



Tohono O'odham  
Head Start

INTAKE APPLICATION  
(Child Information)



The information given is confidential, you are not required to provide the information; however incomplete or inaccurate information may prevent us from determining your eligibility for the Tohono O'odham Head Start Program.

School Year: <input type="checkbox"/> New <input type="checkbox"/> Returning <input type="checkbox"/> 3 <sup>rd</sup> Year 20____-20____	Center/Home-Based Area:
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Child's Information:		
Child's First Name:	Child's Middle Name:	Child's Last Name:
Child's Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Child's Race/Ethnicity:	
<input type="checkbox"/> Hispanic/Latino Origin <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Biracial/Multi-racial <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other:	
Tribe:	Enrollment Number:
Child's Primary Language spoken in the home:	

Other Important Child Information:		If yes, please explain:
Is your child(ren) related to a Head Start Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Write the name of the Head Start Employee:
Is there a Court/Custody Order or Power of Attorney for the child/children applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attache a copy of the Court/Custody/Power of Attorney Document
Does your child have a disability? (Attach current IEP/IFSP (Individual Education Plan/Individual Family Service Plan.))	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have a serious medical need? (Physical, Mental, Etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of the referral
Does your child receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does family receive <b>TANF</b> (Temporary Assistance for Needy Families) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SNAP</b> (Nutrition Assistance) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SSI</b> (Social Security Benefits) <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other concerns for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have health Insurance? <input type="checkbox"/> AHCCCS <input type="checkbox"/> Private <input type="checkbox"/> None		



Tohono O'odham  
Head Start



INTAKE APPLICATION  
(Parent Information)

<input type="checkbox"/> One-Parent Household <input type="checkbox"/> Two-Parent Household			
1st Parent/Guardian Information		2nd Parent/Guardian Information	
Name:		Name:	
Relationship to Child: <input type="checkbox"/> Biological <input type="checkbox"/> Kinship Care <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Child Welfare Placement		Relationship to Child: <input type="checkbox"/> Biological <input type="checkbox"/> Kinship Care <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Child Welfare Placement	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Living with Partner		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living with Partner	
Race: <input type="checkbox"/> Hispanic/Latino Origin <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Biracial/Multi-racial <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other:		Race: <input type="checkbox"/> Hispanic/Latino Origin <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Biracial/Multi-racial <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other:	
Primary Language:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Primary Language:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Does the child live with the Parent/Guardian? <input type="checkbox"/> All the time <input type="checkbox"/> Some of the time <input type="checkbox"/> No		Does the child live with the Parent/Guardian? <input type="checkbox"/> All the time <input type="checkbox"/> Some of the time <input type="checkbox"/> No	
Mailing Address:		Mailing Address:	
Village/Community:		Village/Community:	
Directions to your home:		Directions to your home:	
Home Phone Number:		Home Phone Number:	
Cell Phone Number:		Cell Phone Number:	
Education Level: <input type="checkbox"/> Less than a high school diploma <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate		Education Level: <input type="checkbox"/> Less than a high school diploma <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate	
1st Parent/Guardian Information-Employment		2nd Parent/Guardian Information-Employment	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed		Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed	
Place of Employment: (If applies)	Work Phone #	Place of Employment: (If applies)	Work Phone #
I/We give permission for the Tohono O'odham Head Start Program to communicate electronically via text or email. <input type="checkbox"/> Yes <input type="checkbox"/> No      Email Address:			
Any Parent/Guardian a Veteran, Military Member or Active?		<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, Veteran or Active duty?	



Tohono O'odham  
Head Start



INTAKE APPLICATION  
(Family Information)

List all family members in the household:			
Family Member		Relationship to the Applicant (Child)	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
TOTAL Family Members in the Household:		TOTAL Number of Children:	TOTAL Number of Adults:

Family Living Situation:		Notes-Comments:
Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Own home	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sharing housing due to financial hardship or displacement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shelter Program, Motel/Hotel, Living in a vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of the Shelter, Motel.
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Children who meet the definition of homelessness in the education subtitle of the McKinney-Vento Act are categorically eligible for Head Start/Early Head Start 45 CFR 1302.12(c)(iii) This means that homeless children do not need to provide income; they are eligible for Head Start services of meeting the definition of homelessness.*

I/We certify that the information I/We provided above is accurate to the best of my/our knowledge. I/We understand that the information I/We provided is strictly confidential and will be used to determine eligibility.

Parent/Guardian(s) Signature:		Date:
Head Start Employee Signature:	Title:	Date:



Tohono O'odham  
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**CHILD DOCUMENT TRACKING FORM**

*(Head Start Employee Form)*

Child's Name:	Center/Home Based Area:
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**INTAKE**

1. INTAKE APPLICATION	Initial and Date Incoming Documents	Documents still needed	Document Notes-Comments
Birth Certificate-Proof of Age			
Immunizations			

**ELIGIBILITY**

2. DETERMINE ELIGIBILITY <i>Completed by the Head Start Employee</i>	Initial and Date
Selection Criteria-Point System Eligibility Form	



**ENROLLMENT**

3. ENROLLMENT APPLICATION	Initial and Date Incoming Documents	Documents still needed	Document Notes-Comments
Consent for Health Services			
Health Page 1 and Health Page 2			
Dental Exam-Screening or Scheduled Appointment Slip			
Physical Exam/Well Child or Scheduled Appointment Slip			
Insurance/AHCCCS			
IEP (Individual Education Plan) IFSP (Individual Family Service Plan)			
Tribal Enrollment Letter/Card (Copy)			
Guardianship Document (If applicable)			
Emergency Contact Form (Needed before school starts)			



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CHILD HEALTH INFORMATION

(Page 1)

Child's Name:		Center/Home Based Area:	
<b>MEDICATIONS</b>			(Circle)
Does your child take/use <b>prescribed</b> medications or vitamins on a regular basis? (Ex: Allergies, Medication Creams, Asthma-Inhaler, Eye drops, Etc.) If yes, list here:		Yes	No
Does your child have any allergies to medication? (Tylenol, Benadryl, Amoxicillin, etc.) If yes, list here:		Yes	No
Does your child have a medical plan? (If yes, please provide a copy of plan from your child's Pediatrician)		Yes	No
<b>SPECIAL DIETS</b>			(Circle)
Does your child need dietary accommodation for cultural, religious, or medical reasons? If yes, list here:		Yes	No
Does your child have any food allergies? (Food intolerances, Use EpiPen, etc.-Provide a Doctor's Note)		Yes	No
<b>NUTRITION</b>			(Circle)
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
Does your child use a bottle? Sippy cup?		Yes	No
Does your child drink milk?		Yes	No
Are you breastfeeding your child?		Yes	No
Does your child eat fruit?		Yes	No
Does your child eat vegetables?		Yes	No
Where does your child eat at? (Table, front of the television, etc.)		Yes	No
Does your child use utensils while eating?		Yes	No
Is your child a picky eater?		Yes	No
Foods that your child likes:			
Foods that your child dislikes:			
Is there anything else that you want us to know about your child's eating habits?			



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CHILD HEALTH INFORMATION

(Page 2)

Child's Name:		Center/Home Based Area:	
<b>SOCIAL-EMOTIONAL</b>			(Circle)
Does your child play independently or with other children?			Yes No
Does your child like to share?			Yes No
Have you noticed any sudden changes in your child's behavior lately?			Yes No
Does your child bite? Scratch? Pinch? Push? Etc.			Yes No
Is your child ever restless or easily distracted?			Yes No
Does your child fear people? Environment? Animals? Sounds? Etc.			Yes No
Is your child exposed to electronic devices? If yes, for how long throughout the day?			Yes No
Is there anything else that you want us to know about your child?			
<b>OTHER</b>			(Circle)
Is your child potty trained?			Yes No
Does your child take a nap? If yes, how long does your child nap?			Yes No
Does your child brush his/her teeth?			Yes No
Has your child had head lice?			Yes No
Additional Notes and Comments:			



Tohono O'odham  
Head Start Program  
**CONSENT FOR HEALTH SERVICES**



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

The Tohono O'odham Head Start program provides the following screenings to all enrolled children within the school year: The primary purpose of assessment and screenings is to ensure that we meet the needs of the individual child's overall health and development. It also allows the Head Start Employee to work with parents to provide resources that will support their child's growth and development. The Head Start Employee will notify parents/guardians of the assessment and screening results or any health follow-up treatments needed throughout the school year.

I/We hereby give permission for the Tohono O'odham Head Start program to assess and screen my child in the areas listed:

- Developmental Assessment/Screenings
- Height and Weight Screening
- Dental Screening
- Hearing Screening
- Vision Screening

- 
1. It is my/our responsibility to provide the Tohono O'odham Head Start Program with a current dental examination, a current immunization record, and a current physical/well-child exam.
  2. In case of an emergency or if a Parent/Guardian cannot be contacted, the Tohono O'odham Head Start Program may provide basic first aid or contact emergency services for care/transportation if needed.
  3. Tohono O'odham Head Start can provide referral information to parents/guardians for Behavior/Mental Health services.
  4. Tohono O'odham Head Start can provide referral information to other agencies that pertain to the health and well-being of your child.

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


The consent is valid for the duration of my child's enrollment in the current school year.

Parent/Guardian(s) Signature:	Date:	
Head Start Employee Signature:	Title:	Date:



Tohono O'odham  
Head Start Program



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(ren) pick up and drop off.

- *All Individuals listed on the Emergency Contact Form must be 18 years or older.*
- *Please be advised that Head Start Employees will need to see proof of identification before releasing your child(ren).*

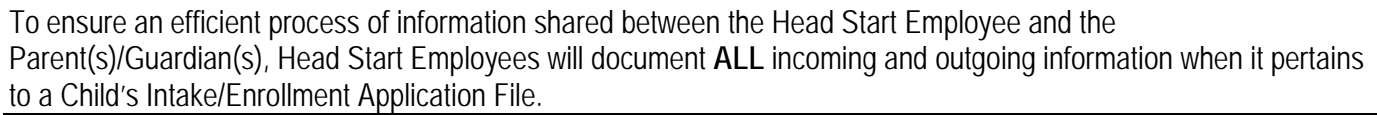
	PRINT NAME	Relationship to Head Start Child	Phone Numbers (Work, Home, Cell)
1			
2			
3			
4			
5			
6			
7			

The Head Start Employee 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 Employee to update all information.

The consent is valid for the duration of my child's enrollment in the current school year.

Parent/Guardian(s) Signature:		Date:
Head Start Employee Signature:	Title:	Date:



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