

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 includes Native American families and others as approved by the Coquille Indian Tribe Tribal Council and the Coquille Indian Tribe Head Start Policy Council.

Child Information

Child's Name _____ Sex _____ Birthdate _____

Diagnosed disabilities or special needs:

Speech Hearing Vision Social development

Family Information

Mother's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Message Phone _____

Father's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Message Phone _____

Child lives with: Mother and Father One Parent Other relative
 Foster family Joint Custody Active Duty Personnel

Child care after school: Yes No

Name of child care provider: _____ Phone _____

Total number in Family _____ **Adults** _____ **Children** _____

Primary language spoken in the home _____

Racial or Ethnic Group

- | | |
|--|---|
| <input type="checkbox"/> White, not of Hispanic origin | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black, not of Hispanic origin | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Other _____ |

Eligibility Information

Child is:

- Enrolled Coquille Tribal Member
Enrollment number _____

- Enrolled Native American (Non-Coquille)
Name of Federally Recognized Tribe _____ and enrollment number _____

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

- Child with a disability

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

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

- Child of parent who is employed by the Coquille Indian Tribe

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.)

- | | |
|--|--|
| <input type="checkbox"/> Services to Children & Families (SCF/CSD) | <input type="checkbox"/> Women’s Crisis Services |
| <input type="checkbox"/> Community Action | <input type="checkbox"/> Legal Aid |
| <input type="checkbox"/> Adult and Family Services | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Education Service District (ESD) | <input type="checkbox"/> Ambit |
| <input type="checkbox"/> South Coast Business Employment Corporation | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> WIC (Women, Infants, Children Nutrition) | <input type="checkbox"/> Other _____ |

Financial Eligibility: To help us determine if your family is eligible for Head Start, we need to know your **GROSS** income for either the past 12 months **OR** your income as entered on last year’s income tax returns. To meet state regulation, a staff member will need to see documentation that shows this.

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	Amount
Gross Wages	\$
Self-Employed Income (after business expenses)	\$
Public Assistance	\$
Child Support	\$
Social Security	\$
Unemployment	\$
Veteran’s Benefits	\$
No Income	\$
Other	\$

	None	Private	OHP	Medicaid	Purchased & Referred Care
Medical Insurance					
Dental Insurance					

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

***Please return your completed application to:
591 Miluk Drive – Coos Bay, OR 97420***

Financial Formula (Staff Use Only)

Income (list by family member):					
Annual Income equals twice a month x 24, monthly x 12, every 2 weeks x 26 OR weekly x 4.					
Family Member	Amount	Per	X	Annual Income	From Whom
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
Total Yearly Income of Family		\$	<input type="checkbox"/> Low <input type="checkbox"/> Over		

Summary/Comments: _____

Child's Name: _____

I have completed a recruitment home visit with the above family and viewed income documentation for enrollment eligibility.

Staff Signature

Date