

COOK INLET NATIVE HEAD START APPLICATION



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:

(Please call us if you have any problems getting any of 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. (Blanks will slow process)**
- **__ Birth Certificate**
- **__ Documented Proof of Indian Blood (parents or child's)**
- **__ Proof of Residency (utility bill; phone bill)**
- **__ Proof of Legal/Foster/Relative Guardianship (if not the child's biological parent)**
- **__ Income Information: Income (Tax Return(s) [NOTE: Income information does not apply to foster/relative placement], or: print outs of W-2, Pay stubs, ATAP/TANF/SNAP, SSI, Unemployment Benefits, Child Support, etc.)**
- **__ Please bring a current physical and immunization record (will need at enrollment)**

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. Due to the current crisis, information may be collected during a phone interview as per OHS.

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.) _____

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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 _____

Mother/Guardian's Name: _____ Father/Guardian's Name _____

(Only if living in the home)

(Only if living in the home)

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 ___	

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 ___	

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 in the past 12 months? 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: Pregnant Moms

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

Do you have a medical provider? _____

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 8: PROGRAM INFORMATION (number in order of preference all you are applying for)

<u>PLEASE CHECK PROGRAM OPTIONS</u>	<u>AGE RANGE</u>	<u>COMMENTS</u>
FULL Day Program	6 weeks to 5 years old 3-5 years old is M-Thurs	730-300 and 9-430 *See School Calendar on website for 0-3 years old
Yup'ik Immersion-FULL Day Program At 370 W 16th	Only for children between the ages of 3-5 years old	730-300
Part Day Program	Only for children between the ages of 3-5 years old	730-11, 12-330, 9-12:30, 1:30-5
Home Based Services	Prenatal to 5 years old	HOME VISITS as per mitigation plan

NOTE: Due to Covid, options above are as per mitigation plan and are subject to change through licensing agency.

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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