



Kawerak, Inc.



Head Start / Early Head Start/ EHS-CCP Enrollment

Application

2024-2025 School

Year

Enrollment packet checklist

- Completed application signed and dated by family
- Copy of student's updated immunizations. All immunizations will need to be completed before student may attend school
- Income verification- one of the following for the past 12 months
 - 2023 W2s for primary and secondary applying parents or ;
 - 2023 Taxes or ;
 - Paystubs (past twelve months)
- Approval Letter from Public Assistance (if your family receives this benefit for example foodstamps, atap)
- Verification of SSI(not common)
- Proof of birth date- one of the following
 - A copy of student's tribal enrollment or tribal eligibility document.
 - Birth Certificate
 - Hospital birth record or Immunizations record.
- Official documents to support referrals such as OCS, Shelters, Child Care Subsidy, IEP/IFSP (educational or medical disability) or doctor.

** When applying for **Early Head Start- Child Care Center Based Programs** you will need to include proof of current enrollment of a child care subsidy program such as the State Child Care Assistance, or from a valid Tribal Child Care Assistance program. Contact Child Care Program Manager, for more information, at 443-4352.

All required items need to be completed and turned into Kawerak Head Start/Early Head Start by **June 15th, 2024 to be considered for priority placement for the Head Start 2024-25 school year.** All others will be processed and put on the wait list for next available opening.

Kawerak Head Start/Early Head Start Staff and Kawerak Child Care Services are available to assist you with completing the application.

Brenda Adams

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ERSEA Specialist

Kawerak Head Start

P.O. Box 948 Nome, AK,
99762

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Phone: 1-907-443-9057

Fax: 1-907-802-6192



Kaverak, Inc.

Child Development Programs- Participant Application for Enrollment

Community (Site):		Program:		For Central Office Use:	
		HS EHS EHS-CCP EHS-HB		Received by:	Date Received:
Applicant (child applying for services)					
First Name	Middle Name	Last Name	Traditional Name	Date of Birth	Male/Female
Race		Hispanic	English Proficiency	Other Language	Other Language
AK Native/AM. Indian Asian Black White Hawaiian/Pac. Is. Multi-Racial		Yes No	None Little Moderate Proficient		Little Moderate Proficient
Tribally Enrolled		Yes	No	Tribe Name:	
Primary Adult					
First Name	Middle	Last Name	Previous Names	Date of Birth	Male/Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
AK Native/AM. Indian Asian Black White Hawaiian/Pac. Is. Multi-Racial		Yes No	None Little Moderate Proficient		Little Moderate Proficient
Highest Grade COMPLETED					
MA Degree	BA Degree	AA Degree	College or Advance Training	College Degree/Training Cert.	
9th Grade	10th Grade	11th Grade	12th Grade	High School Graduate	GED
Employment Status					
Unemployed	Part Time	Part Time & Training	Training & School	Full Time	Full Time & Training
				Seasonal	Retired /Disabled
Relationship to Child			Custody	Check all that apply:	
Biological / Adopted / Step Grandchild Foster Other Other Relative			Yes No	Lives with child Teen Parent Provides Financial Support Subsidized	
Email Address:				Opt in for e-mails	YES NO
Secondary Adult					
First Name	Middle	Last Name	Previous Names	Date of Birth	Male/Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
AK Native/AM. Indian Asian Black White Hawaiian/Pac. Is. Multi-Racial		Yes No	None Little Moderate Proficient		Little Moderate Proficient
Highest Grade COMPLETED					
MA Degree	BA Degree	AA Degree	College or Advance Training	College Degree/Training Cert.	
9th Grade	10th Grade	11th Grade	12th Grade	High School Graduate	GED
Employment Status					
Unemployed	Part Time	Part Time & Training	Training & School	Full Time	Full Time & Training
				Seasonal	Retired /Disabled
Relationship to Child			Custody	Check all that apply:	
Biological / Adopted / Step Grandchild Foster Other Other Relative			Yes No	Lives with child Teen Parent Provides Financial Support Subsidized	
Email Address:				Opt in for e-mails	Yes No

Additional children in family home financially supported by Primary/Secondary adults						
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 (PO Box)		City	Zip code	
Name and Number		Type			Opt in to receive texts	
		Cell	Home	Work	Message	Yes No
		Cell	Home	Work	Message	Yes No
		Cell	Home	Work	Message	Yes No
Is English your first language?		Yes	No	Are you learning another language other than English:		Yes No
Parental Status	Homeless***	Military Status			Referred by Child Welfare Agency	
<input type="checkbox"/> 1 parent <input type="checkbox"/> 2 parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A			<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 within family		<input type="checkbox"/> Health/Mental Health services		<input type="checkbox"/> Dysfunctional or unstable living environment		
<input type="checkbox"/> WIC		<input type="checkbox"/> Food Stamps (SNAP)		<input type="checkbox"/> Temporary Assistance(TANF)		
<input type="checkbox"/> Supplemental Social Security (SSI)		<input type="checkbox"/> Unemployment		<input type="checkbox"/> Other		
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 premature	<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.						
Primary Adult Signature		Printed Name		Date		
ERSEA signature		Printed Name		Date		

**ELIGIBILITY DETERMINATION
2024-25 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.							
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 2024 (effective 1/17/2024)

Household #	Annual Income Below	This family's income is:
1	18,810	<input type="checkbox"/> 0-100% UNDER <input type="checkbox"/> OVER income between 101% & 130% <input type="checkbox"/> OVER 131% the 2020 poverty guidelines
2	25,540	
3	32,270	
4	39,000	
5	45,730	
6	52,460	
7	59,190	
8	65,920	
Each over 8	6,730	

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
Verification by staff			
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)			
ERSEA signature		Printed Name	Date