Date Received _____

Staff Initial: _____

Coquille Indian Tribe Head Start Program
Enrollment Application

The recruitment area for the Coquille Indian Tribe Head Start Program includes children and families from the Coquille Indian Tribe's Kilkich Community, as well as neighboring communities of Coos Bay, North Bend, and the surrounding community. Recruitment and enrollment also include Native American families and others as approved by the Coquille Indian Tribe Tribal Council and the Coquille Indian Tribe Head Start Policy Council Committee.

Child Information

Child's Name _____ Birthdate_____

Diagnosed disabilities or special needs:

☐ Speech ☐ Hearing ☐ Vision ☐ Social development

Child lives with:

☐ Mother and Father ☐ One parent ☐ Joint custody ☐ Foster family

☐ Active-Duty Personnel ☐ Other relative

Family Information

Mother's Name _____ D.O.B_____

Address _____ City _____Zip_____

Home Phone _____ Work Phone_____ Message Phone _____

Father's Name _____ D.O.B_____

Address _____ City _____Zip_____

Home Phone _____ Work Phone_____ Message Phone _____

Childcare after school:

☐ Yes ☐ No

Name of childcare provider: _____ Phone _____

Total number in Family _____ Adults _____ Children _____

List all other children living in the home:

Name	Birthdate

Does your family receive services from any of the following agencies? (Check those that apply.)

- ☐ Services to Children & Families (SCF/CSD)
- ☐ Oregon Coast Community Action
- ☐ Adult and Family Services
- ☐ Education Service District (ESD)
- ☐ South Coast Business Employment Corporation
- ☐ WIC (Women, Infants, Children Nutrition)
- ☐ Women's Crisis Services
- ☐ Legal Aid
- ☐ Health Department
- ☐ SNAP
- ☐ Mental Health
- ☐ Other _____

Racial or Ethnic Group

- ☐ White, not of Hispanic origin
- ☐ Black, not of Hispanic origin
- ☐ American Indian
- ☐ Alaskan Native
- ☐ Hispanic
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other _____

Eligibility Information (please check all that apply)

Child is:

☐ Enrolled Coquille Tribal Member Enrollment number_____

☐ Enrolled Native American (Non-Coquille)

Name of Federally Recognized Tribe _____ Enrollment number_____

☐ Legally step or adopted child three to five years of age living in a Coquille Indian Tribal/Native American home.

☐ In foster care.

☐ Child with a disability.

☐ Child who resides in Kilkich Community (Coquille Indian Tribe reservation land).

☐ Child legally placed in a Coquille Indian Tribal home through the Coquille Indian Tribal Court.

☐ Child of parent who is employed by the Coquille Indian Tribe.

Financial Eligibility:

To help us determine if your family is eligible for Head Start, we need to know your GROSS income. Please submit one paystub **OR** your income as entered on last year's income tax returns.

Examples: Income tax form 1040, W-2 form, pay stub, pay envelope, written statement from employer, documentation that shows you receive unemployment or public assistance.

Types of income (please check all that apply):

☐ No Income ☐ Child Support ☐ Other _____

☐ Wages ☐ Social Security

☐ Self-Employed Income ☐ Unemployment

☐ Public Assistance ☐ Veteran's Benefits

Medical Insurance:

☐ None ☐ Private ☐ Oregon Health Plan (OHP)

☐ Medicaid ☐ Purchased & Referred Care

Dental Insurance:

☐ None ☐ Private ☐ Oregon Health Plan (OHP)

☐ Medicaid ☐ Purchased & Referred Care

I have read this application form and understand it. I verify that all information and documentation are accurate to the best of my knowledge.

_____ _____

Signature Date