Date Received	
Staff Initial:	

Coquille Indian Tribe Head Start Program <u>Enrollment Application</u> 2022-2023

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

Birthdate Boster family D.O.B			
D.O.B			
D.O.B			
D.O.B			
Zip			
Work Phone Message Phone			
D.O.B			
Zip			
ssage Phone			
Phone			

List all other children living in the home:

Name	Birthdate
Does your family receive services from any of (Check those that apply.)	of the following agencies?
Services to Children & Families (SCF/CSD) Women's Crisis Services
Oregon Coast Community Action	Legal Aid
Adult and Family Services	Health Department
☐ Education Service District (ESD)	☐ SNAP
South Coast Business Employment Corpora	tion Mental Health
WIC (Women, Infants, Children Nutrition)	Other
Racial or Ethnic Group	
White, not of Hispanic origin	Hispanic
Black, not of Hispanic origin	Asian
American Indian	Pacific Islander
Alaskan Native	Other
Eligibility Information (please check all that	apply)
Child is:	
☐ Enrolled Coquille Tribal Member Enrollment number	
Enrolled Native American (Non-Coquille) Name of Federally Recognized Tribe Enrollment number	
Legally step or adopted child three to five home.	years of age living in a Coquille Indian Tribal/Native American
☐ In foster care.	

Child with a disability.						
Child who resides in Kilk	cich Communi	ty (Coquille I	ndian Tribe rese	rvation land).		
Child legally placed in a	Coquille India	n Tribal home	through the Co	quille Indian Tr	ibal Court.	
Child of parent who is en	nployed by the	Coquille Indi	an Tribe.			
· ·	-	•	•	_	Start, we need to known last year's income tax	
Examples: Income to documentation that sl		-		-	atement from employer	
Types	of income		Amount			
Gross Wages			\$			
Self-Employed Income (after business expenses)			\$			
Public Assistance	Public Assistance		\$			
Child Support		\$				
Social Security	Social Security		\$			
Unemployment		\$				
Veteran's Benefits		\$				
No Income		\$				
Other		\$				
	None	Private	ОНР	Medicaid	Purchased & Referred Care	
Medical Insurance						
Dental Insurance						
have read this application for the best of my knowledge.		stand it. I veri	fy that all infor	nation and docu	mentation are accurate	
Signature				Date		
	To return	your com	pleted applic	cation:		
Orop-off box 591 Miluk Drive	U.S. Mail Coquille Tribe Head		Start	Fax 541-888-2561		

Coos Bay

PO Box 3190 Coos Bay, OR 97420