KARUK TRIBE HEAD START APPLICATION

Dear Applicant,

Please complete the attached application, sign and date. You will need to attach the following documents.

_____ **Copy of child's birth certificate**
_____ **Current Immunization Record**
_____ **Current copy of well child check or CHDP (within the year)**
_____ **If claiming Indian preference **Attach Enrollment Documentation**
_____ **Proof of Income (Must be current)**

- **Income Tax form, 1040, W-2**
- **Unemployment Insurance Letter**
- **Current Notice of Action Letter (showing status of Public Assistance, CalWorks/TANF)**

This information must be provided in order for your child to be considered for enrollment in the Program. Only Complete Applications Must Be Considered*

We are federally funded through the American Indian/Alaska Native Branch of the Office of Head Start. Therefore preference will be given, but not limited to Native American children. Children with disabilities, homeless, and foster kinship are given top priority for our program.

Your application and information is confidential. Please seal information in an envelope and return to the Head Start as soon as possible.

Screening and selection are an ongoing process, we want to replace vacant slots and be at full enrollment throughout the school year.

Parent/Guardians of qualified applicants will be notified by letter/phone, to complete enrollment packets.

You can turn in your enrollment packet to the Head Start Centers in Happy Camp and Yreka.

Thank you,

Karuk Tribe Head Start
PO Box 1148
Happy Camp, CA 96039
Phone (530) 493-1490 FAX 530-493-1491

Applicant & Family Member Information

KARUK HEAD START
P.O. BOX 1148
HAPPY CAMP, CA 96039

Applicant

First | Middle | Last | Suffix | Nickname | Birthday | Gender | SSN

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other: _____

Hispanic
☐ Yes ☐ No

English Proficiency
☐ None ☐ Little ☐ Moderate ☐ Proficient

Other Language

Other Language Proficiency
☐ Poor ☐ Moderate ☐ Proficient

Primary Health Coverage | Other Health Coverage | Insurance #

Medicaid
☐ Not Eligible ☐ On Medicaid ☐ Potentially Eligible

Medicaid # | Doctor | Dentist

Adult 1

First | Middle | Last | Suffix | Nickname | Birthday | Gender | SSN

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other: _____

Hispanic
☐ Yes ☐ No

English Proficiency
☐ None ☐ Little ☐ Moderate ☐ Proficient

Other Language

Other Language Proficiency
☐ Poor ☐ Moderate ☐ Proficient

Highest Grade Completed
☐ Associate's ☐ Grade 10
☐ Bachelor's ☐ Grade 11
☐ Col Deg/Train ☐ Grade 12
☐ Col or Adv Train ☐ < Grade 9
☐ GED ☐ HS Graduate
☐ Master's

Employment Status
☐ Full Time ☐ Full Time & Training
☐ Part Time ☐ Part Time & Training
☐ Seasonal ☐ Training or School
☐ Unemployed ☐ Retired or Disabled

Child's Relationship
☐ Natural/Adopted/Step
☐ Grandchild
☐ Niece/Nephew
☐ Foster
☐ Other

Custody
☐ Yes ☐ No

Check all that apply:
☐ Lives with Family
☐ Provides Financial Support
☐ Teen Parent

If teen parent, subsidized?
☐ Yes ☐ No

E-mail Address:

Adult 2

First | Middle | Last | Suffix | Nickname | Birthday | Gender | SSN

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other: _____

Hispanic
☐ Yes ☐ No

English Proficiency
☐ None ☐ Little ☐ Moderate ☐ Proficient

Other Language

Other Language Proficiency
☐ Poor ☐ Moderate ☐ Proficient

Highest Grade Completed
☐ Associate's ☐ Grade 10
☐ Bachelor's ☐ Grade 11
☐ Col Deg/Train ☐ Grade 12
☐ Col or Adv Train ☐ < Grade 9
☐ GED ☐ HS Graduate
☐ Master's

Employment Status
☐ Full Time ☐ Full Time & Training
☐ Part Time ☐ Part Time & Training
☐ Seasonal ☐ Training or School
☐ Unemployed ☐ Retired or Disabled

Child's Relationship
☐ Natural/Adopted/Step
☐ Grandchild
☐ Niece/Nephew
☐ Foster
☐ Other

Custody
☐ Yes ☐ No

Check all that apply:
☐ Lives with Family
☐ Provides Financial Support
☐ Teen Parent

If teen parent, subsidized?
☐ Yes ☐ No

E-mail Address:

Additional Child (Non-Applicant) *

First | Middle | Last | Suffix | Nickname | Birthday | Gender | SSN

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other: _____

Hispanic
☐ Yes ☐ No

English Proficiency
☐ None ☐ Little ☐ Moderate ☐ Proficient

Other Language

Other Language Proficiency
☐ Poor ☐ Moderate ☐ Proficient

Additional Child (Non-Applicant) *

First | Middle | Last | Suffix | Nickname | Birthday | Gender | SSN

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other: _____

Hispanic
☐ Yes ☐ No

English Proficiency
☐ None ☐ Little ☐ Moderate ☐ Proficient

Other Language

Other Language Proficiency
☐ Poor ☐ Moderate ☐ Proficient

** If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.*

Family Information, Income & Contacts

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

Family Information

Living Address | Address Line 2 | Zip | City | State | County

Mailing Address (if different) | Address Line 2 | Zip | City | State | County

Phone Numbers | Type (*check one*) | Note (*for example, an extension or best time to call*)

☐ Cell ☐ Home ☐ Work ☐ Other

☐ Cell ☐ Home ☐ Work ☐ Other

☐ Cell ☐ Home ☐ Work ☐ Other

Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (*if applicable*)
☐ One ☐ Two		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Family Income

TANF ☐ Yes ☐ No ☐ Formerly

Supplemental Security Income ☐ Yes ☐ No

Date Verified (*agency use only*) _____ Verified by (*agency use only*) _____

Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Notes
	$		$			
	$		$			
	$		$			

Income Notes

Emergency Contacts

Contact 1

Name | Relationship | Emergency Contact ☐ Yes ☐ No | Release To ☐ Yes ☐ No

Address | Zip | City | State

Phone # 1 ☐ Cell ☐ Home ☐ Work | Phone # 2 ☐ Cell ☐ Home ☐ Work | Phone # 3 ☐ Cell ☐ Home ☐ Work

Contact 2

Name | Relationship | Emergency Contact ☐ Yes ☐ No | Release To ☐ Yes ☐ No

Address | Zip | City | State

Phone # 1 ☐ Cell ☐ Home ☐ Work | Phone # 2 ☐ Cell ☐ Home ☐ Work | Phone # 3 ☐ Cell ☐ Home ☐ Work

Contact 3

Name | Relationship | Emergency Contact ☐ Yes ☐ No | Release To ☐ Yes ☐ No

Address | Zip | City | State

Phone # 1 ☐ Cell ☐ Home ☐ Work | Phone # 2 ☐ Cell ☐ Home ☐ Work | Phone # 3 ☐ Cell ☐ Home ☐ Work

Certification: *I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.*

Parent/Guardian Signature _____ Date _____