Thrivalaska Head Start Birth to Five

Enrollment Application Information

Program Services/Options

Full Day Head Start For families who are engaged in a qualified event (job or school) as defined by Child Care Assistance for at least6 hours per day, Monday through Thursday and have children 3 years to 5 years old. Family must also receive childcare assistance. Full Day (7:15 a.m. - 5:15 p.m.) Monday-Thursday Full Year with the following breaks: • July 4th • Thanksgiving • Winter break **Free, Part-Day Head Start** (4 and 6 1/2 hour class) Monday-Thursday Part-Year (Sept. – May)	**Early Head Start** For families who are engaged in a qualified event (job or school) as defined by Child Care Assistance for at least 6 hours per day, Monday through Thursday and have children birth to five years old. Family must also receive childcare assistance. Full Day (7:15 a.m. - 5:15 p.m.) Monday-Thursday Full Year with the following breaks: • July 4th • Thanksgiving • Winter break

The following must be completed for your Application to be considered in the waiting pool:

- ☐ **Completed and signed Application**
- ☐ **Proof of Income for the past 12 months (verification of W-2, pay stubs, LES, Cash Assistance, Child Support etc.)**
- ☐ **Copy of your Child's Birth Certificate (or another document showing date of birth such as Denali KidCare card)**
- ☐ **Copy of your Child's Immunization Record**
- ☐ **Copy of your Child's IFSP or IEP (if applicable)**

Drop off or mail the above information to:
Thrivalaska Birth to Five Head Start
1949 Gillam Way
Fairbanks, AK 99701

Once your application is processed it will be placed in the waiting pool to be considered for enrollment opportunities. A point system or selection process is used to determine enrollment. To ensure your child is ready to be enrolled at the time an opportunity is offered to you, it is important to turn in a copy of the following or schedule appointments for the following Health Goals:

Health Goals

Our staff is able to assist you and your family in meeting the following Health Goals required by Head Start. Family Advocates and the Health Coordinator can provide a list of providers and resources to partner with you to ensure your child has each of these five Health Screenings before entering the program.

1. Up-to-date Immunizations (according the State of Alaska Requirements)
2. Lead Screening (for Head Start children only – Fairbanks Regional Public Health Center provides this screening for free)
3. Well Child/Physical Exam (within the last 12 months for Head Start children and more frequent for infants and toddlers)
4. Dental Exam (within the last 12 months for Head Start children and more frequent for infants and toddlers)
5. TB test (once between ages 1-2 years for Early Head Start and once between ages 3-5 years for Head Start)

Please keep this page for future reference

Head Start Birth to Five

Please check the program options you are applying for.

___ Head Start Part Day ___ 7:45-11:45 or ____12:15-4:15 or ___ 7:45-2:15 class Monday-Thursday

___ Head Start Full Day/Full Year: For families who are engaged in qualified job or school as defined by Child Care Assistance for at least 6 hours per day, Monday through Thursday with children 3-5 years. Family must also receive child care assistance. **7:15-5:15 Monday-Thursday**

___ Early Head Start Full Day/Full Year: For families who are engaged in qualified job or school as defined by Child Care Assistance for at least 6 hours per day, Monday through Thursday with children birth to three years. Family must also receive child care assistance. **7:15-5:15 Monday-Thursday**

Family Information

	Primary Parent/Guardian (If applicable)	**Secondary Parent/Guardian (If applicable)**
Name (First & Last):		
Date of Birth:		
Relationship to Child:		
Gender:		
Living Address:		
Mailing Address:		
Phone:	Home:	Home
	Cell:	Cell:
	Work:	Work:
	E-mail:	E-mail:
Language Spoken at Home:		
Current Employment Situation (circle all that apply):	Full Time (30 + hours) Part-time (29 hours or less) Stay at home parent Unemployed In Job-training program: _____ College student: _____Credit Hours Self –employed (please specify): _____ Actively seeking employment Unable to work due to disability Other (please specify): _____	Full Time (30 + hours) Part-time (29 hours or less) Stay at home parent Unemployed In Job-training program: _____ College student: _____Credit Hours Self –employed (please specify): _____ Actively seeking employment Unable to work due to disability Other (please specify): _____
Enrolled in School?	☐Yes ☐No Where? _____	☐Yes ☐No Where? _____
Last Level of Education Completed in School (please circle):	Less than a high school graduate High school graduate or GED Associate degree Vocational school Some college Advanced degree or baccalaureate degree	Less than a high school graduate High school graduate or GED Associate degree Vocational school Some college Advanced degree or baccalaureate degree

Are you are currently pregnant with the child you are applying for?
Due Date: _____
Are you receiving prenatal services? ___ Yes ___ No
Is this a High Risk pregnancy? ___ Yes ___ No Are you expecting a multiple birth (twins)? ___ Yes ___ No

Child Information

First Name:	Last Name:
Name Child goes by/is called:	Date of Birth:
Gender: ☐Male ☐Female	Place of Birth:
Type of Health Insurance:	Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino
Doctor/Clinic:	Race (check all that apply): ☐ Black or African American ☐ Alaska Native ☐ American Indian ☐ White ☐ Asian ☐ Native Hawaiian or Pacific Islander Other: _____
Dentist:	

Does your child live in a home with: ☐One Parent ☐Two Parents ☐Foster Parents ☐ Other _____
Has your child been enrolled in Early Head Start or Head Start before? ☐Yes ☐ No
If yes, where and when: _____
Was your child born at 36 weeks or less or had a birth weight of less than 3 lbs. and 4oz.? ☐Yes ☐No
Does your child have a chronic health condition or is medically fragile? ☐Yes ☐ No If yes please explain:
_____

Do you or anyone else have any concerns about this child's overall health, development, learning or behavior?
☐Yes ☐No If yes, please describe: _____
_____
Has anyone referred you or recommended Head Start or Early Head Start? ☐Yes ☐ No
If yes, who: _____

Has your child received any developmental screenings, assessments or evaluations for their health, development, or for early intervention or special education services? Yes No ☐ If yes, ☐please describe:
_____
If yes, did the evaluation result in eligibility for your child to receive services such as speech, occupational therapy or special education?☐ Yes ☐ No ☐ Unsure
Does your child have a current IFSP (Individualized Family Service Plan) or IEP (Individualized Education Plan)?
☐Yes ☐No ☐ Unsure ☐Not at this time but has in the past

If your child has an IFSP or IEP please provide a copy and attach to this application.

Adults and Children in the Home

Name	Birthday	Gender	Relationship to Child	Employer	Employment Status FT PT Seasonal Unemployed Other

Total Number of People in Household:_____ In Family:_____Children age 0-3_____Children 4-5_____

How did you hear about our program? _____

Family Strengths & Risk Factors

The next questions include topics that are more sensitive. Please share as much information as you are comfortable giving at this time. These are questions we ask of any family applying for our program to better understand family strengths and risk factors. These questions also help us to determine points for your application.

All information in this application is kept confidential.

Have you or your child witnessed alcohol or drug abuse in your household? ☐Yes ☐No

Has your child witnessed physical or verbal violence in your household? ☐Yes ☐ No

Are you homeless? (living in a shelter / temporarily living with family or friends) ☐Yes ☐No

Have you experienced difficulty in the past with keeping a house or an apartment? ☐Yes ☐No

Does any family member living in your home have a documented disability? ☐Yes ☐ No If yes, who _____

Is this family member receiving SSI (Supplemental Security Income) for disability? ☐Yes ☐ No

Does either parent experience mental health issues? ☐Yes ☐No

Does your child have an incarcerated parent? ☐ Yes ☐No

Does your child have a deployed parent? ☐ Yes ☐No

Has your family worked with OCS or Child Protective Services? ☐Yes ☐ No

Does your family currently have an OCS or Child Protective case worker? ☐Yes ☐No If yes, who _____

Does OCS currently have custody of your child? ☐ Yes ☐ No

Is there a Custody or Restraining Order in place or pending? ☐Yes ☐ No (If yes, please provide documents)

Have there been any other serious events, which have put stress on your family recently? If yes, explain: _____

_____

Does your child have a sibling who is currently enrolled in Early Head Start or Head Start? ☐ Yes ☐No

Does your child have a sibling who was enrolled in Early Head Start or Head Start? ☐ Yes ☐ No

What type of transportation do you use? ☐ my car ☐ bus ☐ family/neighbors ☐ Other: _____

Are other community agencies providing services/assistance to you or anyone living in your home? (check):

☐Medicaid/Medicare, ☐WIC, ☐ Food Stamps, ☐ TANF/ASAP (cash public assistance), ☐ Child Support, ☐ OCS

☐ Housing Assistance, ☐ Unemployment, ☐Foster Care, ☐Child Care Assistance, ☐ RCPC, ☐Food Bank, Literacy

☐ Council, ☐ Parents As Teachers, ☐ ALPA, ☐ Fairbanks Counseling & Adoption,☐ Fairbanks Behavioral Health

☐Other(s)_____

Do you have a plan or goals established with any agencies above? ☐Yes ☐No If yes, explain: _____

_____

I have read this application form and understand it. I certify that the above information, including income verification is, to the best of my knowledge, true and complete.

Signature of Applying Parent/Guardian _____Date _____

(Printed Name) _____

I hereby authorize the exchange of the following confidential information:

☐ Education ☐ Medical/Dental ☐ Mental Health ☐ Speech/Language ☐ Audiological Other_____ _____ ,

regarding the above named child between Thrivalaska Head Start Birth to Five and:

Name:_____

Address:_____

Phone:_____

Permission is given from the date of signature through the time my child is enrolled unless otherwise stated.

Parent/Guardian Signature: _____ Date: _____

Childcare Information

Are you currently working or going to school for more than 30 hours per week? ☐Yes ☐No

What hours do you need childcare from? Start: _____ End: _____

Are you already receiving childcare subsidy? ☐ Yes ☐ No

If yes, check one: ☐ CCA (Childcare Assistance) ☐ DPA (Department of Public Assistance) ☐ TCC (Tanana Chiefs Conference)

☐ OCS (Office of Children Services) ☐ NACCRA (National Association of Child Care Resource Agency)

Is your child currently attending a childcare center or home provider? ☐ Yes ☐ No

My child is currently enrolled at : _____

I hereby authorize the exchange of information regarding the above named child between

Thrivalaska Head Start Birth to Five and:

☐ CCA

☐ DPA

☐ TCC

☐ OCS

☐ NACCRA.

Permission is given from the date of signature through the time my child is enrolled unless otherwise stated.

Parent/Guardian Signature: _____ Date: _____

Income Verification Worksheet

Please use this worksheet to determine your family's total income. Income means total cash receipts before taxes from all sources for the twelve months immediately proceeding the month of the application or for the calendar year of the proceeding year, whichever more accurately reflects your income.

You will be asked to present documents verify income.

Head Start defines family as all persons living in the same household who are:

1. Supported by the income of the parent(s) or guardian(s) of the child enrolling, and

2. Related to the parent(s) or guardian(s) by blood, marriage, or adoption. 45 CFR 1305.2(e).

Type of Income	Document Resource (W-2, tax return, pay stub, letter)	Earner #1	Earner #2	Total for Household
Wages				
Wages				
Social Security				
Unemployment				
Worker's Compensation				
Veteran's Benefits				
TANF				
Supplemental Security Income				
Other Public Assistance				
Training Stipends				
Alimony, child support or other regular support from an absent family member				
Private pensions, retirement pay, assistantships				
College scholarships, grants, fellowships (Do not include loans)				
PFD, dividends, interest, gambling or lottery winnings				
Basic Pay for active duty or reserves, include COLA, Special Pay, Bonuses, Incentive Pay (unless paid for service in a combat zone)				
Grand Total				