



**Eligibility Application**

<b>Family Type: One parent Two parent</b>				
<b>Family Information</b>				
<b>Parent/Guardian (or other adult) First</b>	<b>Parent/Guardian (or other adult) Last</b>	<b>Gender</b> M    F	<b>Birthdate</b> ___/___/___	<b>Relationship to Child</b>
<b>Email</b>	<b>Education: 9 or below, 10, 11, HS Grad/GED, Some college/Vocational School, College Grad</b>			
<b>Race/Ethnicity: American Indian/Alaska Native, Hawaiian, Pacific Islander, Chinese, Cuban, White, Hispanic, Asian, Black, Mexican, Filipino, Japanese, Korean, Puerto Rican, Samoan, Vietnamese, Other:</b>				
<b>Primary Language</b>		<b>Secondary Language</b>		
<b>Physical Address</b>		<b>City</b>	<b>Zip</b>	<input type="checkbox"/> Mailing same
<b>Mailing Address</b>		<b>City</b>	<b>Zip</b>	
<b>Home Phone</b>	<b>Cell</b>	<b>Work</b>	<b>Child Care</b>	
<b>Child Care Name/Address</b>				
<b>Employer</b>	<b>Address</b>		<b>Occupation</b>	
<b>Employment/Income Type: Full Time, Part Time, Seasonal (___ number of months), Unemployed, Retired, Disabled, School/Training, ATAP/TANF, SSI, At Home Parent</b>				
<b>Provides financially; ___ Yes ___ No</b>				

<b>Parent/Guardian (or other adult) First</b>	<b>Parent/Guardian (or other adult) Last</b>	<b>Gender</b> M    F	<b>Birthdate</b> ___/___/___	<b>Relationship to Child</b>
<b>Email</b>	<b>Education: 9 or below, 10, 11, HS Grad/GED, Some college/Vocational School, College Grad</b>			
<b>Race/Ethnicity: American Indian/Alaska Native, Hawaiian, Pacific Islander, Chinese, Cuban, White, Hispanic, Asian, Black, Mexican, Filipino, Japanese, Korean, Puerto Rican, Samoan, Vietnamese, Other:</b>				
<b>Primary Language</b>		<b>Secondary Language</b>		
<b>Physical Address</b> <input type="checkbox"/> same as above		<b>City</b>	<b>Zip</b>	<input type="checkbox"/> Mailing same
<b>Mailing Address</b> <input type="checkbox"/> same as above		<b>City</b>	<b>Zip</b>	
<b>Home Phone</b>	<b>Cell</b>	<b>Work</b>		
<b>Employer</b>	<b>Address</b>		<b>Occupation</b>	
<b>Employment/Income Type: Full Time, Part Time, Seasonal (___ number of months), Unemployed, Retired, Disabled, School/Training, ATAP/TANF, SSI, At Home Parent. Provides financially; ___ Yes ___ No</b>				

<b>Child Information</b>				
<b>Child First</b>	<b>Child Last</b>	<b>Nickname</b>	<b>Gender</b> M    F	<b>Birthdate</b> ___/___/___
<b>Race/Ethnicity: American Indian/Alaska Native, Hawaiian, Pacific Islander, Chinese, Cuban, White, Hispanic, Asian, Black, Mexican, Filipino, Japanese, Korean, Puerto Rican, Samoan, Vietnamese, Other:</b>				
Does this child have a suspected disability or special need? <input type="checkbox"/> Suspected <input type="checkbox"/> No				
Does this child have a current IEP/IFSP from an Agency or School District? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what School District or other Agency?				

<b>Number of people in immediate Family:</b>		<b>Number of people living in household:</b>	
Names of other children and family/household members living in your household	Gender M F	Birthdate	Relationship to Child

Our Family Receives <b>TANF/ATAP</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SSI</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>WIC</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of child's clinic/doctor		Name of child's dentist
<b>Circle all that apply;</b> No Insurance Medicaid Denali Kid Care Public Health SEARHC Private:		
Is anyone in the household pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated due date
<b>How did you learn about Head Start?</b> Family/Friend Radio/Newspaper Other agency/Organization If referred by another agency, Who?		

**I understand a complete application includes the following:**

Original birth certificate or Tribal Enrollment card

Current Immunization record

Tuberculosis (TB) test result

Income verification: examples are a W-2 form, Tax record, last two paystubs, ATAP/TANF printout, SSI, Unemployment letter, Letter from employer with wage per hour and how often paid

Appeal Procedures & Request to Release Information Signed and dated (pgs. 3 & 4)

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

Application are given priority for certain child and family needs, examples include: homelessness, need for food, family separation or divorce, 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 child/family 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**

I have read or had read to me the Appeal Procedures on page four and certify that I understand the procedures and agree to abide by them.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# TLINGIT & HAIDA HEAD START

Central Council Tlingit and Haida Indian Tribes of Alaska  
9301 Glacier Hwy., Suite 110  
Juneau, Alaska 99801  
Phone 463-7127/Fax 463-7388  
1-800-344-1432 Ext. 7127



## 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 worker: \_\_\_\_\_
- Temporary Assistance for Needy Families (TANF) Case worker: \_\_\_\_\_
- 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's immunization and TB test records at SEARHC or: \_\_\_\_\_
- Child records at Infant Learning Program or other program: \_\_\_\_\_
- Child's developmental screening and assessment information at: \_\_\_\_\_
- Child's Individualized Education Plan (IEP or IFSP) from Local Education Agency (LEA): \_\_\_\_\_
- Child's Treatment Plan or Behavioral Plan: \_\_\_\_\_
- Child's Individual Learning Plan records: \_\_\_\_\_
- Other: \_\_\_\_\_

**This release and exchange of information is valid for 15 months from the date below.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Second Parent/Guardian 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: **ERSEA Technician:** 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 a 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.

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

\_\_\_\_\_  
Parent/Guardian Signature (sign at time of appeal)

\_\_\_\_\_  
Date of appeal

\_\_\_ more pages

# Tlingit and Haida Head Start

## DENTAL EXAMINATION REPORT

CHILD'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HEAD START SITE: \_\_\_\_\_

Child is a regular patient at this office:  Yes  Episodic  First visit with this office

### Diagnostic and Preventive Procedures Performed:

Clinical Examination  Dental Cleaning  Fluoride application  X-Rays

Caries Risk Status:  High  Moderate  Low

### Current Oral Health Status:

Cavities: \_\_\_\_\_ (how many)

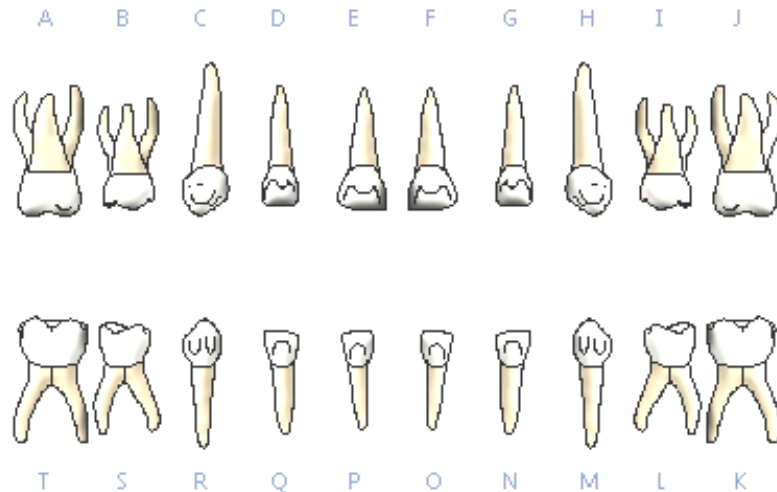
Gums and supporting tissues:  Healthy  Mild Gingivitis  Moderate Gingivitis  Severe Gingivitis

Other Findings: \_\_\_\_\_

### Recommendations:

No further treatment needed at this time. Return to clinic in \_\_\_\_\_ months for an examination.

Additional treatment is required.



\_\_\_\_\_  
Dentist Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Name, Address, City

\_\_\_\_\_  
Phone Number

