist/Dental Home

Primary Adult

First	Middle	Last	Suffix	Nickname	Birthday	Gender

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other: _____	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ Poor ☐ Moderate ☐ Proficient

Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:
☐ Associate's ☐ Bachelor's ☐ Col Deg/Train ☐ Col or Adv Train ☐ GED	☐ Grade 10 ☐ Grade 11 ☐ Grade 12 ☐ < Grade 9 ☐ HS Graduate ☐ Master's	☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unemployed	☐ Full Time & Training ☐ Part Time & Training ☐ Training or School ☐ Retired or Disabled	☐ Biological/Adopted/Step ☐ Grandchild ☐ Other Relative ☐ Foster ☐ Other	☐ Yes ☐ No	☐ Lives with Family ☐ Provides Financial Support ☐ Teen Parent If teen parent, subsidized? ☐ Yes ☐ No

Email Address:

Secondary or Other Adult

First	Middle	Last	Suffix	Nickname	Birthday	Gender

Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ Other: _____	☐ Yes ☐ No	☐ None ☐ Little ☐ Moderate ☐ Proficient		☐ Poor ☐ Moderate ☐ Proficient

Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:
☐ Associate's ☐ Bachelor's ☐ Col Deg/Train ☐ Col or Adv Train ☐ GED	☐ Grade 10 ☐ Grade 11 ☐ Grade 12 ☐ < Grade 9 ☐ HS Graduate ☐ Master's	☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unemployed	☐ Full Time & Training ☐ Part Time & Training ☐ Training or School ☐ Retired or Disabled	☐ Biological/Adopted/Step ☐ Grandchild ☐ Other Relative ☐ Foster ☐ Other	☐ Yes ☐ No	☐ Lives with Family ☐ Provides Financial Support ☐ Teen Parent If teen parent, subsidized? ☐ Yes ☐ No

Email Address:

Family Living Address

Started Living at Date	Living Address	Address Line 2	ZIP	City	State	County

Family Mailing Address

Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State
☐ Yes ☐ No						

Phone Number(s)	Type (*check one*)	Note (extension or best time to call)	Opt In for Text Messages
	☐ Cell ☐ Home ☐ Work ☐ Other		☐ Yes ☐ No

Additional Child/Adult (Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender

Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian	☐ American Indian/Alaska Native	☐ Yes	☐ None		☐ Poor
☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Little		☐ Moderate
☐ White	☐ Multi-Racial		☐ Moderate		☐ Proficient
☐ Other:			☐ Proficient		

Additional Child/ Adult(Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender

Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian	☐ American Indian/Alaska Native	☐ Yes	☐ None		☐ Poor
☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Little		☐ Moderate
☐ White	☐ Multi-Racial		☐ Moderate		☐ Proficient
☐ Other:			☐ Proficient		

Additional Child/Adult (Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender

Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian	☐ American Indian/Alaska Native	☐ Yes	☐ None		☐ Poor
☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Little		☐ Moderate
☐ White	☐ Multi-Racial		☐ Moderate		☐ Proficient
☐ Other:			☐ Proficient		

Additional Child/Adult (Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender

Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian	☐ American Indian/Alaska Native	☐ Yes	☐ None		☐ Poor
☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Little		☐ Moderate
☐ White	☐ Multi-Racial		☐ Moderate		☐ Proficient
☐ Other:			☐ Proficient		

Additional Child/ Adult (Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender

Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian	☐ American Indian/Alaska Native	☐ Yes	☐ None		☐ Poor
☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Little		☐ Moderate
☐ White	☐ Multi-Racial		☐ Moderate		☐ Proficient
☐ Other:			☐ Proficient		

Additional Child / Adult(Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN

Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
☐ Asian	☐ American Indian/Alaska Native	☐ Yes	☐ None		☐ Poor
☐ Black	☐ Hawaiian/Pacific Islander	☐ No	☐ Little		☐ Moderate
☐ White	☐ Multi-Racial		☐ Moderate		☐ Proficient
☐ Other:			☐ Proficient		

Family Income & General Information

Family Information							
Parental Status (*check one*)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (*if applicable*)
☐ One ☐ Two		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Family Income			
Income Verified by(Head Start/Early Head Start Employee Signature)	Verification Date	TANF Status	SSI
		☐ Yes ☐ No ☐ Formerly on TANF/Not now	☐ Yes ☐ No

Family Member	*Amount*	*Per (for example: week, month, year)*	*Annual Amount*	*Description (for example: SSI, Job, Child Support)*	*Verification (for example: W2, check stub)*	*Note*
	$		$			
	$		$			
	$		$			

Income Notes

If you are a prenatal applicant, please complete this section:
When is your due date? _____ Who is your OB/GYN? _____

Are you considered a high-risk pregnancy? _____

Are you involved with Right from the Start? _____ MIHOW? _____

General Information

Has your child received Birth to Three services? ___YES ____NO

Is your child receiving services from outside agencies? ___ YES ___ NO

Does your child have an IEP? ___ YES __NO

Do you have any concerns about your child's development? ___ YES ___ NO. If yes, please explain:
_____

_____

- My child must attend the Early Head Start/ Head Start regularly in accordance with the Head Start Performance Standards attendance policy.
- Transportation to and from school is **not** guaranteed.
- The application process is **NOT COMPLETE** until all required documentation is submitted.
- Fayette County Early Head Start/Head Start is available to children who reside in **Fayette County**.

To the best of my ability and knowledge, the information on this form is correct. I understand that it is my responsibility to report any changes to this information immediately.

Please sign to indicate you understand and agree to the above statements:

Parent/Guardian Signature: _____Date: _____

Signature of Staff Completing the application: _____ **Date:** _____

Emergency Contacts

Contact 1

Name	Relationship	Emergency Contact	Release To
		☐ Yes ☐ No	☐ Yes ☐ No

Address	ZIP	City	State

Phone Number 1	Phone Number 2	Phone Number 3
☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work

Contact 2

Name	Relationship	Emergency Contact	Release To
		☐ Yes ☐ No	☐ Yes ☐ No

Address	ZIP	City	State

Phone Number 1	Phone Number 2	Phone Number 3
☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work

Contact 3

Name	Relationship	Emergency Contact	Release To
		☐ Yes ☐ No	☐ Yes ☐ No

Address	ZIP	City	State

Phone Number 1	Phone Number 2	Phone Number 3
☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work

Are you interested in Homebased Services? _____

What Head Start sites are you interested in? _____ _____

For Office Use Only:

Date application was received: _____

___ FCCDI Application
___ Birth Certificate
___ Proof of Residence
___ Income Verification
___ Immunization Records
___ Health Check Form
___ Health History Form
___ Proof of Dental Exam

Site Assigned to: _____

Additional Notes:

Persons in Family	Income Guideline 2025-2026
2	$27,495 or below
3	$34,645or below
4	$41,795 or below
5	$48,945 or below
6	$56,095 or below
7	$63,245 or below
8	$70,395 or below

For households/families with more than eight people add $5500 for each additional person