



CHOCTAW NATION OF OKLAHOMA HEAD START APPLICATION

Dear Parent/Guardian,

Head Start is a comprehensive early childhood development program that promotes school readiness and is directed primarily toward economically disadvantaged families having children ages three to five years old. All races and ethnicities are served.

Please note, an interview with a staff member is a part of the application process.

DOCUMENTS NEEDED (Copies only; Originals will not be returned)

- ◆ **Income Verification** – The documents need to show income for the past 12 months. All parent or guardian income needs to be submitted. This includes, but is not limited to:
 - ♣ Pay Stubs for the past 12 Months, or Latest Income Tax Return (1040) or W-2
 - ♣ Child Support
 - ♣ Supplemental Security Income (SSI)
 - ♣ Social Security and/or Disability Income
 - ♣ Completed “Employer Income Verification” (Showing hours worked and pay rate - only if you do not have pay stubs)
- ◆ **Birth Certificate** (or other proof of age)
- ◆ **Immunization Record** (required if selected for enrollment)
- ◆ **CDIB** (if applicable or parent’s CDIB with child’s birth certificate listing the tribal member as a parent)
- ◆ **Current IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan)** (if applicable)
- ◆ **Legal Documents/ Court Orders for Foster Child** (if applicable)
- ◆ **TANF Document** (if applicable)

SCHEDULE YOUR INTERVIEW

Return documents and completed application to your local center or mail to the address listed below. A center staff member will call to schedule a date and time for an interview.

Return applications and required documents to your local center or email to:

headstartrecruitment@choctawnation.com

Applications can also be mailed to:

Choctaw Nation Head Start
Attn: ERSEA/Ashley Adams

P.O. Box 1210, Durant, OK 74702-1210

If you have any questions please call your local center or call 1-800-522-6170, ext. 2219

PLEASE NOTE:

Completing this application does not guarantee enrollment. Selection is determined on a priority based point system, not on a first come first serve basis.

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	Race			If American Indian/Alaska Native, what tribe?			English Proficiency		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<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: _____						<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Primary Health Coverage			Secondary Health Coverage			Does child have a health condition that will require accommodations or adaptations to the school environment?			
<input type="checkbox"/> Medicaid / SoonerCare <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Private Ins. _____			<input type="checkbox"/> Indian Health Services <input type="checkbox"/> Private Ins. _____ <input type="checkbox"/> OTHER _____			<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No			
Does child have a disability?					Does child have an IFSP through SoonerStart?				
<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does child have an IEP through public 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 If yes, which school? _____					<input type="checkbox"/> Yes _____ <input type="checkbox"/> No				
Does child have a CDIB?					Does parent have a CDIB?				
<input type="checkbox"/> Yes <i>If Yes, parent's CDIB not required.</i> <input type="checkbox"/> No					<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			Custody	Check all that apply		English Proficiency		Other Language (spoken)	
<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: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Please specify: _____ _____	
Highest Grade Completed		Employment Status			Child's Relationship				
<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		<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			<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? <input type="checkbox"/> Yes <input type="checkbox"/> 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			Custody	Check all that apply		English Proficiency		Other Language (spoken)	
<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: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Please specify: _____ _____	
Highest Grade Completed		Employment Status			Child's Relationship				
<input type="checkbox"/> Associate's <input type="checkbox"/> Grade 11 or below <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> GED <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> HS Graduate		<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			<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 _____