Tohono O'odham Nation
Head Start Application

HEAD START CHILD DOCUMENT TRACKING FORM

Child's Name:	Center/Home Based Area:

The following is a checklist to make sure all necessary forms and documents are in place and complete.

Documents Required for Enrollment: **Please make sure you schedule a Dental Exam and Physical/Well Child Exam if they have not been updated within the current year. Printouts of current Immunizations, Dental, and Physical/Well Child can be requested from the Health Facility by filling out a Release of Information Form.**	**Date and Initial When all forms and documents are in place.**	***DOCUMENTS STILL NEEDED***	**Notes/Comments for staff to document information.**
Application Form			
Birth Certificate-Proof of Age			
Income Verification Form			
Proof of Income			
Income Guideline Form			
Health Information			
Consent for Health Services Form			
Emergency Contact Form			
Guardianship Document (If Applies)			
Immunizations			
Dental Exam			
Physical Exam/Well Child			
Tribal Enrollment Letter			
Insurance/AHCCCS			
IFSP (Individual Family Service Plan)			
IEP (Individual Education Plan)			
Social Security Card Verified			

Keep Original/Provide Copy to Parent/Guardian

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ENROLLMENT APPLICATION

School Year:		**New**		**Returnee**		**3rd Year**
Center/Home Based Area:						

Child's Name:	**Date of Birth:**

Gender:	**Social Security Verified**	*Yes*	*No*	**Insurance/AHCCCS**	*Yes*	*No*

Is Child Receiving WIC Services?	*Yes*	*No*	**Primary Language Spoken in the home?**	*English*	*O'odham*
			Other Language:		

Child's Race/Ethnicity:				
Caucasian	*Hispanic/Latino*	*Hawaiian/Other Pacific Islander*	*African American*	*American Indian/Alaskan Native*
Tribe:			**Enrollment Number:**	

Parent/Guardian Information:	
Name:	**Name:**
Gender:	**Gender:**
Relationship to Child: *(Circle)* *Biological Parent Foster Parent Adoptive Parent Legal Guardian Step Parent Other:*	**Relationship to Child:** *(Circle)* *Biological Parent Foster Parent Adoptive Parent Legal Guardian Step Parent Other:*
Marital Status: *Single Married Separated Divorced Widowed Living with Partner Other:*	**Marital Status:** *Single Married Separated Divorced Widowed Living with Partner Other:*
Does the child live with the Parent/Guardian? *All of the time* / *Some of the time* / *No*	**Does the child live with the Parent/Guardian?** *All of the time* / *Some of the time* / *No*
Mailing Address:	**Mailing Address:**
Directions to your home:	**Directions to your home:**
Home Phone Number:	**Home Phone Number:**
Cell Number:	**Cell Number:**
Employer:	**Employer:**
Occupation:	**Occupation:**
Work Phone Number:	**Work Phone Number:**
Other: *Unemployed Student Stay at home parent Disabled/Retired*	**Other:** *Unemployed Student Stay at home parent Disabled/Retired*
Email Address:	**Email Address:**

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INCOME VERIFICATION FORM

Child's Name:	**Center/Home Based Area:**
Parent/Guardian(s) Name:	

Family Members Supported By Income	
Family members supported by income:	Relationship to Head Start Child:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
Parent/Guardian's Income: *Yes* *No*	Secondary Parent/Guardian's Income: *Yes* *No*
Hours Per Pay Period:	Hours Per Pay Period:
OR Hours Per Week:	**OR** Hours Per Week:
Hourly Rate:	Hourly Rate:

Get Paid By:		*Weekly*		*Bi-Weekly*		*Monthly*	Get Paid By:		*Weekly*		*Bi-Weekly*		*Monthly*

Documents Attached			
	Pay Check Stubs/W-2 Forms		Pay Check Stubs/W-2 Forms
	Written Statement of Self Employment/Unemployment		Written Statement of Self Employment/Unemployment
	AFDC, SSI, GA, Student Stipend		AFDC, SSI, GA, Student Stipend
	Child Support		Child Support
	No/Zero Income		No/Zero Income
	Foster Care/Guardianship		Foster Care/Guardianship
	Last Year Income-Returning for a 2nd School Year.		Last Year Income-Returning for a 2nd School Year.

OFFICIAL USE ONLY-Proof of Calculations			
	Monthly X 12 (Applies to DES Statements)		Bi-Weekly X 26
	Weekly X 52		School System X 19

TOTAL Annual Income:		**CALCULATIONS:**
TOTAL in the Household:		
Chronological Age of the Child:		

Eligibility Status:		***Income Eligible***		***Over Income***

I HAVE REVIEWED AND VERIFIED THE INCOME DOCUMENTATION

Head Start Staff Completing the Income:	**Date:**
Head Start Coordinator Signature- *(Verification Review)*	**Date:**

Head Start Program Manager Senior Signature:	**Date:**

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HEALTH INFORMATION

Child's Name:	Center/Home Based Area:

MEDICATIONS				
Does your child take prescribed medication on a regular basis? If yes, list here:		Yes		No
ALLERGIES				
Does your child have any diagnosed allergies to food? If yes, list here:		Yes		No
Does your child have any other diagnosed allergies? (Bees, ants, plants, latex, etc.) If yes, list here:		Yes		No
Does your child take prescribed medication for an allergic reaction? If yes, list here:		Yes		No
SPECIAL DIETS				
Does your child need dietary accommodations for cultural, religious, or medical reasons? If yes, list here:		Yes		No
NUTRITION				
Does your child experience any symptoms while and/or after eating? (Gagging, vomiting, etc.) If yes, list here:		Yes		No
Does your child eat non-food items? (Glue, erasers, dirt, etc.) If yes, list here:		Yes		No
Foods that your child likes:				
Foods your child dislikes:				
CHRONIC ILLNESS/SPECIAL HEALTH NEEDS				
Does your child have a diagnosed chronic illness? If yes, list here:		Yes		No
Does your child have any diagnosed special health needs? If yes, list here:		Yes		No
Is your child receiving special services for diagnosed chronic illness or special health needs? If yes, list here:		Yes		No
OTHER CONCERNS				
Do you have any concerns with your child's speech, hearing, vision, or physical abilities? If yes, list here:		Yes		No
Please use lines below should any YES questions need further explanations:				

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CONSENT FOR HEALTH SERVICES

Child's Name:	**Center/Home Based Area:**
Parent/Guardian(s) Name-PRINT PLEASE	

I/We understand:

1. It is my/our responsibility to provide Tohono O'odham Nation Head Start Program with a current dental examination, a current immunization record, and a current physical/well-child exam.
2. Head Start provides the following screenings to enrolled children within the school year:
   - Developmental Assessment/Screening
   - Height and Weight Screening
   - Dental Screening
   - Vision Screening
   - Hearing Screening
3. In case of an emergency or if a parent/guardian cannot be contacted, the Tohono O'odham Nation Head Start Program may provide basic first aid or contact emergency services for care/transportation if needed.
4. Head Start can provide referral information to parents/guardians for Behavior/Mental Health services.
5. Head Start can provide transportation for services that are in support of the program.

If there are any special emergency instructions for your child please state them below:

____

____

I/We ____hereby give consent to all the Head Start screenings for my/our child to receive during the school year. I/We understand the support and limitations outlined in 1-5 that Head Start provides related to screenings, emergency situations, transportation and referrals.

Parent/Guardian(s) Signature:	**Date:**
Head Start Staff Signature:	**Date:**

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EMERGENCY CONTACT FORM

Child's Name:	Center/Home Based Area:
Parent/Guardian(s) Name-PRINT PLEASE	

To ensure the safety of your child/children, he/she will NOT be released to ANYONE who is not listed below. Your child will NOT BE RELEASED to a person who is suspected of being under the influence of alcohol/drugs. It is the Parent/Guardian's responsibility to communicate with all authorized individuals about all information regarding child/children pick up/drop off. **All Individuals listed on the Emergency Contact Form must be 18 years or older.**

	PRINT NAME	Relationship to child	Phone Numbers (Work, Home, Cell)
1			
2			
3			
4			
5			
6			
7			
8			

The Head Start Staff will contact the authorized individuals listed above in such cases that I/We are not available. For any reason contact information does change, it will be my/our responsibility to notify Head Start staff to update all information.

Parent/Guardian(s) Signature:	Date:
Head Start Staff Signature:	Date:

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