



Tlingit & Haida Head Start
 9095 Glacier Highway • Juneau AK 99801
 Phone: (907) 463-7127 • Fax: 1.877.389.7796

ELIGIBILITY APPLICATION

Family Type: One Parent Two Parents

APPLICANT/CHILD INFORMATION				
First Name:		Middle Name:	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:
Home Phone:		Opt in for Text Messages:	Opt in for Emails Notifications:	
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"/> Training or in school <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonally Employed-(how many months a year) _____ Provides Financially for Child Yes No Occupation: _____			
Military Status:	Currently active <input type="checkbox"/> Yes <input type="checkbox"/> No A Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No			
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:
Home Phone:		Opt in for Text Messages:	Opt in for Emails Notifications:	
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"/> Training or in school <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonally Employed-(how many months a year) _____ Provides Financially for Child Yes No Occupation: _____			
Military Status:	Currently active <input type="checkbox"/> Yes <input type="checkbox"/> No A Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Name of child's medical provider: _____

Name of child's dental 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 Flier?
 Other Agency/Organization, if so, referring agency? _____

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

<input type="checkbox"/> Yes <input type="checkbox"/> No Homeless status?
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently doubled up with another family due to housing expenses?
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you living in temporary housing, motel or shelter?
<i>The term homeless means individuals who lack a fixed, regular and adequate nighttime residence. This includes children and youth who are sharing the housing of another 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 awaiting foster care placement.</i>

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, or 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:
----------------------	-----------------------

To rush your application please provide:

Alaska Temporary Assistance Program (ATAP) Benefits – Case worker: _____

Temporary Assistance for Needy Families (TANF) Case worker: _____

Supplemental Security Insurance (SSI) Benefits – Case #: _____

State Disabilities Assistance Benefits – Case #: _____

Foster Care – Health and Social Services: _____

Guardianship – Alaska Legal Services: _____

I request the following information for me or my child to be released and exchanged between Tlingit & Haida Head Start...

Check the following:

Dental Records at SEARHC or other clinic: _____

Medical Records at SEARHC, WIC, or other clinic: _____

Immunization & TB test records at SEARHC/Local School District/Other: _____

Check the following if you receive these services for your child:

Child records at Infant Learning Program (ILP)/other program: _____

Child's developmental screening and assessment information at: _____

Child's Individualized Education Plan (IEP or IFSP) from Local Education Agency (LEA): _____

Child's Behavioral or Social/Emotional Service Agency: _____

Child's Individual Learning Plan (ILP) records from another Pre-K program: _____

Other (records created during Child Find, Tots Clinic, etc.): _____

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