

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

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

Website: www.cookinletnativeheadstart.net

370 W. 16th, Anchorage, AK 99501

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

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 (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 5 weeks after entering class
Immunization Record/or exemption will be required to start in classroom.**

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, PIC, ASD, OCS, Child In Transition, etc.)

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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 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	
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 ___ No ___ F/T ___ P/T ___		Attending School: Yes ___ No ___ F/T ___ P/T ___	
Attending Job Training: Yes ___ No ___		Attending Job Training: Yes ___ No ___	

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

In a house or apartment that you own/rent		In a motel/hotel	
In a house/apartment with someone who is not a relative		On the street	
In a shelter		Moved from place to place	
In a car/RV, Park, or campground		Other:	

Length of time at this address? _____

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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? _____

SECTION 6: ASSISTANCE INFORMATION

What other income and assistance is your family currently receiving?

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

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>
FULL Day Program	6 weeks to 5 years old	7:30-3:00 and 9-4:30 *See School Calendar on website for 0-3 years old
Yup'ik Immersion-FULL Day Program Only Available At 370 W 16th	Only for children between the ages of 3-5 years old	7:30-3:00
Part Day Program	Only for children between the ages of 3-5 years old	7:30-11, 12-3:30, 9-12:30, 1:30-5
Home Based Services	Prenatal to 5 years old	HOME VISITS

*Head Start classroom services are Monday-Thursday

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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