



NATIONAL CENTER ON
Early Childhood Health and Wellness

**Application for Health Care Institute Training
April 13-14, 2016**

COMPLETED APPLICATION PACKET MUST BE POSTMARKED BY JANUARY 22, 2016

The following criteria **must be satisfied** in order to participate in the Health Care Institute training:

- The Agency must create a team of 4 staff members to help manage the health training program. Three staff members from the Head Start/Early Head Start program and one other staff member, parent or ECE partner. Below are the team members, titles may vary by agency:
 - EHS/HS Director - *Required*
 - Social Services Lead - *Required*
 - Health Services Lead - *Required*
 - Other staff member or parent or ECE partner

**Other team members may be designated to be part of Project Team once training team returns to local agency.*

- The Training Team must attend the training from April 13-14, 2016 in Albuquerque, New Mexico; conduct parent training(s) at their program and follow up with participating families for reinforcement.**
- The Director of the Head Start/Early Head Start program must identify a Project Coordinator that has the responsibility of reporting to the UCLA Health Care Institute team for the project. The Project Coordinator will be the primary contact for the project.



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Head Start/Early Head Start Program Information

Name of Program: _____

Name of Agency (if different): _____

Region: _____ Grantee Delegate

Program Street Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____

Email Address: _____ Program Website: _____

Organization Type (check one):

- CAP/CAA Single Purpose Local Government
 Non Profit Tribal Government School System
 Other _____

Type of Community (check one):

- Rural Urban Rural/Urban Suburban

Services (check all that apply):

- Preschool Early Head Start Head Start Year-round

Scope of Head Start/Early Head Start Program:

Number of Children _____

Number of Centers: _____

Number of Staff: _____

Home-Based Areas: _____



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Number of Family Child Care Homes: _____

TEAM MEMBERS

Please list the 4 staff members from your agency that will attend the Health Care Institute training.

- | | |
|--|--|
| <p>1. Name: _____ Title: _____ Email: _____ Phone: _____</p> | <p>3. Name: _____ Title: _____ Email: _____ Phone: _____</p> |
| <p>2. Name: _____ Title: _____ Email: _____ Phone: _____</p> | <p>4. Name: _____ Title: _____ Email: _____ Phone: _____</p> |

** Please indicate **the Project Coordinator** by circling the number next to his/her name.

STATEMENT OF INTENT

(to be completed by the head start/Early Head Start Program)

- Briefly describe what programs or initiatives your agency is doing to address the health needs of your staff, children and families? What successes and barriers have you encountered? How will participating in the UCLA Health Care Institute benefit your children/families/community?(Please send your response as a separate page and attach to the application)

COMPLETED APPLICATION PACKET MUST BE POSTMARKED BY JANUARY 22, 2016 AND MAILED TO:

**I CAN
c/o CMCA Head Start
Attn: Trisha Wright
807B North Providence Rd.
Columbia, MO 65203**



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COMMITMENT FORM

By applying to participate in the UCLA Health Care Institute program, we understand we are making the following commitments upon our acceptance to the program:

- ◆ To be a part of the UCLA Health Care Institute program for four (4) years and train **at least 100 parents per year** (**Accepted programs serving less than 100 families will be asked to sign a commitment guaranteeing a minimum number of families trained*).
- ◆ To work cohesively within the Training Team (the 4 team of staff members) throughout the duration of the study.
- ◆ To submit requested data, program progress, successes and challenges relating to participation in the UCLA Health Care Institute.
- ◆ To meet deadlines as established by the UCLA Health Care Institute team and to communicate regularly with UCLA and the I CAN team.
- ◆ To obtain support from policy council and board of directors.
- ◆ Under the guidance and training of the UCLA Health Care Institute and I CAN partners, will develop and implement an effective system to engage families and staff.

Required Signatures

HS/EHS Director (Team Member #1)

Health Services Lead (Team Member #3)

Social Services Lead (Team Member #2)

Team Member #4)

Policy Council and Board Member

By signing this application, we understand and accept the above commitments made by the team. We further agree to make the following personal commitment:

- ◆ We will work with and support the team from our Head Start/Early Head Start program to effectively run the Health Care training program at our agency.

Policy Council President

Board Chair/President

Date: _____

Date: _____