Incomplete Application

Date___________________________________

Dear Parent/Guardian of__________________________________________________________

Thank you for your interest in the Early Head Start-Child Care Partnership Program.

In order for your application to be processed we need some additional information. Please see the list below of items that may be needed for your child’s application to be complete.

☐ Certified Birth Certificate

☐ Verification of Income (One of the following are acceptable):
  • W-2 Form
  • Tax Return
  • Department of Labor Four Quarter Print Out

☐ Immunization Record (Form 3231)

☐ School Verification

☐ SNAP Verification

Please bring the documents to ___________________________ at ________________________.

We appreciate your cooperation.

Sincerely,

Kimala Johnson
Early Head Start Coordinator