



Head Start and Early Head Start Programs

Enrollment packet checklist

- ___ ○ Completed application verified, signed, and dated by applicant.
- ___ ○ Verified and signed by staff
- ___ ○ Eligibility Determination Form with one or more of the following supporting documents.
 - 2015 W2s
 - 2015 Taxes
 - Verification Letter from SSI or Public Assistance to include the monthly amount received.
 - Last 12 months of Pay stubs
 - Self employed statement of income
 - Unemployment
 - Scholarship/Grants
 - Pregnant Women medical verification (EHS-HB only)
 - Homeless(McKinney-Vento Homeless ACT)- Child Residency Form
- ___ ○ Student's Tribal Enrollment or Letter of enrollment eligibility.
- ___ ○ Birth Certificate or Birth Record from Hospital.
- ___ ○ Guardianship papers- Relative or Social Service Agency
- ___ ○ Infant Learning (IFSP) or Special Education (IEP) documentations.
- ___ ○ Public Assistance verification and documentation.
- ___ ○ Child Care Assistance Verification (Early Head Start- Child Care programs only)
 - State Child Care Assistance
 - Tribal Assistance

All required items need to be completed and turned into Kawerak Head Start/Early Head Start by July 1st to be considered for priority placement for the Head Start 2016-17 school year. All others will be processed and put on waitlist for next available opening.

Nome Early Head Start-Child Care program accepts applications year round.

Rebecca Callahan

ERSEA Specialist

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Kawerak, Inc.
 Head Start & Early Head Start Programs
 Participation Application for Enrollment



				For Central Office Use:	
Community :		Program:		Received by:	Date Received:
		<input type="radio"/> HS <input type="radio"/> EHS <input type="radio"/> EHS- Partnership			
Applicant (child applying for services)					
First Name	Middle Name	Last Name	Alternative Name	Date of Birth	Male/Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> AK Native/AM. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiiin/Pac. Is. <input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Health Insurance		Medicaid	Medicaid #	Child's Doctor	Child's Dentist
Does your child have food or medical allergies? <input type="checkbox"/> *Yes <input type="checkbox"/> No If Yes, please explain: *"Medical Statement for Food Substitution" or other documentation, MUST be provided before we can make food substitutions.					
Primary Adult					
First Name	Middle	Last Name	Previous Names	Date of Birth	Male/Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> AK Native/AM. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiiin/Pac. Is. <input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade COMPLETED	Employment Status		Child Relationship	Custody	Check all that apply:
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Natural/Adopted/ Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
Email Address:					
Secondary Adult					
First Name	Middle	Last Name	Previous Names	Date of Birth	Male/Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> AK Native/AM. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiiin/Pac. Is. <input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade COMPLETED	Employment Status		Child Relationship	Custody	Check all that apply:
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Natural/Adopted/ Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
Email Address:					

Additional children in family home financially supported by Primary/Secondary adults

First Name	Middle Name	Last Name	Alternative	Date of Birth	Male/Female
First Name	Middle Name	Last Name	Alternative	Date of Birth	Male/Female
First Name	Middle Name	Last Name	Alternative	Date of Birth	Male/Female

⊕ IF additional family members need to be listed then request a FAMILY MEMBER SHEET.

Family Information

Physical Address (not PO Box)	Mailing Address	City	Zip
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Phone Numbers	Type	Note (name, primary number, etc.)
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message	

Parental Status	Primary Language at Home	Homeless***	Military Family	Referred by Child Welfare Agency	Receiving Welfare Assistance
<input type="checkbox"/> 1 parent <input type="checkbox"/> 2 parent		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Emergency Contacts: List at least 2 contacts OTHER THAN the Primary & Secondary adults listed.

Contact 1: Name	Relationship	Telephone	Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Physical Address	City	Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Release Child to: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 2: Name	Relationship	Telephone	Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Physical Address	City	Zip	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Release Child to: <input type="checkbox"/> Yes <input type="checkbox"/> No

Child's Needs

Does your child have a disability or medical condition diagnosed by a doctor or specialist? Yes No If YES, please clarify:

Does your child have an Individual Education Plan OR an Individual Family Service Plan? Yes No
If YES, which program set up your IEP/IFSP?

Services or Events that have occurred within the past 12 months: (Check all that apply.)

<input type="checkbox"/> Emergency or Crisis intervention	<input type="checkbox"/> Domestic violence concerns	<input type="checkbox"/> OCS Intervention
<input type="checkbox"/> Chemical Dependency with in family	<input type="checkbox"/> Health/Mental Health services	<input type="checkbox"/> Dysfunctional or unstable living environment
<input type="checkbox"/> Food Stamp	<input type="checkbox"/> Military Deployment	<input type="checkbox"/> WIC

Additional Information

<input type="checkbox"/> Adopted Native Child	<input type="checkbox"/> Sibling currently enrolled to EHS or HS	<input type="checkbox"/> Child applicant was a high risk pregnancy (EHS only)	<input type="checkbox"/> Child applicant born pre-mature	<input type="checkbox"/> Parent with Mental Health or Disability issue	<input type="checkbox"/> Parent Incarcerated
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Previous Preschool

Has your child previously been enrolled in Head Start/Early Head Start or another preschool program?
Yes No If yes, what program?

Documented Referral

<input type="checkbox"/> Child applicant is currently in Early Head Start and is transitioning to Head Start		
<input type="checkbox"/> Professional referral (OCS, Shelter, Doctor)	<input type="checkbox"/> Child Care Assistance Approved	<input type="checkbox"/> Other

Please sign here to verify that you have completed this application and provided true information.		
Parent/Guardian Signature	Printed Name	Date
Head Start Staff Signature	Printed Name	Date

**ELIGIBILITY DETERMINATION
2016-2017 SCHOOL YEAR**

Student Name	Community/School Site	Child's Date of Birth	Child's Age by Sept. 1st
Primary Adult		Secondary Adult	
I work ____ hours/week for ____ months.		I work ____ hours/week for ____ months.	
Total Number Supported by Income of Primary & Secondary Adults			
Total Number of Children	Total Number of Adults	Is either Primary or Secondary Adult pregnant?	Total Number in Household
Categorically Eligible			
Check all circumstances that apply: <input type="checkbox"/> I live in a shelter. <input type="checkbox"/> In a motel/weekly rate housing. <input type="checkbox"/> Doubled-up with relatives (not by choice) <input type="checkbox"/> Temporary foster care placement <input type="checkbox"/> In an abandoned building, other inadequate accommodations, or a vehicle? If any boxes checked attach a completed Alaska Residency Form.			
Is the child in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide OCS Documentation.			
Does the family receive regular & on-going public assistance? (Temporary Assistance to Needy Families or Social Security Income) <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, document reviewed:			
My child has an Individual Education Plan or Individual Family Service Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide a copy of IEP/IFSP with application.			
No Family Income			
<input type="checkbox"/> Family income is \$0.	Explanation	Parent Signature	

STOP

****TO BE COMPLETED BY HEAD START STAFF****

POVERTY INCOME GUIDELINES FOR ALASKA FOR 2016 (effective 1/26/16)

Household #	Annual Income Below	This family's income is:
1	14,840	<input type="checkbox"/> 0-100% UNDER <input type="checkbox"/> OVER income between 101% & 130% <input type="checkbox"/> OVER 131% the 2016 poverty guidelines.
2	20,020	
3	25,200	
4	30,380	
5	35,560	
6	40,740	
7	45,920	
8	51,120	
Each over 8	+\$5,200 ea. add'l person	

Primary Adult	Amount (specify per hr./wk./mth)	Annual Amount	Source (check stub, W2, etc.)
Secondary Adult	Amount (specify per hr./wk./mth)	Annual Amount	Source (check stub, W2, etc.)
Income Notes			Total Annual Amount
Staff Certification			
I certify that I have reviewed all information and documentation that the above calculations were completed accurately and to the best of my ability, and that the information on this form represents the family's current situation.			
Signature of Staff	Printed Name	Date	
2nd Staff or ERSEA Certification (calculations and documents verified)			
Signature of Staff	Printed Name	Date	