

Kawerak, Inc.

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



- 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 1st 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 **ERSEA Specialist Kawerak Head Start** P.O. Box 948 Nome, AK, 99762

Kawerak, Inc.



Child Development Programs- Participant Application for Enrollment

			For Contr	al Office Llea
			For Centr	al Office Use:
Community (Site):	Program: o HS o EHS o EHS-CCP o EHS-HB		Received by:	Date Received:
		pplying for services)		
First Name Middle Name	Last Name	Traditional Name	Date of Birth	Male/Female
	Last Name	Induitional Name	Date of Birth	Male/ Female
_				
Race	Hispanic	English Proficiency	Other Language	Other Language
🗆 AK Native/AM. Indian 🛛 Asian	🗆 Yes			□Little
🗆 Black 🗆 White 🗆 Hawaiian/Pac. Is. 🗆		□Little □ Moderate		□Moderate
Multi-Racial		Proficient		□Proficient
Tribally Enrolled Yes or No Tri	be Name:			
	Prima	ry Adult		
First Name Middle	Last Name	, Previous Names	Date of Birth	Male/Female
inst wante windule	Last Name	rievious ivallies	Date of Dirtin	wale/ remaie
Race	Hispanic	English Proficiency	Other Language	Other Language
				Proficiency
🗆 AK Native/AM. Indian 🛛 Asian	🗆 Yes	□None □Little		□Little
Black 🗆 White 🗆 Hawaiian/Pac. Is. 🗆	□ No	□Moderate		□Moderate
Multi-Racial		□Proficient de COMPLETED		□Proficient
9th grade or less				
□Full Time □Part Time □Seasonal	□Unemployed	 Master's Degree nent Status Full Time & Training 	□Part Time & Tra	aining
Training or School Retired or	Employn	nent Status □Full Time & Training	□Part Time & Tra	
Training or School Relationship to Child	Employr Unemployed Disabled	nent Status	□Part Time & Tra Check a	iining II that apply:
□Training or School □Retired or Relationship to Child □ Biological/Adopted/ Step □Foster □Gr	Employn	nent Status - Full Time & Training Custody - Yes	□Part Time & Tra Check a □Lives with child	ll that apply:
Training or School Relationship to Child	Employr Unemployed Disabled	nent Status □Full Time & Training Custody	 Part Time & Tra Check a Lives with child Provides Financial 	ll that apply: Support
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A	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			
S IF additional family members need to be listed then request a FAMILY MEMBER SHEET.								
		,	formation					
Physical Address (not P	O Box)	Mailing Address (P0 B	ox)	City	Zip			
Name and Number			Тур	е	opt in for texting			
			□Cell □Home □V	Vork □Message	yes no			
			□Cell □Home □V	Vork □Message	yes no			
			□Cell □Home □V		-			
Devente L Chatara		5.4114 -		<u> </u>	yes no			
Parental Status	Homeless***	Milita	ry Status	Referred by Chi	Id Welfare Agency			
□1 parent	□Yes	🗆 Active 🗆	veteran □N/A	🗆 Yes	□ No			
□2 parent	□No		•					
	nergency Contacts: List	-	HER THAN the Primary &	Secondary adults liste	ed.			
Contact 1: Name		Relationship	Telephone	Туре				
				□Cell □Home □W	ork			
Physical Address		City	Zip	Emergency Contact	Release Child to:			
				□Yes □No	□Yes □No			
Contact 2: Name		Relationship	Telephone	Туре				
				□Cell □Home □W				
Physical Address		City	Zip	Emergency Contact	Release Child to:			
				□Yes □No	□Yes □No			
			s Needs					
Does your child have a disability or medical condition diagnosed by a doctor or specialist? Yes No If YES, please clarify:								
		lan OR an Individual Fa	mily Service Plan? □Yes	s □No				
If YES, which program s	et up your IEP/IFSP?							
			hin the past 12 months: (Check all that apply.)					
Emergency or Crisis intervention		Domestic violence concerns		OCS Intervention				
Chemical Dependancy within family		□ Health/Mental Health services		Dysfunctional or unstable living				
		Food Stamps (SNAP)		environment Temporary Assistance (TANF) 				
Supplimental Social Security (SSI) Unemployment Additional Information								
			Information					
- Adama d Nation	Sibling currently	Child applicant was a high risk		□ Parent with				
Adopted Native	enrolled to EHS or	pregnancy (EHS	Child applicant born	Mental Health or	Parent Incarcerated			
Child	HS	only)	premature	Disability issue				
			Durante a l					
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 Refferal								
□Child applicant is currently in Early Head Start and is transitioning to Head Start								
 Professional referral (OCS, Shelter, Doctor) Child Care Assistance Approved 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							
l work	hours/we	eek for months.	I work hours/we	nours/week for months.						
Total Number Su	pported by Inco	ome of Primary & Secondary Adu								
Total Number of Children		Total Number of Adults	Is either Primary or Secondary	Total Number in Household						
			Adult pregnant?							
Additional Qualit										
	Additional Qualifications: All require supportive docmentation for verification Check all circumstances that apply: I live in a shelter. In a motel/weekly rate housing. Doubled-up with relatives (not by									
		-	building, other inadequate accon							
		pleted Alaska Residency Form.	building, other inadequate accom							
		□ No If YES, provide OCS Doc								
			nily Service Plan (IFSP)? 🗆 Yes 🗆	No						
If YES, please pro	ovide a copy of l	EP/IFSP with application.								
Zero family inco	Zero family income requires third party verification form									
Family Inco	ome is \$0	Explanation	Applicant Signatu	re						
STOP			LETED BY HEAD START STAFF**	2)						
r		ī	ALASKA FOR 2020 (effective 1/31/2	0)						
	Household #	Annual Income Below	This family's income is:							
ł	2	15,950 21,550	□0-100% UNDER							
	3	27,150	4							
	4	32,750		0/ 8 4200/						
ľ	5	38,350	□OVER income between 101% & 130%							
	6	43,950	□OVER 131% the 2020 poverty guidelines							
[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.)						
Secondary Addit		state (specify per m.) with many	Annual Annount	500100 (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 Staf		Printed Name		Date						
2nd Staff or ERSEA Certification (calculations and documents verified)										
ERSEA signature Printed Name Date										