

Application for Child Enrollment Choctaw Nation Head Start

P.O. Box 1210 • Durant, OK 74701
(580) 924-8280 • (800) 522-6170, ext. 2219

Preferred Head Start Center

* If a family has more than one child applying for Head Start, please complete a separate application for each child.

Applicant & Family Member Information

Applicant

First		Middle	Last	Suffix	Nickname	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		If American Indian/Alaska Native, what tribe?		English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Primary Health Coverage <input type="checkbox"/> Medicaid / SoonerCare <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Private Ins. _____		Secondary Health Coverage <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Private Ins. _____ <input type="checkbox"/> OTHER _____		Does child have a health condition that will require accommodations or adaptations to the school environment? <input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No			
Does child have a disability? <input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No				Does child have an IFSP through SoonerStart? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does child have an IEP through public school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school? _____		<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy		Has this child ever attended Early Head Start or Head Start? If yes, include location of center <input type="checkbox"/> Yes _____ <input type="checkbox"/> No			
Does child have a CDIB? <input type="checkbox"/> Yes <i>If Yes, parent's CDIB not required.</i> <input type="checkbox"/> No				Does parent have a CDIB? <input type="checkbox"/> Yes <i>If using parent's, a birth certificate is required</i> <input type="checkbox"/> No			

Primary Parent/Guardian

First		Middle	Last	Suffix	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent		English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Other Language (spoken) Please specify: _____
Highest Grade Completed <input type="checkbox"/> Associate's <input type="checkbox"/> GED <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 11 or below <input type="checkbox"/> Master's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> HS Graduate		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		Child's Relationship <input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other Relative - Relation: _____ <input type="checkbox"/> Other _____			
Email Address: _____							

Adult 2/Guardian Living in the home with the applying child.

Is this adult legally married to the Primary Parent/Guardian or a Biological Parent of Applying Child? Yes No (if no, please go to page 2)

First		Middle	Last	Suffix	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent		English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Other Language (spoken) Please specify: _____
Highest Grade Completed <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 11 or below <input type="checkbox"/> Bachelor's <input type="checkbox"/> GED <input type="checkbox"/> Master's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> HS Graduate		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		Child's Relationship <input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other Relative - Relation: _____ <input type="checkbox"/> Other _____			
Email Address: _____							

_____ # of Adults in Household _____ # of Children in Household _____ Total (**NOTE: Total must match those listed as household members.**)

Additional Children, -Not Listed on Page 1- Living in home with applying child and supported by or supporting Parent/Guardian.

Name (First, Middle, Last)	Race	Birthdate (required)	Gender	Relation	Previously attended Choctaw Head Start?
					<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
					<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

Additional Adults, -Not Listed Above- Living in home with applying child and supported by or supporting Parent/Guardian.

Name (First, Middle, Last)	Race	Birthdate (required)	Gender	Relation

Family Information, Income & Contacts

Family Information

Living Address		Address Line 2	Zip	City	State	
Mailing Address (if different)		Address Line 2	Zip	City	State	
Phone Numbers		Type (check one)				
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other_____		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other_____		
Parental Status (check one)	Primary Language at Home	Homeless Family*	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP/Food Stamps	Receiving WIC
<input type="checkbox"/> One <input type="checkbox"/> Two		<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Legal definition of Homeless attached. – Please read first.

Family Assistance (Please list all income received)

TANF	Supplemental Security Income
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dual Custody? (50/50) <input type="checkbox"/> Yes <i>If yes, please give a brief description of arrangements:</i> <input type="checkbox"/> No	
Do you receive Child Support?	
<input type="checkbox"/> Yes <i>(If yes, please attach court document showing monthly amount or 12 month DHS Print-out)</i>	
<input type="checkbox"/> No	

(List no amounts - Income Documents Required.)

<i>Family Member</i>	<i>Employer</i>	<i>Do you currently have active employment with Choctaw Nation?</i>	<i>Adult 1/Guardian Income/Benefit</i>	<i>Adult 2/Guardian Income/Benefit</i>	<i>Other Adult Guardian Income/Benefit</i>
ADULT 1:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Paid Weekly <input type="checkbox"/> Paid Bi-Weekly <input type="checkbox"/> Paid Bi-Monthly <input type="checkbox"/> Paid Monthly <input type="checkbox"/> Paid Annually <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Paid Weekly <input type="checkbox"/> Paid Bi-Weekly <input type="checkbox"/> Paid Bi-Monthly <input type="checkbox"/> Paid Monthly <input type="checkbox"/> Paid Annually <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Paid Weekly <input type="checkbox"/> Paid Bi-Weekly <input type="checkbox"/> Paid Bi-Monthly <input type="checkbox"/> Paid Monthly <input type="checkbox"/> Paid Annually <input type="checkbox"/> Other: _____ _____
ADULT 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			

*NOTE: Dual Custody of 50/50 requires income documents and household members list with birthdates for both families. Attach information to application.

Consent for Third-Party Verification

By signing this document, I certify that the above 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.

- I consent to allow the release of all information to any third-party for verification and reporting purposes.
- I do not consent to allow the release of all information to any third-party for verification and reporting purposes.

Parent/Guardian Signature _____ Date _____