



# Kawerak, Inc.



## Head Start / Early Head Start Early Head Start/Child Care Early Head Start Immersion Program 2020-2021 School Year

### Enrollment packet checklist

- Completed application signed and dated by parent and staff
- Copy of student's updated immunizations. All immunizations and current TB screen will need to be completed before student may attend school this fall
- Income verification- one of the following for the past 12 months
  - 2019 W2s for primary and secondary applying parents
  - 2019 Taxes
  - Paystubs (past twelve months)
- Proof of subsidy, if applicable
  - Verification Letter from SSI or Public Assistance to include the month amount received.
- 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 also need to provide proof of current enrollment with State Child Care Assistance, or with a valid Tribal Child Care Assistance program. Contact Child Care Program Manager, Lori Hughes, for more information, at 443-4352.

All required items need to be completed and turned into Kawerak Head Start/Early Head Start by July 1<sup>st</sup> to be considered for priority placement for the Head Start 2020-21 school year. All others will be processed and put on waitlist 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**

[badams@kawerak.org](mailto:badams@kawerak.org)

ERSEA Specialist

Kawerak Head Start

P.O. Box 948 Nome, AK, 99762

[headstartattendance@kawerak.org](mailto:headstartattendance@kawerak.org)

Phone: 1-907-443-9057

Fax: 1-907-443-9059



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-CCP <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>   |                    | <b>Hispanic</b>   | <b>English Proficiency</b>  | <b>Other Language</b>  | <b>Other Language</b>   |
| <input type="checkbox"/> AK Native/AM. Indian <input type="checkbox"/> Asian<br><input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pac. Is. <input type="checkbox"/> Multi-Racial  |                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate<br><input type="checkbox"/> Proficient    |  | <input type="checkbox"/> Little<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Proficient |
| <b>Tribally Enrolled</b> Yes   or   No <b>Tribe Name:</b>   |                    |   |   |  |   |
| <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>   |                    | <b>Hispanic</b>   | <b>English Proficiency</b>  | <b>Other Language</b>  | <b>Other Language Proficiency</b>   |
| <input type="checkbox"/> AK Native/AM. Indian <input type="checkbox"/> Asian<br><input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pac. Is. <input type="checkbox"/> Multi-Racial  |                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> None <input type="checkbox"/> Little<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Proficient |  | <input type="checkbox"/> Little<br><input type="checkbox"/> Moderate<br><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<br><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<br><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<br><input type="checkbox"/> Other <input type="checkbox"/> Other Relative   |                    |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Lives with child<br><input type="checkbox"/> Provides Financial Support<br><input type="checkbox"/> Teen Parent <input type="checkbox"/> Subsidized |   |
| <b>Email Address:</b>   |                    |   |   |  |   |
| opt in for e-mails   yes   or   no  |                    |   |   |  |   |
| <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>   |                    | <b>Hispanic</b>   | <b>English Proficiency</b>  | <b>Other Language</b>  | <b>Other Language Proficiency</b>   |
| <input type="checkbox"/> AK Native/AM. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black<br><input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pac. Is. <input type="checkbox"/> Multi-Racial  |                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> None <input type="checkbox"/> Little<br><input type="checkbox"/> Moderate <input type="checkbox"/> Proficient    |  | <input type="checkbox"/> Little<br><input type="checkbox"/> Moderate<br><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<br><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<br><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<br><input type="checkbox"/> Other <input type="checkbox"/> Other Relative   |                    |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Lives with child<br><input type="checkbox"/> Provides Financial Support<br><input type="checkbox"/> Teen Parent <input type="checkbox"/> Subsidized |   |
| <b>Email Address:</b>   |                    |   |   |  |   |
| opt in for e-mails   yes   or   no  |                    |   |   |  |   |

| 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   |
|   |  |   |  |   |   |
| Name and Number   |  |   | Type   | opt in for texting  |   |
|   |  |   | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message | yes   | no  |
|   |  |   | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message | yes   | no  |
|   |  |   | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message | yes   | no  |
| Parental Status   | Homeless***  | Military Status   |  | Referred by Child Welfare Agency  |   |
| <input type="checkbox"/> 1 parent<br><input type="checkbox"/> 2 parent  | <input type="checkbox"/> Yes<br><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<br><input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |   |
| Physical Address  |  | City  | Zip  | Emergency Contact<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     | Release Child to:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact 2: Name   |  | Relationship  | Telephone  | Type<br><input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |   |
| Physical Address  |  | City  | Zip  | Emergency Contact<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     | Release Child to:<br><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 <span style="float: right;">If YES, please clarify:</span> |  |   |  |   |   |
| Does your child have an Individual Education Plan OR an Individual Family Service Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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?<br><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  
2020-21 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.  |  |                        |  |  |                     |                           |  |
| My child has an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, please provide a copy of IEP/IFSP with application.   |  |                        |  |  |                     |                           |  |
| <b>Zero family income requires third party verification form</b>  |  |                        |  |  |                     |                           |  |
| <input type="checkbox"/> Family Income is \$0   |  | Explanation            |  |  | Applicant Signature |                           |  |

**STOP**

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

**POVERTY INCOME GUIDELINES FOR ALASKA FOR 2020 (effective 1/31/20)**

| Household # | Annual Income Below | This family's income is:<br><br><input type="checkbox"/> 0-100% UNDER<br><br><input type="checkbox"/> OVER income between 101% & 130%<br><br><input type="checkbox"/> OVER 131% the 2020 poverty guidelines |
|-------------|---------------------|---|
| 1           | 15,950              |   |
| 2           | 21,550              |   |
| 3           | 27,150              |   |
| 4           | 32,750              |   |
| 5           | 38,350              |   |
| 6           | 43,950              |   |
| 7           | 49,550              |   |
| 8           | 55,150              |   |
| Each over 8 | 5,600               |   |

|  |                                  |               |                               |
|--|----------------------------------|---------------|-------------------------------|
| 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           |
| <b>Staff Certification</b>   |                                  |               |                               |
| 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                          |
| <b>2nd Staff or ERSEA Certification (calculations and documents verified)</b>  |                                  |               |                               |
| ERSEA signature  |                                  | Printed Name  | Date                          |