



Kaverak, Inc.

Child Development Programs- Participant Application for Enrollment

<b>Community (Site):</b>		<b>Program:</b>		<b>For Central Office Use:</b>	
		<input type="radio"/> HS <input type="radio"/> EHS <input type="radio"/> EHS-CC <input type="radio"/> EHS-HB		<b>Received by:</b>	<b>Date Received:</b>
<b>Applicant (child applying for services)</b>					
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Traditional Name</b>	<b>Date of Birth</b>	<b>Male/Female</b>
<b>Race</b> <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		<b>Hispanic</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>English Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<b>Other Language</b>	<b>Other Language Proficiency</b> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Private Insurance</b> Yes   or   No	<b>I.H.S</b> Yes   or   No	<b>Medicaid</b> Yes   or   No	<b>Child's Doctor</b>		<b>Child's Dentist</b>
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.					
<b>Primary Adult</b>					
<b>First Name</b>	<b>Middle</b>	<b>Last Name</b>	<b>Previous Names</b>	<b>Date of Birth</b>	<b>Male/Female</b>
<b>Race</b> <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		<b>Hispanic</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>English Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<b>Other Language</b>	<b>Other Language Proficiency</b> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Highest Grade COMPLETED</b>					
<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> College Degree/ Training Cert <input type="checkbox"/> College or Advance Training <input type="checkbox"/> GED <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> 9th grade or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Master's Degree					
<b>Employment Status</b>					
<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					
<b>Relationship to Child</b>			<b>Custody</b>	<b>Check all that apply:</b>	
<input type="checkbox"/> Biological/Adopted/ Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Other <input type="checkbox"/> Other Relative			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Subsidized <input type="checkbox"/> Teen Parent	
Email Address:					
<b>Secondary Adult</b>					
<b>First Name</b>	<b>Middle</b>	<b>Last Name</b>	<b>Previous Names</b>	<b>Date of Birth</b>	<b>Male/Female</b>
<b>Race</b> <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		<b>Hispanic</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>English Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<b>Other Language</b>	<b>Other Language Proficiency</b> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Highest Grade COMPLETED</b>					
<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> College Degree/ Training Cert <input type="checkbox"/> College or Advance Training <input type="checkbox"/> GED <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> 9th grade or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Master's Degree					
<b>Employment Status</b>					
<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					
<b>Relationship to Child</b>			<b>Custody</b>	<b>Check all that apply:</b>	
<input type="checkbox"/> Biological/Adopted/ Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Other <input type="checkbox"/> Other Relative			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Subsidized <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
<b>★ IF additional family members need to be listed then request a FAMILY MEMBER SHEET.</b>					
Family Information					
Physical Address (not PO Box)		Mailing Address (PO Box)		City	Zip
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 parent <input type="checkbox"/> 2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Release Child to:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Release Child to:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<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? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please clarify:					
Does your child have an Individual Education Plan OR an Individual Family Service Plan? <input type="checkbox"/> Yes <input type="checkbox"/> 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
Previous Preschool					
Has your child previously been enrolled in Head Start/Early Head Start or another preschool program? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
Intake Staff Signature		Printed Name		Date	

## ELIGIBILITY DETERMINATION 2017-18 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
Additional Qualifications: All require supportive documentation for verification			
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.			
Zero family income requires third party verification form			
<input type="checkbox"/> Family income is \$0.	Explanation		Applicant Signature

**STOP**

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

### POVERTY INCOME GUIDELINES FOR ALASKA FOR 2017 (effective 1/31/17)

Household #	Annual Income Below	This family's income is:
1	15,060	<input type="checkbox"/> 0-100% UNDER  <input type="checkbox"/> OVER income between 101% & 130%  <input type="checkbox"/> OVER 131% the 2017 poverty guidelines
2	20,290	
3	25,520	
4	30,750	
5	35,980	
6	41,210	
7	46,440	
8	51,670	
Each over 8	+\$5,230 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	