



Building Strong Foundations with Alaska Native Families through Alaska Native Cultures and Education

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Website: www.cookinletnativeheadstart.net

COOK INLET NATIVE HEAD START APPLICATION

Date:

Application isn't complete without the following documents:

(Please call us if you have any problems getting all the documents.)

- **__ Child Application (completed, signed, and dated. Questions that do not pertain to your family put "N/A" (not applicable) DO NOT LEAVE ANY BLANK AREAS.**
- **__ Birth Certificate**
- **__ Documented Proof of Indian Blood**
- **__ Proof of Residency (utility bill; phone bill)**
- **__ Proof of Legal/Foster/Relative Guardianship (if not the child's biological parent)**
- **__ Last 12 Months Income (Tax Return(s), or: print outs of W-2, Pay stubs, ATAP/TANF, SSI, Unemployment Benefits, Child Support, etc.)**

Additional Forms:

- **__ Current immunization record**
- **__ Physical exam**
- **__ Dental**
- **__ Vision**
- **__ TB Screening Form**

Once your child is accepted into the program, the enrollment paperwork will be completed with your family advocate. The transition process will begin with your child's teacher before he/she starts the program.

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Program: Head Start (3-5 years of age) _____ Early Head Start (pregnant moms & 6 wks - 3yrs of age) _____

Is there a sibling already enrolled in our program? Yes ___ No ___ Sibling's name _____

Are you also applying for this sibling? Yes ___ No ___ Sibling's name _____

Was your child referred by an agency? (ex., ANMC, OCS, Child In Transition, etc.) _____

SECTION 1: CHILD INFORMATION

Child's Legal Name: _____ Date of Birth: _____ Male: ___ Female: ___

Child's Ethnicity (**Please check one**): Hispanic or Latino Origin ___ Non-Hispanic or Non-Latino origin ___

What is the primary language of the family at home? English ___ Other: (specify) _____

Child's Health Coverage: Indian Health Service ___ Military ___ Private ___ Other ___

Medicaid, Denali Kid Care ___ Private Ins ___ Number: _____

Physician: _____ Dentist: _____

Does your child have a disability or special need (either suspected or diagnosed)? Yes ___ No ___

If yes, please explain: _____

Does your child have an: IFSP ___ IEP ___ Behavior Plan ___

If yes, check program: Anchorage School District ___ Programs for Infant & Children (PIC) ___

Other: _____

SECTION 2: FAMILY INFORMATION

Home phone: _____ Work: _____ Cell: _____ Message: _____

Mailing Address: _____

Physical Address: _____

Please list below everyone living in your household:

NAME	D.O.B	RELATIONSHIP TO CHILD	WORKING (FT/PT)	SCHOOL (FT/PT)

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FAMILY TYPE

Two Parent Family ____ Single Parent Family ____ Child Lives with: Mother ____ Father ____
 Teen Parent ____ Foster Family ____ Other Family Type (please specify) _____

Both parents/guardians are in: job training ____ or in school ____

One parent/guardian is in: job training ____ or in school ____

Neither Parent/guardian is in job training or in school ____

(Only if the mother is living in the home)

(Only if the father is living in the home)

Mother's Name: _____

Father's Name: _____

Less than 9 th grade	Less than 9 th grade
Less than High School Graduate (9 th , 10 th , or 11 th)	Less than High School Graduate (9 th , 10 th , or 11 th)
High School Diploma/ GED (circle one)	High School Diploma/ GED (circle one)
Vocational/Technical School	Vocational/Technical School
Some College	Some College
Associates Degree	Associates Degree
Bachelor's Degree (Baccalaureate)	Bachelor's Degree (Baccalaureate)
Master's or Advanced Degree	Master's or Advanced Degree
Attending School: Yes __ No __ F/T __ P/T __	Attending School: Yes __ No __ F/T __ P/T __
How many credits: _____	How many credits: _____
School Name: _____	School Name: _____

Unemployed	Unemployed
Employer: _____	Employer: _____
Employed: F/T __ P/T __ (Hours per week: _____)	Employed: F/T __ P/T __ (Hours per week: _____)
Dates From: _____ To: _____	Dates From: _____ To: _____
United States Military: Yes __ No __	United States Military: Yes __ No __

Permanent Fund Dividend: PFD's that your family received previously including garnished PFD's _____

SECTION 3: HOUSING INFORMATION

House	Rent
Apartment	Own
Mobile Home	Homeless/ shelters
Relatives or Friends	Other: _____

Length of time at this address? _____

Have you been without your own home (homeless) in the past 12 months? Yes ____ No ____

Were you homeless and acquired a home in the past year? Yes ____ No ____

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SECTION 4: HEALTH INFORMATION

Does our child have any allergies? Yes ____ No ____ If yes, list allergy _____

Does your child take any medications? Yes ____ No ____ If yes, list medications _____

Does your child have any of the following chronic health conditions?

Anemia		Overweight		Diabetes	
Asthma		Vision Problems		Other:	
Hearing Difficulties		High Lead Levels		None of the Above	

SECTION 5: PREGNANCY INFORMATION

Current month of pregnancy: _____ What is the expected due date? _____

Do you have a medical provider? _____

Do you have any medical conditions? Yes ____ No ____ If yes, please specify: _____

Do you have any other concerns affecting this child that we need to be aware of? _____

SECTION 6: ASSISTANCE INFORMATION

What other income and assistance is your family currently receiving?

TANF		FOOD STAMPS		MEDICAID		INDIAN HEALTH SERVICE	
SSI		WIC		DENALI KID CARE		DISABILITIES/SURVIVORS	
OTHER		HUD				UNEMPLOYMENT INSURANCE	

SECTION 7: CHILD CARE INFORMATION

Who cares for your child when you are at work or school?

Child Care Center (please specify):		Relative or other adult in your home		Other	
Child Care Home (please specify):		Relative or other adult in their home			

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SECTION 8: PROGRAM INFORMATION (check all you are applying for)

✓ **PLEASE CHECK PROGRAM OPTIONS**

AGE RANGE

COMMENTS

FULL Day Program (Mon-Fri)		6 weeks to 5 years old	___ 7:45am to 3:30pm ___ 9:15am-5:00pm
Yup'ik Immersion-FULL Day Program at Heritage Center (Mon-Fri)		Only for children between the ages of 3-5 years old	7:45am-3:30pm
Part Day Program - 3.5 hrs (Monday-Thursday)		Only for children between the ages of 3-5 years old	___ 7:45am ___ 9:15am ___ 12:15pm ___ 1:45pm
Part Day Program-4.5 hrs At Heritage Center (Monday-Thursday)		Only for children between the ages of 3-5 years old	7:45am -12:15pm
Home Based Services		Prenatal to 3 years old	WEEKLY HOME VISITS

SECTION 9: SIGNATURE AGREEMENT

I attest that this eligibility information is true, complete and correct and that the income documentation reflects the TOTAL family income for my family. I understand and agree that the income documentation provided to the program will be verified for accuracy and confirmation of eligibility. I further understand falsification of this documentation in any way may result in program action up to and including disenrollment of my child(ren) from the program, based on a later ineligibility determination.

Printed Name

Signature of Parent/Guardian

Date