

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.
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.)NOTE: Income information does not apply to foster/relative placement
Please bring a current physical and immunization record

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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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)

FAMILY TYPE

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

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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__	
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 __	

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 ____

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	

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SECTION 5: Pregnant Moms

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: _____

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)

✓ **PLEASE CHECK PROGRAM OPTIONS**

AGE RANGE

COMMENTS

FULL Day Program		6 weeks to 5 years old 3-5 years old only	Times as per mitigation plan & subject to change
Yup'ik Immersion-FULL Day Program at Heritage Center		Only for children between the ages of 3-5 years old	Times as per mitigation plan & subject to change
Part Day Program		Only for children between the ages of 3-5 years old	Times as per mitigation plan & subject to change
Part Day Program At Heritage Center		Only for children between the ages of 3-5 years old	Times as per mitigation plan & subject to change
Home Based Services		Prenatal to 3 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.

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