

KARUK TRIBE HEAD START APPLICATION

Dear Applicant,

Please complete the attached application, sign and date. You will need to attach the following documents.

_____ Copy of child's birth certificate

_____ Current Immunization Record

_____ Current Copy of well child check or CHDP (within the year)

_____ If claiming Indian preference **Attach Enrollment Documentation

_____ Proof of Income (must be current)

- Income Tax Form, 1040, W2 Form
- Unemployment Insurance Letter
- Current Notice of Action Letter (showing status of Public Assistance (CalWorks/TANF))

This information must be provided in order for your child to be considered for enrollment in the Program.

We are federally funded through the American Indian/Alaska Native Branch of the Office of Head Start. Therefore preference will be given, but not limited to Native American children. Children with disabilities are given top priority for our Program.

Your application and information is confidential. Please seal information in an envelope and return to the Head Start as soon as possible.

Screening and selection are an ongoing process, we want to replace vacant slots and be at full enrollment throughout the school year.

Parent/guardians of qualified applicants will be notified by letter/phone, to complete enrollment packets.

Thank you,

Karuk Tribe Head Start
P.O. Box 1148
Happy Camp, CA 96039
Phone (530)493-1490 Fax (530)493-1491

**KARUK TRIBE HEAD START
CONFIDENTIAL CHILD ENROLLMENT APPLICATION**

Class: _____

SECTION I - GENERAL CHILD/FAMILY INFORMATION

Child's Legal Name Last: _____	First: _____	Birth Date / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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<input type="checkbox"/> Tribal Member of Descendent or: <input type="checkbox"/> N/A Tribe: _____	Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st Yr Student? <input type="checkbox"/> 2 nd ? <input type="checkbox"/> 3 rd ?	Ethnicity: <input type="checkbox"/> Hispanic/Latino Origin? <input type="checkbox"/> Non-Hispanic/Latino?
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Race:

<input type="checkbox"/> American Indian or Alaska Native (Include persons having origins from South America or Central America) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White (Include persons having origins from Europe, Middle East, or North Africa) <input type="checkbox"/> Biracial/Multi-Racial (A person that is 2 or more races) <input type="checkbox"/> Other/ _____ (A person reporting a race other than those listed, please specify) <input type="checkbox"/> Unspecified (A person whose race is unknown or who has declined to identify their ethnicity)
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Language Spoken at Home: Primary: <input type="checkbox"/> English <input type="checkbox"/> Other _____ Secondary: <input type="checkbox"/> English <input type="checkbox"/> Other _____	How well does the child speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
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Does your child need child care outside of the Head Start program? Yes No

Please indicate how child care is provided:

Not yet arranged Family Child Care Home Child Care Center Public School Pre-Kindergarten
 At home or another home with a relative or unrelated adult Other: _____

Do you receive a child care subsidy for the care (i.e. from CCDF, etc.)? Yes No

Are you a single or two-parent family? <input type="checkbox"/> Single <input type="checkbox"/> Two-Parent (Shared Custody is considered "two-parent")	How many people in your family unit? _____ <i>This number should agree with family list below.</i>
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Will the child's father be able to participate in the Head Start program? Yes No

If no, please explain: _____

List all members of your family unit below. Use back of application for additional family members.

1) Parent/Guardian #1 Name	Date of Birth / /	*Relationship	Education Level <input type="checkbox"/> No Diploma <input type="checkbox"/> HS/GED <input type="checkbox"/> Some College/AA <input type="checkbox"/> BA/BS <input type="checkbox"/> Graduate Degree
Home Phone	Address		Is the parent/guardian employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone			Is the parent/guardian in job training or school? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Parent/Guardian #2 Name (if applicable)	Date of Birth / /	*Relationship	Education Level <input type="checkbox"/> No Diploma <input type="checkbox"/> HS/GED <input type="checkbox"/> Some College/AA <input type="checkbox"/> BA/BS <input type="checkbox"/> Graduate Degree
Home Phone	Address		Is the parent/guardian employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone			Is the parent/guardian in job training or school? <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Name	Date of Birth / /	*Relationship	If sibling, is he/she enrolled in Head Start, too? <input type="checkbox"/> Yes <input type="checkbox"/> No
4) Name	Date of Birth / /	*Relationship	If sibling, is he/she enrolled in Head Start, too? <input type="checkbox"/> Yes <input type="checkbox"/> No
5) Name	Date of Birth / /	*Relationship	If sibling, is he/she enrolled in Head Start, too? <input type="checkbox"/> Yes <input type="checkbox"/> No
6) Name	Date of Birth / /	*Relationship	If sibling, is he/she enrolled in Head Start, too? <input type="checkbox"/> Yes <input type="checkbox"/> No

Child Name _____ Class: _____

**Does your family receive any of the following types of services or financial assistance?
Mark all that apply.**

- TANF (Temporary Assistance for Needy Families) SSI (Supplemental Security Income) WIC

In what type of housing does your family currently reside?

- House Apartment Hotel/Motel Mobile Home/Trailer Shelter Transitional Housing
 None/Homeless

Do you: Rent Own Live with Relative

Do you consider your family homeless? Yes No

(Definition: A homeless person is defined as any individual who lacks fixed, regular, and adequate nighttime residence, and an individual who has a primary nighttime residence that is either (i) a supervised temporary living shelter (ii) an institution that provides temporary residence for individuals intended to be institutionalized, or (iii) a place not designed for or ordinarily used as a regular sleeping accommodation for human beings).

SECTION II - CHILD HEALTH & DISABILITIES INFORMATION

Does your child have medical insurance? Yes No *If yes, please check the box that applies best.*

- | | |
|--|---|
| <input type="checkbox"/> Medicaid/EPST (Medi-cal, OHPI) | <input type="checkbox"/> Private Health Insurance (for example, parent's insurance) |
| <input type="checkbox"/> State Child Health Insurance Program (Healthy Families) | <input type="checkbox"/> Indian Health Service |
| <input type="checkbox"/> State Child Health Insurance Program combined with Medicaid (Medi-cal & Healthy Families) | <input type="checkbox"/> Migrant Health Service |
| <input type="checkbox"/> State-only funded insurance | <input type="checkbox"/> Other health insurance such as Tri-Care or Military Health/CHAMPUS |

Does your child have an ongoing source of continuous and accessible routine, preventive and acute medical care? Yes No List Provider: _____ Is this provider IHS clinic? Yes No

Does your child have an ongoing source of continuous and accessible routine, preventive and acute dental care? Yes No List Provider: _____ Is this provider IHS clinic? Yes No

Is your child up-to-date on all immunizations appropriate for their age? Yes No
If no, has your child received all immunizations possible at this time but not appropriate for age? Yes No

Has your child received a CHDP or thorough physical examination in the last twelve months?
 Yes No

If yes, did he/she receive treatment for any of the following conditions:

- Anemia Asthma Hearing Difficulties Overweight Vision Problems High Lead Levels Diabetes

Does your child have a diagnosed disability? Yes No

If yes, what type?* _____

**(Qualifying disabilities are: 1) specific learning disability; 2) hard of hearing; 3) deaf; 4) language/speech impairment; 5) visually impaired; 6) emotionally disturbed; 7) orthopedic impairment; 8) deaf-blind; 9) other health impairment; 10) autism; 11) mentally retarded; 12) traumatic brain injury)*

Is there an Individualized Education Program (IEP) in place? Yes No

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

****FOR OFFICE USE ONLY****

(Original scored "Eligibility and Selection Criteria" and "Statement of Income Eligibility" form must be kept in child's file)

Based on the examination of income documents, this child was found to be (mark one):

- automatically income-eligible (based on receipt of TANF or SSI)
 automatically income-eligible (based on foster care)
 income-eligible (based on verification of income)
 over-income