

# Early Head Start Offers:

# Am I Eligible?

# University of Nevada, Reno Early Head Start

**Developmental Screenings**

**Help Finding a Medical Home**

**Nutrition Services**

**Medical Referrals**

**Prenatal Support & Referral**

**Home Visits**

**CACFP Meals (Center-based Program)**

**Parent Meetings & Trainings**

**Referrals to Community Resources**

**Play Groups**

**Transportation Assistance**

**Home-based & Center-based services for children  
with special needs**

- ⇒ Are you pregnant? OR
- ⇒ Is your child 2 years old or younger?
- ⇒ Do you fall below the federal poverty guidelines?

**If you can answer “yes” to these questions  
you may qualify for the Early Head Start  
program!**

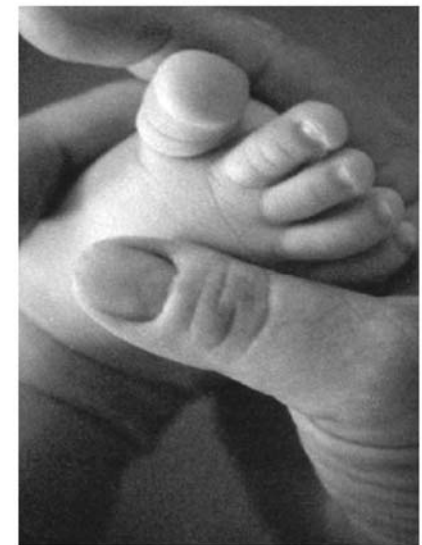
**Early Head Start serves income-qualifying:**

- Pregnant women
- Infants & toddlers (birth through two) and their families

**Early Head Start also provides services for:**

- Children with delays or disabilities
- Teen parents
- Foster children
- Families experiencing homelessness
- and many more

<https://www.unr.edu/education/centers/cfrc/unr-early-head-start>



UNR Early Head Start is funded by grant #09-YC0446 from the U.S. Department of Health and Human Services, Head Start Bureau and by matching funds from state and community sources.

**“Partnering with families to  
meet their changing needs.”**

785 W. Sixth St.

Phone: 775-432-2090

Fax: 775-236-1794



## Home Visiting Program:

### The home-based program provides:

- Personalized home visits by certified parent educators, trained in child development,
- Information to help parents understand what to expect in each stage of their child's development,
- Practical tips on ways to encourage learning, manage challenging behavior, and promote strong parent-child relationships,
- Group meetings where parents get together to gain new insights and share experiences, common concerns, and successes, and
- Opportunities for families to participate in parent-child activities.



## Center-Based Program:

The center-based program provides full time high-quality, year-round child care for infants and toddlers at four sites:

**The Nelson Building:** located in downtown Reno.

**The Comstock Center:** located at the northwest end of the University Campus.

**The NEIS Center:** located at the northeast end of the University Campus.

**The Sage Street Center:** located in northeast Reno by the Health Department.



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

## Parents as Partners

Early Head Start believes that parents are the child's **FIRST** and **BEST** teacher.

### Early Head Start empowers parents to:

- Be their child's first teacher;
- Achieve skills in decision-making, group process and leadership;
- Join parent committees and the Early Head Start Policy Council;
- Volunteer in the classroom;
- Assist in recruiting new families;
- Be active in assessing the program;
- And more...



**Mailing address:**  
**University of Nevada, Reno**  
**Early Head Start**  
**Mail Stop 392**  
**Reno, NV 89557**

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To apply online visit our website at <https://www.unr.edu/education/centers/cfrc/unr-early-head-start>

Applications can also be requested by phone or filled out in person at:

785 W. 6th Street

Questions?  
Call 775-432-2090 for  
more information!

In addition to the completed application please submit copies of:

- **Income verification** (documentation of family income for the **last 12 months OR the last calendar year**)
- **Proof of your child's birth** (can be birth certificate, birth confirmation or immunization record)
- **Proof of Pregnancy** (if pregnant)

## University of Nevada, Reno Early Head Start Home Visiting Program



Now accepting applications from low-income families with pregnant women and/or children from birth to age three!

Phone: 775-432-2090  
Fax: 775-236-1794



## The Home Based Program

### The home-based program provides:

- Personalized home visits by certified parent educators, trained in child development,
- Prenatal education and breastfeeding support
- Information to help parents understand what to expect in each stage of their child's development,
- Practical tips on ways to encourage learning, manage challenging behavior, and promote strong parent-child relationships,
- Group meetings where parents get together to gain new insights and share experiences, common concerns, and successes, and
- Opportunities for families to participate in parent-child activities.

## Am I Eligible?

- ⇒ Are you pregnant? OR
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**If you can answer "yes" to these questions you may qualify for the Early Head Start program!**

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## Support

### The UNR Early Head Start home visiting program supports families by:

- Helping parents develop their parenting skills,
- Assisting parents in the use of the home environment as the child's primary learning environment,
- Helping parents provide learning opportunities to enhance their child's growth and development.

### Program services include:

- Weekly home visits,
- Parents as Teachers (PAT) Curriculum or
- Prenatal Education,
- Services for children with special needs
- PLAY groups at least twice a month,
- Connections to community resources,
- Family events & Parent Meetings,
- Transportation resources,
- Nutrition services
- Referrals to community agencies
- And more...

### Did you know?

Families who participate in the home visiting program are given priority when a center-based childcare spot opens up!



# University of Nevada, Reno

UNR Early Head Start serves limited-income pregnant women and families with infants and toddlers up to the age of three. The program offers the following services:

- High quality early education in and out of the home for children ages 0-3
- Home Visits
- Developmental Screenings
- Nutrition Assessments & Services
- Medical Referrals
- Prenatal Support & Referral
- Access to Counseling Services
- Family Resource & Referral Program



The University of Nevada, Reno – Early Head Start Program offers three program options:

- **Home Visiting:** Program option that provides weekly home visits to pregnant women and families with children birth to 3 years of age, emphasizing the role of the parents as the child's first teacher.
- **Center-based Child Care:** Full day, full year child care with locations in downtown Reno and on the University Campus. Parents utilizing this option need to be enrolled in an educational or job training program and/or working.
- **WCSD Combination Program:** Child care and summer home visits for parenting teens at Wooster and Washoe Innovations high schools.

***In addition to the completed application you MUST submit copies of the following:***

- ◆ **Income verification** (documentation of family income for the **last 12 months OR the last calendar year**).
- ◆ **Proof of your child's date of birth** (birth certificate, immunization record, birth confirmation).

***Additionally, applications can be strengthened by including:***

- ◆ **Documentation of any special need** your child may have (certification by physician, Nevada Early Intervention Services, or other professional).
- ◆ **Proof of Work or School** (Pay Stub if you are currently working/school schedule if attending school).
- ◆ **A Referral Letter** from a community agency.

**Mailing Instructions:** Please send ***copies*** of all requested documentation.



**Mail applications and copies of documentation to:**

UNR–Early Head Start  
Mail Stop 392  
Reno, NV 89557  
Or

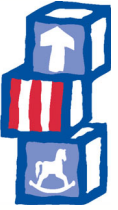
**Bring to:** Early Head Start @ Nelson Building  
401 W. 2<sup>nd</sup> Street  
Reno, NV 89503

**Questions? Call 682-8482**



I am applying for:  
**Estoy aplicando para:**  
 **Home-based program**  
*Programa basado en el hogar*  
 **Center-based program (6th St., Comstock, NEIS, Sage)**  
*Programa basado en el centro*  
 **Either program/Home or Center-based UNR**  
*Cualquier programa/En el hogar o en los centros de UNR*  
 **Combination Program (WCSD Student)**  
*Programa Combinado (Estudiante de el condado de Washoe)*

**Early Head Start**  
 Serving Pregnant Women, Infants and Toddlers  
 (up to age 3)  
 Atendiendo a Mujeres embarazadas, bebés y niños  
 (hasta los 3 años de edad)



**Application for Enrollment**  
**Solicitud para Matricular**

**Adult Applicant's Name:** \_\_\_\_\_  
**Nombre del solicitante adulto:** First Name/Primer Nombre MI/Segundo Nombre Last Name(s)/Apellido(s)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Relationship to child:**  Mother  Father  Other: \_\_\_\_\_  
**Fecha de Nacimiento:** mes / día / año **Relación con el infante:** Madre Padre Otro **Specify/Especifique**

**Mailing Address:** \_\_\_\_\_  
**Dirección de correo:** Street/Calle Apt.#/Numero de Apartamento

\_\_\_\_\_  
 City/Ciudad State/Estado Zip Code/Código Postal

\_\_\_\_\_  
 Home Phone/Teléfono de Casa Work Phone/Teléfono de Trabajo Message Phone/Teléfono de Mensajes

**E-mail Address:** \_\_\_\_\_  
**Correo electrónico**

**This address is:**  House  Apartment  Friend/Relatives house  Motel/Transitional House  Recreational Vehicle  
**Esta Dirección es de:** Casa Apartamento Amistades/familia Motel/Viviendas de transición Casa móvil

**Applicant's Language(s) Spoken:** Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_  
**Idiomas que habla el solicitante:** Primario: Secundario:

**Applicant's English Speaking Ability:**  Very Well  Well  Not Well  Not at all  
**Habilidad del Solicitante para hablar Ingles:** Muy Bien Bien No muy bien No Ingles

**Is Applicant Currently Pregnant?**  Yes (If yes, what is your due date?) \_\_\_\_/\_\_\_\_/\_\_\_\_  No  
**Se encuentra embarazada la solicitante?** Sí (¿Cuál es la fecha de parto?) mes / día / año No

**Occupational Status (check all that apply):**  
**Estatus relativo al oficio (marque todo lo que aplique):**

- Paying job** (please attach pay stub) Employer: \_\_\_\_\_  Full-time (+32 hrs/week)  Part-time  
*Trabajando (por favor incluya talon de cheque) Empleador Tiempo Completo (32+hrs) Medio Tiempo*
- In school** (please attach school schedule) School: \_\_\_\_\_  Full-time (12 credits/semester)  Part-time  
*Estudiando (por favor incluya los horarios) Escuela Tiempo Completo (12 credits/semestre) Medio Tiempo*
- In job training program** (please include verification) Program: \_\_\_\_\_  Paid  Unpaid  
*Entrenamiento Laboral (por favor incluya verificación) Programa: Pagado No pagado*
- Unemployed**  Work experience  No work experience  
*Desempleado Experiencia Laboral Sin Experiencia Laboral*
- Other:**  Homemaker  Retired  Unable to work due to a disability  
*Otro: Ama de Casa Retirado(a) Incapaz de trabajar debido a alguna incapacidad*

**Complete the section below for each child in the family eligible to receive direct services through Early Head Start.**  
**Complete la siguiente sección para cada infante en la familia que sea elegible para recibir servicios directos a través de Early Head Start.**

**Child's Name:** \_\_\_\_\_  
**Nombre del Infante:** First Name/Primer Nombre MI/Segundo Nombre Last Name(s)/Apellido(s)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female  
**Fecha de Nacimiento:** mes / día / año **Sexo:** Masculino Femenino

**Child's Name:** \_\_\_\_\_  
**Nombre del Infante:** First Name/Primer Nombre MI/Segundo Nombre Last Name(s)/Apellido(s)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female  
**Fecha de Nacimiento:** mes / día / año **Sexo:** Masculino Femenino

**Child(ren)'s relationship to adult applicant:** \_\_\_\_\_  
**Relación del/los infante/es con el aplicante:**

**Do any of the above children have a documented special need?**  Yes (Verification required)  No  
**Alguno de los infantes especificados son incapacitados?** Sí (Verificación requerida) No

**Indicate which child:** \_\_\_\_\_ **Special Concern:** \_\_\_\_\_  
**Indique cual infante:** **Necesidad Especial:**

**Other Family Members in home:**  
**Algún otro miembro de la familia en el hogar:**

Name: Nombre:	Date of Birth: Fecha de Nacimiento:	Relationship to Child(ren): Relación con el/los infante/s:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Agency Referral Information**  
**Información de Referencias de Agencias**

Were you referred by another agency  No  Yes: \_\_\_\_\_  
 Fue referido(a) por otra agencia No Si

Note\* Please submit your written referral with your application. Referral attached?  Yes  No  
 Nota\* Por favor envíe su referencia escrita con su aplicación. ¿Referencia Adjunta? Si No

**\*\*APPLICATIONS SUBMITTED WITHOUT INCOME INFORMATION CANNOT BE PROCESSED\*\***  
**\*\*NO SE PUEDED PROCESAR LAS SOLICITUDES ENTREGADAS SIN EL INFORME DE INGRESOS\*\***

**Family Income Verification**  
**Verificación de Ingresos Familiares**

**A family is all persons:**

- Living in the same household, **AND**
- Supported by the income of the parent(s) or guardians of the child being enrolled **AND** related by blood, marriage or adoption.

**We need to verify:**

- Family income from the last calender year, **OR**
- The previous 12 months (whichever is less). **AND**
- Proof of Birth **OR**
- Proof of Pregnancy

**Una Familia son todas las personas que:**

- Vivan en la misma casa, **Y**
- Sean sostenidas con el mismo ingreso que los padres o guardianes del infante que esta siendo inscrito **Y** además estén relacionados por sangre, matrimonio o adopción.

**Nosotros necesitamos verificar:**

- Ingreso familiar del ultimo año **O**
- Los pasados 12 meses (cualquiera que sea menos). **Y**
- Prueba de nacimiento **O**
- Prueba de embarazo

**I certify that all the information provided in this application is accurate and truthful to the best of my knowledge.**

**Certifico que toda la información proveída en esta solicitud esta exacta y verídica al mejor de mi conocimiento.**

**Signature/Firma:** \_\_\_\_\_ **Date/Fecha:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Required/Requerida) MM(mes) DD(día) YYYY(año)

**AGENCY USE ONLY**  
**PARA EL USO EXCLUSIVO DE LA AGENCIA**

Application Received on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Proof of Pregnancy Received? _____	Y / N	Poof of Birth Receieved? _____	Y / N
Income Verification Receive? _____	Y / N	Referral Received? _____	Y / N