



Head Start Department
 PO Box 21347, Juneau AK 99802
 Physical: 201 Cordova Street
 Phone: (907)463-7127/Fax: 1-877-389-7796

ELIGIBILITY APPLICATION

School Year: 2016-2017

Family Type: One Parent

Two Parents

APPLICANT/CHILD INFORMATION

First Name:		Middle Initial:		Last Name:		Nickname:	
Ethnicity: Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Race (check one): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other							
Primary Language:				Secondary Language:			
Disabilities:		Does this child have a suspected disability or special need? <input type="checkbox"/> Suspected <input type="checkbox"/> No Does this child have a current IEP/IFSP or Behavior Plan from an Agency or School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Agency or School District? _____					
Child Care Name:			Address:			Phone:	
BUS TRANSPORTATION (if provided) ▶			Pick Up Address:			Drop Off Address:	

PRIMARY PARENT/GUARDIAN

First Name:		Last Name:		Date of Birth:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Physical Address:		Mailing Address:		City/State		Zip:	
Email Address:		Home Phone:		Cell Phone:		Message Phone:	
Relationship to Child:		<input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian					
Education:		<input type="checkbox"/> 9 or below <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Vocational School <input type="checkbox"/> Bachelor's or Advanced Degree					
Ethnicity: Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (check one): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					
		Primary Language:			Secondary Language:		
Employment Status:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or in school <input type="checkbox"/> Seasonally Employed-(how many months a year) _____ <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired or Disabled Provides Financially for Child Yes No Occupation: _____					
Employer Name:			Address:			Phone:	

SECONDARY PARENT/GUARDIAN

First Name:		Last Name:		Date of Birth:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Physical Address:		Mailing Address:		City/State		Zip:	
Email Address:		Home Phone:		Cell Phone:		Message Phone:	
Relationship to Child:		<input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian					
Education:		<input type="checkbox"/> 9 or below <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Vocational School <input type="checkbox"/> Bachelor's or Advanced Degree					
Ethnicity: Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (check one): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					
		Primary Language:			Secondary Language:		
Employment Status:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or in school <input type="checkbox"/> Seasonally Employed-(how many months a year) _____ <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired or Disabled Provides Financially for Child Yes No Occupation: _____					
Employer Name:			Address:			Phone:	

FAMILY INFORMATION					
Total Number in Family:			Number of Children in Family:		
First Name:	Middle Name:	Last Name:	Birth date:	Gender	Relationship to Applicant/Child:
					Applicant

Name of child's clinic/doctor: _____

Name of dentist provider: _____

Check all that apply: No Insurance Medicaid Denali Kid Care Public Health SEARHC Private

How did you learn about Head Start: Family/Friend Radio/Newspaper Website Fliers
 Other Agency/Organization, if so, referring agency? _____

- Is your family currently receiving ATAP/TANF benefits? Yes No
- Are you or anyone in your family currently receiving Supplemental Security Income (SSI)? Yes No
- Is this child a foster child placed with you through the State of Alaska, Office of Children Services? Yes No
- Are you or anyone in your family currently receiving WIC? Yes No
- Are you or anyone in your family currently receiving Food Stamps (SNAP)? Yes No
- Is anyone in the household pregnant? Yes No
- If yes, estimated due date? _____

Yes No **Homeless status?**
 Yes No **Are you currently doubled up with another family due to housing expenses?**
 Yes No **Are you living in temporary housing, motel or shelter?**

The term homeless means individuals who lack a fixed, regular and adequate nighttime residence. This includes children and youths who are sharing the housing of other person due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, poor quality trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are waiting foster care placement.

Applications are given priority for certain child and family needs, examples include homelessness, need for food, family separation or divorce, domestic violence history, English as a second language, child or family with disabilities, poor living conditions, death in immediate family. **Please list your child/family needs or concerns:**

I swear (or certify) that I am the parent or legal guardian of the child applying for Head Start, and that, to the best of my knowledge, all of the information that I have provided is complete and correct.

 (Parent/Guardian Signature)

 Date

REQUEST TO RELEASE & EXCHANGE INFORMATION AND NOTICE OF CONFIDENTIALITY

Dear Parents/Guardians:

In order to provide your family with the best possible services, it may be necessary to share information with others that serve your family and child. For example, for Head Start eligibility, we need to have income statements from ATAP or TANF, and for kindergarten enrollment you may want us to send your child's immunization records. To do this legally, we need to have your approval. This Request to Release and Exchange information form allows us to share this information between programs/agencies.

All the information we have about your family is kept confidential and released only when you give us permission. Parents and legal guardians of Head Start children have the right to access their own children's files at the Head Start center as well as at the Head Start Central office located in Juneau, Alaska.

Child's Name: _____	Date of Birth: _____
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<p>To rush your application please provide:</p> <p>Alaska Temporary Assistance Program (ATAP) Benefits – Case worker: _____</p> <p>Temporary Assistance for Needy Families (TANF) Case worker: _____</p> <p>Supplemental Security Insurance (SSI) Benefits – Case #: _____</p> <p>State Disabilities Assistance Benefits – Case #: _____</p> <p>Foster Care – Health and Social Services: _____</p> <p>Guardianship – Alaska Legal Services: _____</p>

<p><i>I request the following information for my child to be released and exchanged between Tlingit & Haida Head Start...</i></p> <p>Check the following:</p> <p><input type="checkbox"/> Dental records at SEARHC or other clinic: _____</p> <p><input type="checkbox"/> Medical records at SEARHC, WIC, or other clinic: _____</p> <p><input type="checkbox"/> Immunization & TB test records at SEARHC/Local School District/Other: _____</p> <p>Check the following if you receive these services for your child:</p> <p><input type="checkbox"/> Child's records at Infant/Early Learning Program (ILP/ELP)/other program: _____</p> <p><input type="checkbox"/> Child's developmental screening and assessment information at: _____</p> <p><input type="checkbox"/> Child's Individualized Education Plan (IEP or IFSP) with Local Education Agency (LEA): _____</p> <p><input type="checkbox"/> Child's Behavioral or Social/Emotional Plan with Service Agency: _____</p> <p><input type="checkbox"/> Child's Individual Learning Plan (ILP) records from another Pre-K program: _____</p> <p><input type="checkbox"/> Other (records created during Child Find, Tots Clinic, etc.): _____</p>
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THIS RELEASE AND EXCHANGE OF INFORMATION IS VALID FOR 15 MONTHS FROM THE DATE SIGNED.

Parent/Guardian Signature	Printed Name	Date
Second Parent/Guardian Signature	Printed Name	Date

HEAD START CHILD ENROLLMENT/APPLICANT APPEAL PROCEDURES

Parent, please keep this form

Decisions made by Tlingit & Haida Head Start staff may be appealed. Enrollment determinations are made based on program policies and procedures, National Head Start Performance Standards and required official documents. Clients have twenty one (21) days after date of the determination to register an appeal.

Clients who feel a determination is not fair and equitable may appeal through the following process:

STEP 1: Family & Partnership Coordinator: You may register an appeal to a decision made regarding enrollment by completing the box below and sending this to the Family & Partnership Coordinator within twenty one days of the date of the decision. The Family & Partnership Coordinator will explain the reason for the determination and what it was based on within ten days.

STEP 2: Head Start Director: If you are unsatisfied with the Family & Partnership Coordinator's decision, you may submit a copy of the appeal by addressing it to the Head Start Director and date you send it, this must be within ten (10) days from date of the Family & Partnership Coordinator's explanation. The Head Start Director has ten working days from the date he/she receives the appeal to review documentation and determination, then to respond to applicant.

STEP 3: Appeal Committee: If an applicant is not satisfied with the Head Start Director's decision you may resubmit an "unsatisfied appeal" to the Appeal Committee within fifteen days of the date the Head Start Director's response. The Appeal Committee will consist of the Head Start Director, Tlingit & Haida President or his/her representative and a Head Start Policy Council Member. The Appeal Committee will notify the applicant of their decision within ten working days of the receipt of the unsatisfied appeal.

All decisions made by the Appeal Committee are final.

Enrollment determinations are based on program policies and procedures, Head Start Performance Standards and the required official documents. An applicant has twenty one days from the date of a decision to register an appeal.

APPLICANT'S WRITTEN APPEAL

Include: Who made the decision you are appealing? What was the decision? When was the decision made? Do you wish to have documents reviewed with your appeal? If so, please attach. Please include what relief you are seeking.

Note: all the application documentation originally received from and sent to the family will be included in each step.

Parent/Guardian Signature (sign at the time of appeal)

Date of Appeal