

Bristol Bay Native Association Head Start Application

PLEASE FILL OUT COMPLETELY TO BE CONSIDERED FOR ENROLLMENT

1. Child's Legal Name: _____ Nickname: _____

2. Child's Social Security #: _____ Sex: () Male () Female Birthdate: _____

3. Languages Spoken (1st) _____ (2nd) _____

4. Ethnicity: () Black (not of Hispanic origin) () Hispanic () White (not of Hispanic origin)
() American Indian/Alaskan Native () Asian/Pacific Islander () Other _____

5. Parent(s)/Guardian(s): _____ Family Last Name: _____

6. Mailing Address: _____ City/Zip: _____

Home Phone: _____ Message: _____ Work: _____

E-mail address: _____

7. Parental Status: () One Parent () Two Parent () Foster () Other: _____

8. Number of persons in family: _____ Number of persons in household: _____

9. Number of children in household: _____ Age Birth to 3: _____ Age 4-5: _____ Age 6 or older: _____

10. Do you receive any TANF services? () Yes () No TANF# _____

11. Does anyone in the household receive SSI: () Yes () No SSI# _____

12. Food Stamps () Yes () No #: _____

13. Health Insurance: () Yes () No Carrier: _____
Indian Health Services: () Yes () No Denali Kid Care: () Yes () No #: _____ Date Enrolled _____
Medicaid: () Yes () No #: _____ Date Enrolled _____ WIC: () Yes () No

14. Does child have a disability, special need, or significant health issue? () No () Yes () Suspected
Describe. If a disability has been diagnosed, give date and source: _____

15. Was child referred to Head Start? () No () Yes By Whom? _____

16. Applicants that have high risk social needs are given priority for enrollment. Please check any special needs or concerns that you have. (Optional) () Domestic Violence () Multiple family household () Deployed Parent (Current or returned)
() Abuse & Neglect () Death or serious illness in immediate family () Alcohol or drug abuse

**17. TOTAL GROSS ANNUAL INCOME:
ATTACH A COPY OF DOCUMENTATION OF YOUR INCOME TO BE CONSIDERED FOR ENROLLMENT.**

18. CERTIFICATION: I certify that this information is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature: _____ Date: _____

**BBNA Head Start does not discriminate on the basis of race, sex, age, color, ethnic or national origin, cultural affiliation, citizenship, religious belief or disability.

FOR OFFICE USE ONLY

1) FA _____ Date _____ 2) F&CP _____ Date _____ 3) CP _____ Date _____ 4) Filed _____ Date _____

Child Eligible Next Year? _____