



Check List

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

1. FILL OUT APPLICATION PACKET

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 DOES NOT REQUIRE IMMUNIZATION AS PART OF THE ELIGIBILITY AND APPLICATION PROCESS. BUT IF YOU HAVE A COPY OF YOUR MOST RECENT 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

Email:

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



Applicant & Family Member Information

Region: _____ Site: _____

Applicant (child applying for services)

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient				
Primary Health Coverage		Other Health Coverage	Insurance #	Medicaid	Medicaid #	Doctor	Dentist
				<input type="checkbox"/> Not Eligible			
				<input type="checkbox"/> On Medicaid			
				<input type="checkbox"/> Potentially Eligible			

Adult 1

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient				
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Natural/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew		<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		If teen parent, subsidized?	
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

E-mail Address: _____

Adult 2

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient				
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Natural/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew		<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		If teen parent, subsidized?	
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

E-mail Address: _____

Additional Child (Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient				

Additional Child (Non-Applicant) *

First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> 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

Applicants Name: _____

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)			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
Parental Status (check one)	Primary Language at Home	Homeless Family	Military Family	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (if applicable)
<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	

Family Income						
TANF			Supplemental Security Income			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly			<input type="checkbox"/> Yes <input type="checkbox"/> 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	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	Zip	City	State	
	Phone # 1	Phone # 2	Phone # 3		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Contact 2	Name	Relationship		Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	Zip	City	State	
	Phone # 1	Phone # 2	Phone # 3		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Contact 3	Name	Relationship		Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	Zip	City	State	
	Phone # 1	Phone # 2	Phone # 3		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Applicant Eligibility &**Enrollment Information** Applicants Name: _____

Eligibility							
Program Term	Agency	Site	Classroom	Funding			
Navajo Head Start				ACF 90CI0216			
Application Status		Application Number	Application Date	Waitlisted Date	Accepted Date		
<input type="checkbox"/> Complete & Verified <input type="checkbox"/> Incomplete, info not returned <input type="checkbox"/> Incomplete <input type="checkbox"/> Other - specify in notes							
Releases Signed	Date Signed	Child will transition to					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Enrollment Notes							
Eligibility Date (date income verified)	Eligibility Income (must match eligibility verification form)	Number in Family	Income Status		Participation Year (circle one)	Sibling	Eligible Next Year
			<input type="checkbox"/> 101-130% <input type="checkbox"/> Homeless <input type="checkbox"/> Eligible (0-100%) <input type="checkbox"/> Over Income <input type="checkbox"/> Foster child <input type="checkbox"/> Public assistance		1 st 2 nd		<input type="checkbox"/> Yes <input type="checkbox"/> No
CACFP Date (Date Child First Eats Center Meal)	CACFP Income	Per (for example, year, month, other)				CACFP Status	
Free (full reimbursement)							

Agency Specific**Suspected Disability:** ☐ Yes ☐ No**Suspected Disability Notes:****Notes:**

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 _____

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



Applicant & Family Member Information Region: _____ Site: _____

(Additional Family Members)

Additional Child (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race							
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> Other Language		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little				<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate				<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient				

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First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little				<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate				<input type="checkbox"/> Proficient
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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little				<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate				<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient				

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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little				<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate				<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient				