



TLINGIT & HAIDA HEAD START
 Central Council Tlingit and Haida Indian Tribes of Alaska
 9109 Mendenhall Mall Road Suite 8B
 Juneau, Alaska 99801
 Phone 463-7127/ Fax 463-7388
 1-800-344-1432 Ext. 7127



Eligibility Application School Year 2009-2010

Head of Household:		Parental Status: One parent Two parent	
Date Of Birth:		Sex: M F	
Lives at home: ___ Yes ___ No		Provides financially: ___ Yes ___ No	
Education: 9 or below, 10, 11, HS Grad, GED, some college, Graduate of : Vocational School, College graduate			
Occupation:			
Employment/Income type: Full time, Part Time, Seasonal, Unemployed, Retired, Disabled, School/Training, ATAP/ TANF, SSI, Full Time at Home Parent			
Employer:		Address:	
Were you a teen at the time of the child's birth: ___ Yes ___ No			
Email Address:			
Race/Ethnicity: American Indian Alaska Native Aleut Eskimo Hawaiian Pacific Islander Chinese Cuban White Hispanic Asian Black Mexican Central American Filipino Guamanian Japanese Korean Puerto Rican Samoan Vietnamese Other: _____			
Primary Language:		Secondary Language:	
Citizenship: ___ U.S.A. ___ Other:			
Physical Address:		City:	Zip: <input type="checkbox"/> Mailing same address
Mailing Address:		City:	Alaska Zip:
Home Phone: _____		Cell Phone: _____	
Child Care Name/Address:		Child Care Phone:	
Second Parent/Guardian:			
Date of Birth:		Sex: M F	
Lives at home: ___ Yes ___ No		Provides financially: ___ Yes ___ No	
Education: 9 or below, 10, 11, HS Grad, GED, some college, Graduate of : Vocational School, College graduate			
Occupation:			
Employment/Income type: Full time, Part Time, Seasonal, Unemployed, Retired, Disabled, School/Training, ATAP/ TANF, SSI, Full Time at Home Parent			
Employer:		Address:	
Were you a teen at the time of the child's birth: ___ Yes ___ No			
Race/Ethnicity: American Indian Alaska Native Aleut Eskimo Hawaiian Pacific Islander Chinese Cuban White Hispanic Asian Black Mexican Central American Filipino Guamanian Japanese Korean Puerto Rican Samoan Vietnamese Other: _____			
Citizenship: ___ U.S.A. ___ Other:			
Physical Address: <input type="checkbox"/> Same		City:	Zip: <input type="checkbox"/> Mailing same address
Mailing Address:		City:	Alaska Zip:
Home Phone: _____		Cell Phone: _____	
Child Care Name/Address:		Child Care Phone:	

Child's Name:	Nickname:	Sex: M F				
Date of Birth:	Language spoken:					
Race/Ethnicity: American Indian Alaska Native Aleut Eskimo Hawaiian Pacific Islander Chinese Cuban White Hispanic Asian Black Mexican Central American Filipino Guamanian Japanese Korean Puerto Rican Samoan Vietnamese Other: _____						
Circle all that apply for Head of Household: natural, adopted, foster, guardian, legal custody, relative, step, Other:	Circle all that apply for Second Parent: natural, adopted, foster, guardian, legal custody, relative, step Other:					
Number of people in Immediate Family:	Number of all people in Household:					
Please list all siblings and household member						
Name of other children or Household Members	Sibling: Yes/ No	Household Member: Yes/ No	Sex: M/ F	Date of Birth	Age	Supported by family income: Yes/ No
Annual or Monthly Gross Family income (This application is not complete until income statement is listed) Gross Income (before taxes or deductions): _____ Circle one : Yearly Monthly						
Our Family receives: TANF/ATAP __Yes __No; Social Security Income: __Yes__ No; WIC: __ Yes __ No						
Name of child's clinic /doctor: _____ Name of dentist: _____						
Circle all that apply: No Insurance Medicaid Denali Kid Care Public Health SEARHC Private:						
Is anyone in the household pregnant: __Yes __ No, Who: _____ Estimated Due Date: _____						
How did you learn about Head Start? __family/friend __ radio/paper __ other agency/organization						
I understand a complete application includes:						
_____ Original birth certificate or Tlingit & Haida Enrollment Number						
_____ Current Immunization record						
_____ Tuberculosis Test Result (negative or positive result)						
_____ Income verification: examples are a W-2 form(s), tax record, last 2 pay stubs, TANF/ATAP letter with income, SSI, unemployment, Letter from employer with <u>wage per hour and week or month and length of employment</u>						
_____ Appeal Procedures & Request to Release Information signed and dated (pgs. 3 & 4 of application)						
_____ Physical exam or date scheduled						
_____ Dental exam or date scheduled						
_____ Please include copies of Follow-up care your child has received for health or dental needs such as anemia, cavities, ear infection, hearing or vision care or other needs identified when it has been completed						
I certify the above information is true and accurate. I understand the above information helps determine eligibility and priority; (income must be listed to determine income eligibility per Federal Regulations)						
Parent/Guardian's Signature:						Date:

Head Start and USDA are equal opportunity providers.

Service Referrals to Head Start

If recommended or referred by another agency please check below.

- | | |
|--|--|
| <input type="checkbox"/> WIC | <input type="checkbox"/> JTPA |
| <input type="checkbox"/> OCS | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> ATAP | <input type="checkbox"/> JUMPP |
| <input type="checkbox"/> TANF | <input type="checkbox"/> AWARE |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> SEARHC |
| <input type="checkbox"/> Catholic Community Services | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> Infant Learning Program (ILP) | <input type="checkbox"/> TFYS |
| <input type="checkbox"/> Tlingit & Haida Employment & Training | <input type="checkbox"/> JAMI |
| <input type="checkbox"/> Juneau Youth Services | <input type="checkbox"/> Adult Learning Center |
| <input type="checkbox"/> Public Health | |
| <input type="checkbox"/> AEYC-SEA | <input type="checkbox"/> Other _____ |

Applications are given priority for certain child and family needs, examples include: homelessness, need for food, family separation or divorced, domestic violence history, English as a second language, child or family with disabilities, poor living conditions (explain), death in immediate family, or history of abuse. Please list your family/child needs or concerns:

Homelessness status: ___ Yes ___ No

*The term homeless means individuals who lack a fixed, regular and adequate nighttime residence. This includes children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, poor quality trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.

Is there anything you would like us to know about your child or family?

Important "Appeal Procedures" signature required.

As an applicant, I have read or had read to me the Appeal Procedures on page five and certify that I understand the procedures and agree to abide by them. Please return this signed form with application.

Applicant's Signature : _____ **DATE:** _____

THANK YOU FOR YOUR INTEREST IN HEAD START

Please call if you need further assistance: 1-800-344-1432 Ext. 7127 or 463-7127



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REQUEST TO RELEASE & EXCHANGE INFORMATION AND NOTICE OF CONFIDENTIALITY

Dear Parents/Guardians:

In order to provide your family with the best possible services, it may be necessary to share information with others that serve your family and child. For example, for Head Start eligibility, we need to have income statements from ATAP or TANF, and for kindergarten enrollment you may want us to send your child's immunization records. To do this legally, we need to have your approval. This Request to Release and Exchange information form allows us to share this information between programs.

All the information we have about your family is kept confidential and released only when you give us permission. Parents and legal guardians of Head Start children have the right to access their own children's files at the Head Start center as well as at the Head Start Central office located in Juneau, Alaska.

Child's Name: _____

Date of birth ___/___/___

Head of Household: _____

Second parent/Guardian Name: _____

I request the following information for me or my child to be released and exchanged between Tlingit & Haida Head Start and:

- Alaska Temporary Assistance Program (ATAP) Benefits – Case #: _____
- Temporary Assistance for Needy Families (TANF) Case #: _____
- Supplemental Security Insurance (SSI) Benefits – Case #: _____
- State Disabilities Assistance Benefits – Case #: _____
- T & H Vocational Rehabilitation Program: _____
- Proof of Wages and salaries from employer – Place of Employment: _____
- Dental Records at SEARHC or other Clinic: _____
- Medical Records at SEARHC, WIC, or other Clinic: _____
- Child records at Infant Learning Program or other program: _____
- Child's developmental screening and assessment information at: _____
- Child's immunization and TB test records at SEARHC or: _____
- Child's Individualized Education Plan (IEP or IFSP): _____
- Child's Individual Learning Plan records: _____
- Other: _____

This release and exchange of information is valid for 15 months - March 2009 to June 2010.

Parent Signature: _____ **Date:** _____

Second Parent Signature: _____ **Date:** _____

HEAD START CHILD ENROLLMENT/APPLICANT APPEAL PROCEDURES

Head Start and USDA are equal opportunity providers.

Parent, please keep this form.

Decisions made by Tlingit & Haida Head Start staff may be appealed. Enrollment determinations are made based on program policies and procedures, National Head Start Performance Standards and required official documents. Clients have twenty one (21) days after date of the determination to register an appeal.

Clients who feel a determination is not fair and equitable may appeal through the following process:

- STEP 1: **Enrollment Coordinator:** You may register an appeal to a decision made regarding your child’s enrollment by completing the box below and sending this to the Enrollment Coordinator within twenty one days of the date the decision. The Enrollment Coordinator will explain the reason for the determination and what it was based on within ten days.

- STEP 2: **Head Start Director:** If you are unsatisfied with the Enrollment Coordinator’s decision, you may submit a copy of the appeal by addressing it to the Head Start Director and date you send it, this must be within ten (10) days from date of the Enrollment Coordinators explanation. The Head Start Director has ten working days from the date he/she receives the appeal to review documentation and determination, then to respond to applicant.

- STEP 3: **Appeal Committee:** If an applicant is not satisfied with the Head Start Director’s decision you may resubmit an “unsatisfied appeal” to the Appeal Committee within fifteen days of the date the Head Start Director’s response. The Appeal Committee will consist of the Head Start Director, Tlingit & Haida President or his/her representative and a Head Start Policy Council Member. The Appeal Committee will notify the applicant of their decision within ten working days of the receipt of the unsatisfied appeal.

All decisions made by the Appeal Committee are final.

Enrollment determinations are based on program policies and procedures, Head Start Performance Standards and the required official documents. An applicant has twenty one days from the date of a decision to register an appeal.

APPLICANT’S WRITTEN APPEAL

Include: Who made the decision you are appealing? What was the decision? When was the Decision made? Do you wish to have documents reviewed with your appeal? If so, please attach. Please include what relief you are seeking.

Note: all the application documentation originally received from and sent to the family will be included in the each step.

(Use back of form or new sheet if more space is needed)

Applicant’s Signature (sign at time of appeal)

Date of appeal

___ more pages