

Check List

What I need to complete my child enrollment packet for **School Year 2013-2014**

1 FILL OUT APPLICATION PACKE	Т
A COMPLETED BY PARENT.	

- Page 1: Program applying for:
- a. EHS (Early Head Start) or HS (Head Start)
- **b. CB** (Center Base) or **HB** (Home Base)
- c. Site Location e.g. Tsaile Head Start, St. Micheals Head Start, etc.
- d. Fill out info for:
 - Applicant
 - Adult 1
 - Adult 2
 - Additional Children (ALL)
- · Page 2: Please fill out:
- ☐ a. Family Information
- □ b. All 3 Emergency Contacts (Physical addresses NOT mailing address)
- · Page 3: Please read:
- **a.** Read Certification, SIGN, and Date.

B. COMPLETED BY STAFF: LEAVE BLANK

- · Page 1: Family Income
- Page 2: Eligibility Section and Agency Specific
- · Page 3: SIGN and Date received application

2. PLEASE ATTACH SUPPORTING DOCUMENTS:

- A. BIRTH CERTIFICATE (ENROLLING CHILD)
- ☐ B. INCOME:
 - **Gross cash income** (includes earned income, military income, pay and allowances, Veterans Benefits, Social Security Benefits, unemployment compensation, and public assistance benefits)
 - What do I attach (Copies of Income)
 - a. Every 2 weeks / Bi weekly 2 consecutive most recent check stub
 - b. Weekly 4 check stubs
 - c. Monthly One Check Stub
 - d. Other: documents verifying source of income listed in 2(b)(i) Income.
- 3 ALTHOUGH NAVAJO HEAD START <u>DOES NOT REQUIRE</u> IMMUNIZATION AS PART OF THE ELIGIBILITY AND APPLICATION PROCESS. BUT IF YOU HAVE A COPY OF YOUR <u>MOST RECENT</u> IMMUNIZATION AVAILABLE PLEASE ATTACH THAT AS WELL.
 - *Navajo Head Start complies with all **Local, State and Federal** Requirements for children's immunization update.

4 SUBMIT APPLICATION AND ATTACHMENTS TO NEAREST NAVAJO HEAD START OFFICE:

Mail or Fax to:

Navajo Head Start P.O. Box 3479 Window Rock AZ 86515

Phone: (928) 871-6902 **Fax:** (928) 871-7866

Or If Available

<u>Email</u>

shannonwilson@navajohs.org (all attachments signed and scanned)

Upon receiving your application, it will be entered into our data base. Your child will be put on a waiting list. Depending upon availability of vacancies and waiting of additional children, your wait maybe longer.

THANK YOU,

Navajo Head Start management

Program Applied For	□ HS □ FHS	□ PM □ CB	□нв	☐ Full Day	□Part Day
Program Applied For			⊔ пв	□ Full Day	□ Fait Day

Applicant & Family	Member Information	Region:	Site:
Applicant & Lanni	menibei iiiloiiilatioii		

		oplying for se		_	441					
First		Middle	Last	S	uffix	Nickname	Birthday		Gender	SSN
Race				Hispanic	Eng	lish Proficiency	Other	Language	Other	_anguage Proficiency
☐ Asian	□ American	Indian/Alaska N	lative	□ Yes		lone	Other	Language		Poor
□ Black		/Pacific Islander		□ No						Moderate
□ White	☐ Multi-Rac					1oderate				Proficient
☐ Other: _					□P	roficient				
Primary F	Health Coveraç	ge Other He	alth Coverage	Insurance #	Medicai	d	Medicaid #	D	octor	Dentist
					☐ Not E					
					□ On N					
					☐ Poter	ntially Eligible				
Adult 1										
First		Middle	Last		Suffix	Nickname	Birthday		Gender	SSN
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Race				Hispanic	Engl	ish Proficiency	Other La	anguage	Other L	anguage Proficiency
☐ Asian	□ American	Indian/Alaska N	lative	□ Yes	ΠŇ			0 0		Poor
□ Black		/Pacific Islander		□ No	□ Li					Moderate
□ White	☐ Multi-Rad	ial				oderate				l Proficient
□ Other: _						roficient				
_	rade Complete			mployment Status		Child's Relation	•	Custody		III that apply:
☐ Associa		Grade 10	☐ Full Time			□ Natural/Add		□ Yes		with Family
☐ Bachelo		Grade 11	☐ Part Time			☐ Grandchild		□ No		des Financial Support
☐ Col Deg		I Grade 12 I < Grade 9	☐ Seasonal☐ Unemploy			☐ Niece/Neph☐ Foster	new		☐ Teen	Parent
□ GED		I KS Graduate	шопеттрюу	ed Li Kellied 0	Disabled	☐ Other			If teen n	arent, subsidized?
	_	TIO Oladadio				L Other			ii toon p	☐ Yes ☐ No
E-mail Add	dress:									
Adult 2										
First		Middle	Last		Suffix	Nickname	Birthday		Gender	SSN
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Race ☐ Asian	□ Amoricon	Indian/Alaska N	lotivo	Hispanic ☐ Yes	⊑ngi □ N	ish Proficiency	Other La	anguage		anguage Proficiency Poor
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□ White	☐ Multi-Rac					oderate				Proficient
☐ Other: _					□P	roficient				
Highest G	rade Complete	ed	E	mployment Status	S	Child's Relation	onship	Custody	Check a	II that apply:
☐ Associa	ite's 🗆	Grade 10	☐ Full Time	☐ Full Time	& Training	☐ Natural/Add	opted/Step	☐ Yes	☐ Lives	with Family
☐ Bachelo	or's □	Grade 11	☐ Part Time	Part Time	& Training	☐ Grandchild		□ No		des Financial Support
☐ Col Deg	g/Train □	I Grade 12	□ Seasonal	0		☐ Niece/Neph	new		☐ Teen	Parent
□ Col or A		1 < Grade 9	□Unemploy	ed ☐ Retired o	r Disabled	□ Foster			16 1	10 10 10
□ GED	L	I HS Graduate				☐ Other			ir teen p	arent, subsidized? ☐ Yes ☐ No
E-mail Add	dress:									П 162 П IAO
Addition	nal Child (Non-Applica	nt) *							
First	N	Middle	Last		Suffix	Nickname	Birthda	у	Gender	SSN
Race				Hispanic	Eng	lish Proficiency	Other	Language	Other I	_anguage Proficiency
☐ Asian	☐ American	Indian/Alaska N	ative	□ Yes		lone				Poor
□ Black		Pacific Islander		□ No						Moderate
☐ White	☐ Multi-Rac	ıaı				loderate				Proficient
□ Other: _					ЦΡ	roficient				
Additio	nal Child 4	Non-Applica	nt) *							
First		Middle	Last		Suffix	Nickname	Birthda	V	Gender	SSN
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Race				Hispanic	En	glish Proficiency	Other I	anguage	Other	Language Proficiency
Race ☐ Asian	☐ American	Indian/Alaska N	lative	Hispanic □ Yes		glish Proficiency None	Other L	anguage		Language Proficiency Poor
□ Asian□ Black		Indian/Alaska N /Pacific Islander	lative				Other L	anguage		Poor Moderate
☐ Asian		/Pacific Islander	lative	□ Yes		None	Other L	anguage		Poor

^{*} 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

Family Information

Applicants Name:		
Applicants Name:		

Living Address		Add	Idress Line 2			Zip	City		State		у	
Mai	ling Address (if a	d:fforont)	A da	lroop I ind	. 0		7in	City		Ctoto	Count	,
Iviai	ling Address (if o	airrerent)	rent) Address Line 2 Zip City State County					у				
Pho	one Numbers		Type (cl	neck one)				Note (for example, a	an extension (or hest time to	o call\	
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				□ Home								
	Parental Status	Primary I	☐ Cell Language	☐ Home	e 🗆 Work	☐ Ot Military	her	Referred by Child	Receiving	WIC	,	WIC ID
	(check one)		lome	Famil	у	Family		Welfare Agency	SNAP			pplicable)
	One 🗆 Two			☐ Ye		☐ Yes ☐ No		□ Yes □ No	☐ Yes ☐ No	□ Yes □ No		
								2 110				
Fa TAN	mily Income			Supple	emental Se	curity In	como					
		☐ Formerly		□ Yes		-	COME					
Dat	e Verified (agend			<u>-</u>	Verified by							
	Family Member	Amount	Per (for exa week, month	mple: , year)	Annual A	mount		cription (for example: , Job, Child Support)		ion (for exam check stub)	ple:	Notes
		\$			\$							
		\$			\$							
		\$			\$							
Inco	ome Notes	Ψ			~							
En	nergency Co Name	ntacts			Relations	chin			Emergency	Contact	Polo	ase To
	Ivaille				Relations	silib			□ Yes	□ No	□ Yes	□ No
+	Address					Zip			City			State
Contact									,			
S	Phone # 1			Phor	ne# 2				Phone #3			
		☐ Cell	☐ Home ☐ Wor	·k			□С	ell □ Home □ Work			□ Cell □ l	Home □ Work
	Name			R	elationship)			Emergency	Contact	Relea	ase To
7									☐ Yes	□ No	☐ Yes	□ No
	Address					Zip			City			State
Contact												
ŭ	Phone # 1				ne # 2				Phon	e # 3		Union Divini
	Nama	⊔ Cell	□ Home □ Wor		lalation ab 'm	_	ЦC	ell 🗆 Home 🗆 Work		Contact		Home
	Name			К	telationship				Emergency □ Yes	□ No	□ Yes	ase To
π ω	Address					Zip			City		ш 163	State
Contact	71001000					Zip			Sity			Jidio
Con	Phone # 1			Phor	ne# 2				Phone # 3			
		□ Cell	☐ Home ☐ Wor				□с	ell 🗆 Home 🗆 Work			□ Cell □ I	Home □ Work

Applicant Eligibility & Enrollment Information

Enrollment Information	Applicants Name:	

Eligibility								
Program Term	,	Agency	Site	Cla	assroom		Funding	
		Navajo Head S	tart				ACF	90Cl0216
	Application Status		Application Number	er Application	n Date	Waitlisted	Date A	ccepted Date
☐ Complete & Veri	ified ☐ Incomplete, in ☐ Other - specif							
Releases Signed	Date Signed		Child will to	ransition to				
□ Yes □ No								
Enrollment Notes								
Eligibility Date (date income verified)	Eligibility Income (must match eligibility verification form)	Number in Family	Income	Status		ation Year e one)	Sibling Elig	jible Next Year
			□ 101-130% □ Eligible (0-100%) □ Foster child	☐ Homeless☐ Over Income☐ Public assistance	1 st	2 nd	□ Ye	s 🗆 No
CACF (Date Child First E	P Date Eats Center Meal)	CACFP Income	Per (for exan	nple, year, month, other)		C	CACFP Status	
					F	Free (ful	l reimburs	sement)
Agency Sp	ecific							
Suspected Di	sability:	′es □ No						
Suspected Di	sability Notes:							
Suspected Di	Sability Notes.							
Notes:								
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				y participation in this In this application wil				
	cessible to me during		-	n ems appreadon wi	i be new	in strict t	ionjiuenee v	vicinii circ
Parent/Guardian	Signature				Date			
Completing Staff	Member				Date			



Navajo Head Start

PO Box 3479 Window Rock AZ 86515

Phone: (928) 871-6902/Fax: (928) 871-7866

Navajo Head Start Contact Information	Navajo Head Start Staff	Contact Number:
Central Administration Office	Shannon Wilson Rena Ben	(928) 871-6902
Chinle Region	Marlene Hoskie	(928) 674-2141
Fort Defiance Region	Denise Thomas	(928) 729-4016
Shiprock Region	Lavonne Benally	(505) 368-1200
Tuba City Region	Leona John	(928) 283-3223

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1	Navajo Head S	Start	Program Appli				☐ Full Day ☐ Part Day	1
Applic	ant & Family M	ember	Informati	on R	egion:	Site	Ē	-
(Addit	ional Family Me	mbers)	1					
Additio First	onal Child (Non-Applic Middle	cant) *		Suffix	Nickname	Birthday	Gender SSN	
Race Asian Black White Other:	☐ American Indian/Alaska☐ Hawaiian/Pacific Island☐ Multi-Racial		Hispanic □ Yes □ No		English Proficiency None Little Moderate Proficient	Other Language	Other Language Profici Poor Moderate Proficient	ency
Additio	onal Child (Non-Applic	>ant\ *	_	-				
First	Middle	Last		Suffix	Nickname	Birthday	Gender SSN	
Race Asian Black White Other:	☐ American Indian/Alaska ☐ Hawaiian/Pacific Island ☐ Multi-Racial		Hispanic □ Yes □ No		English Proficiency None Little Moderate Proficient	Other Language	Other Language Profici Poor Moderate Proficient	ency
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Additio First	onal Child (Non-Applic Middle	Last		Suffix	Nickname	Birthday	Gender SSN	
Race Asian Black White Other:	☐ American Indian/Alaska☐ Hawaiian/Pacific Islanda☐ Multi-Racial		Hispanic □ Yes □ No		English Proficiency None Little Moderate Proficient	Other Language	Other Language Profici Poor Moderate Proficient	ency
Additio	onal Child (Non-Applic				_	_	_	
First	Middle	Last		Suffix	Nickname	Birthday	Gender SSN	
Race ☐ Asian ☐ Black ☐ White ☐ Other:	☐ American Indian/Alaska ☐ Hawaiian/Pacific Island ☐ Multi-Racial		Hispanic □ Yes □ No		English Proficiency None Little Moderate Proficient	Other Language	Other Language Profici ☐ Poor ☐ Moderate ☐ Proficient	ency

Additional Child (Non-Applicant) *												
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN				
Race			Hispanic		English Proficiency	Other Language	Other La	nguage Proficiency				
□ Asian	☐ American Indian/Alaska N	ative	☐ Yes		□ None		□Р	oor				
□ Black	☐ Hawaiian/Pacific Islander		□ No		☐ Little		☐ Moderate					
□ White	☐ Multi-Racial				□ Moderate	☐ Proficient						
☐ Other:					☐ Proficient							

Additional Child (Non-Applicant) *												
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN				
Race			Hispanic		English Proficiency	Other Language	Other Lar	nguage Proficiency				
□ Asian	□ American Indian/Alaska N	ative	☐ Yes		☐ None		□ Po	oor				
□ Black	☐ Black ☐ Hawaiian/Pacific Islander				☐ Little	☐ Moderate						
□ White	☐ Multi-Racial				☐ Moderate	☐ Proficient						
☐ Other: _					☐ Proficient							