Staff use only: *Age: _____* *Income: _____* *Points: _____* *Date received: _____*

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

☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin
☐ American Indian
☐ Alaskan Native
☐ Hispanic
☐ Asian
☐ Pacific Islander
☐ 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.)

- ☐ Services to Children & Families (SCF/CSD)
- ☐ Community Action
- ☐ Adult and Family Services
- ☐ Education Service District (ESD)
- ☐ South Coast Business Employment Corporation
- ☐ WIC (Women, Infants, Children Nutrition)
- ☐ Women's Crisis Services
- ☐ Legal Aid
- ☐ Health Department
- ☐ Ambit
- ☐ Mental Health
- ☐ 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		$		☐ Low ☐ 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