

COOK INLET NATIVE HEAD START APPLICATION



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

6901 E. Tudor Rd, Anchorage, AK 99507

370 W. 16<sup>th</sup>, Anchorage, AK 99501

Phone (907) 433-1600 Fax (907) 433-1641

Phone: (907) 433-1601 Fax (907) 433-1663

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 (other OHS approved forms of certifying D.O.B. accepted)**
- **\_\_ Documented Proof of Indian Blood (parents or child's)**
- **\_\_ Proof of Residency (something with your address on it)**
- **\_\_ Proof of Legal/Foster/Relative Guardianship (if not the child's biological parent)**
- **\_\_ Income Information: ( [NOTE: Income information does not apply to foster/relative placement]. Tax Return(s) or: print outs of W-2, Pay stubs, ATAP/TANF/SNAP, SSI, Unemployment Benefits, Child Support, etc.)**
- **Note: Physical will be required**  
**Immunization Record/or exemption will be required to start in classroom.**

Program: Head Start (3-5 years of age) \_\_\_\_ Early Head Start (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, PIC, ASD, OCS, Child In Transition, etc.)

---

**COOK INLET NATIVE HEAD START APPLICATION**

**SECTION 1: Applicant's INFORMATION**

Child's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Child's Ethnicity (**Please check one**): Hispanic/Latino Origin \_\_\_\_ Non-Hispanic/Non-Latino origin \_\_\_\_

Child's Alaska Native/American Indian tribal affiliation? \_\_\_\_\_

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

Alaska Native/American Indian language/s spoken in the home?

Child's Health Coverage: Military \_\_\_\_ Private \_\_\_\_ Other \_\_\_\_

Medicaid, Denali Kid Care \_\_\_\_ 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**

Primary Adult (PA) phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Message: \_\_\_\_\_

Secondary Adult (SA) phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Message: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

## COOK INLET NATIVE HEAD START APPLICATION

Please list below **EVERYONE** living in your household:

NAME: First & Last	D.O.B mm/dd/yy	M/F	RELATIONSHIP TO CHILD	WORKING (FT/PT)	SCHOOL (FT/PT)
PA:					
SA:					

### **FAMILY TYPE**

Two Parents in the Home  Single Parent Family  Child Lives with: Mother  Father   
 Teen Parent  Foster Family  Other Family Type (please specify) \_\_\_\_\_  
 Mother/Guardian's Name: \_\_\_\_\_ Father/Guardian's Name \_\_\_\_\_

***(Only if living in the home)***

***(Only if living in the home)***

Less than 9 <sup>th</sup> grade		Less than 9 <sup>th</sup> grade	
Less than High School Graduate (9 <sup>th</sup> , 10 <sup>th</sup> , or 11 <sup>th</sup> )		Less than High School Graduate (9 <sup>th</sup> , 10 <sup>th</sup> , or 11 <sup>th</sup> )	
High School Diploma/ GED (circle one)		High School Diploma/ GED (circle one)	
Vocational/Technical School		Vocational/Technical School	
Some College		Some College	
Associate degree		Associate degree	
Bachelor's Degree (Baccalaureate)		Bachelor's Degree (Baccalaureate)	
Master's or Advanced Degree		Master's or Advanced Degree	
Attending School: Yes <input type="checkbox"/> No <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/>		Attending School: Yes <input type="checkbox"/> No <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/>	
Attending Job Training: Yes <input type="checkbox"/> No <input type="checkbox"/>		Attending Job Training: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Unemployed		Unemployed	
Employer:		Employer:	
Employed: F/T <input type="checkbox"/> P/T <input type="checkbox"/> (Hours per week: _____)		Employed: F/T <input type="checkbox"/> P/T <input type="checkbox"/> (Hours per week: _____)	
Dates From: _____ To: _____		Dates From: _____ To: _____	
United States Military: Yes <input type="checkbox"/> No <input type="checkbox"/>		United States Military: Yes <input type="checkbox"/> No <input type="checkbox"/>	

**COOK INLET NATIVE HEAD START APPLICATION**

**SECTION 3: HOUSING INFORMATION (MARK ALL THAT APPLY)**

In a house or apartment that you own/rent		In a motel/hotel/transitional housing	
In a house/apartment with someone who is not a relative		Family living at a temporary location due to loss of housing or economic hardship	
In a shelter/ group home		Moving from place to place	
In a car/RV, Park, or campground		Other:	
Living in substandard housing or abandoned building		Referral from child in transition, shelter worker, case manager, or other	

Length of time at this address? \_\_\_\_\_

**SECTION 4: HEALTH INFORMATION**

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: ASSISTANCE INFORMATION**

What other income and assistance is your family currently receiving? (MARK ALL THAT APPLY)

TANF		FOOD STAMPS		Tribal Job Training		INDIAN HEALTH SERVICE	
SSI		WIC		DENALI KID CARE		DISABILITIES/SURVIVORS	
OTHER (list)		HUD		Any Tribal Assistance		UNEMPLOYMENT INSURANCE	

**COOK INLET NATIVE HEAD START APPLICATION**

**SECTION 7: 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>
<b>FULL Day Program</b>		<b>6 weeks to 5 years old</b>	7:30-3:00 and 8:30-4:00 *See School Calendar on website for 0-3 years old
<b>Yup'ik Immersion-FULL Day Program Only Available At 370 W 16th</b>		<b>Only for children between the ages of 3-5 years old</b>	7:30-3:00
<b>Part Day Program</b>		<b>Only for children between the ages of 3-5 years old</b>	7:30-11, 12-3:30, 8:30-12, 1-4:30

\*Head Start classroom services are Monday-Thursday

**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**

**Note: applications expire after the end of the school year**