

Communities United, Inc.

**FINANCIAL ASSISTANCE FORM**

**For HEAD START and EARLY HEAD START**

To determine your eligibility for Tuition Assistance, you must complete the following:

**FAMILY INCOME:** You must provide proof **of all Income sources** and submit with Application.

Acceptable Proof of Income includes **ANY** of the following:

- **Copy** of your most recent income tax return **or** W-2 form, along with a current letter from your employer(s) stating your current salary and scheduled work hours, **or**
- **Copies** of consecutive recent pay stubs for your last month's earnings, **or**
- Proof of current public assistance (TANF award letter) **or** proof of Supplemental Security Income (SSI) or Social Security Disability (SSDI) **or** Unemployment (award letters or check stubs), **or**
- A court **or** notarized letter stating amount of child support or alimony you are receiving.

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**FAMILY SIZE:** In addition to the Family Members listed on your application, are there any other family members living with you **who are listed on your income tax return?**

**NO**  **YES** If yes, how many? \_\_\_\_\_ *Please provide a copy of your latest tax return*

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**PARENT/GUARDIAN INFORMATION:** *(Please circle responses to each question below)*

1) **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Lives with applicant?** YES or NO **Working?** YES or NO **If Yes, how many hours per week?** \_\_\_\_\_

**Currently enrolled in School full time?** YES or NO

**Member of the Military?** YES or NO **If Yes, is this Parent currently deployed?** \_\_\_\_\_

**Education Level:** Less than High School High School/GED Some College Associates Degree Other Degree \_\_\_\_\_

**If high school was not completed, circle the highest grade achieved:** Grade: 11 10 9 8 7 6 5 4 or less None

2) **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Lives with applicant?** YES or NO **Working?** YES or NO **If Yes, how many hours per week?** \_\_\_\_\_

**Currently enrolled in School full time?** YES or NO

**Member of the Military?** YES or NO **If Yes, is this Parent currently deployed?** \_\_\_\_\_

**Education Level:** Less than High School High School/GED Some College Associates Degree Other Degree \_\_\_\_\_

**If high school was not completed, circle the highest grade achieved:** Grade: 11 10 9 8 7 6 5 4 or less None

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**INFORMATION ABOUT THE CHILD applicant:** *(Please circle responses to each question below)*

▪ Is the child currently enrolled in a Head Start or Early Head Start program? **YES or NO**  
- **If yes, what is the name of the program?** \_\_\_\_\_

▪ Do any of the child's siblings attend a Head Start or Early Head Start program? **YES or NO**  
- **If yes, what is the name of the program?** \_\_\_\_\_

▪ Does your child have Medical Insurance? **YES or NO**  
- **If yes, check type:**  MassHealth  Private Health Plan (name: \_\_\_\_\_)  
 Other: \_\_\_\_\_

**INFORMATION ABOUT THE FAMILY:** *(Please circle answer to each question below)*

- Is your child a twin, triplet, or one of another multiple birth? **YES or NO**
- Did the mother of the child give birth to any children before the age of 19? **YES or NO**
- Did the mother of the child give birth to any children after the age of 40? **YES or NO**
- Did the family move to the United States within the last year? **YES or NO**
- Did the family move to a new town within the last year? **YES or NO**
- Is there a family crisis or concern (ex: divorce, job loss, death)? **YES or NO**  
    **-If yes, please describe.** \_\_\_\_\_
- Is there anyone in the immediate family, besides the applicant, who has an identified special need? **YES or NO**  
    **- If yes, please describe.** \_\_\_\_\_
- Is anyone in the immediate family being treated by a doctor for chronic health issues? **YES or NO**  
    **-If yes, please describe.** \_\_\_\_\_

**Please check all that apply to your family:**

**My current living situation is:**

- Single Parent
- Homeless or Underhoused  
(Sharing home with another family)
- Overcrowded
- Adequate

**I receive:**

- Food Stamps (SNAP)
- TANF/TAFDC
- SSI /SSDI
- WIC
- Child Support

**I am currently involved with:**

- Early Intervention
- Public School System
- Parent Child Home Program
- Dept. of Children and Families
- Waltham Family School
- Other \_\_\_\_\_

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By signing below, I attest that the above information provided by me is true to the best of my knowledge.

I further understand that misrepresentation on this form may result in termination of my child from CUI's Creative Start program.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_