**Eligibility for Head Start School Year**

**20\_\_-20\_\_**

[ ]  - **3-Year Old** [ ]  - 4**-Year Old**

**Application Received**

**Date**  Click or tap here to enter text.

**Time**  Click or tap here to enter text.

**Staff Initials** Click or tap here to enter text.

**Stockbridge-Munsee Community | Electa Quinney Head Start**

**CHILD APPLICATION AND ELIGIBILITY VERIFICATION**

**Parent/Guardian Name:** Click or tap here to enter text. **Child’s Full Name:** Click or tap here to enter text.

**Sex:** [ ]  - Male [ ]  - Female  **Date of Birth:** Click or tap here to enter text.

**Physical Address:** Click or tap here to enter text. **Mailing Address:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text. **Work:** Click or tap here to enter text. **Message:** Click or tap here to enter text.

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING DOCUMENTS**

* **Tribal Affiliation (Tribe) and Preference** (Check the Box Below)

[ ]  - Stockbridge-Munsee/Enrolled [ ]  - Direct Descendant [ ]  - 2nd Descendant [ ]  - 3rd Descendant

[ ]  - Other Native Click or tap here to enter text. [ ]  - Non-Native

**Verified by Staff:** Click or tap here to enter text.

* **Copy of Birth Certificate** [ ]  - Yes [ ]  - No **Verified by Staff:** Click or tap here to enter text.
* **Special Education Services**

Has your child been referred for Special Educational Services or have an IEP? [ ]  - Yes [ ]  - No (If yes, provide copy of child’s IEP) **School District:** Click or tap here to enter text.

[ ]  - Speech/Language

[ ]  - Cognitive Delay [ ]  - Physical Disability Explain: Click or tap here to enter text.

**Verified by Staff:** Click or tap here to enter text.

* **Income Verification**

Include **all gross cash income, earned income**, 1040 Tax Statement, Pay Stubs, Military Income, Veteran Benefits, TANF/Public Assistance Benefits, W2, Foster/Kinship Care Subsidy, SSI, Social Security, Unemployment Compensation, Pensions, Child Support, Alimony, Zero-Income Statement or Employer Written-Income Statement.

[ ]  - 1040 Tax Statement [ ]  - W2 [ ]  - Unemployment

[ ]  - Pay Stub or Pay Envelopes [ ]  - SSI Documentation [ ]  - Social Security

[ ]  - TANF/Public Assistance Documentation [ ]  - Foster/Kinship Care Reimbursement

[ ]  - Declaration of No Income [ ]  - Employer Written-Income Statement

**Verified by Staff:** Click or tap here to enter text.

* **Proof of Residency**

Provide **at least 3** of the following documents: Valid WI Driver’s License/ID, Rental Agreement/Lease, Current Utility Bill, or Current Documentation from Above Income Source with Address.

[ ]  - Social Security [ ]  - Veteran’s Administration [ ]  - WI Works

 [ ]  - Economic Support [ ]  - WI Shares/SNAP [ ]  - Medicare/Medicaid

 [ ]  - Federal/State Tax Documents

**Verified by Staff:** Click or tap here to enter text.

[ ]  - I authorize Stockbridge Munsee Community Head Start Selection and Program Self-Assessment Committees to review the above documentation/verification materials and my child’s file. These committees agree to protect all confidential information.

**Parent Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

* **Name of All Other Adults in the Household and Their Relationship to Child**

Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

* **Name and Date of Birth of All Other Children in the Household**

Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

* **Do you have concerns about your child’s health/development?** [ ]  - Yes [ ]  - No [ ]  - Unsure

Click or tap here to enter text.

* **My Child has Medical Insurance** Click or tap here to enter text.
* **Please Check the Community Resources Used by Your Family (Check All that Apply)**

[ ]  - SNAP/Food Share [ ]  - Medical Transport [ ]  - WIC [ ]  - TANF

[ ]  - WHEAP Energy Assistance [ ]  - Food Distribution [ ]  - Community Housing [ ]  - Head Start

[ ]  - Housing Assistance [ ]  - Mohican Family Services [ ]  - Healthy Start [ ]  - Behavioral Health

[ ]  - Child Care (W2-CC, CCDF, Tribal) [ ]  - Other: Click or tap here to enter text.

* **Family Status/At-Risk Criteria (Please Check All that Apply)**

[ ]  - Teen Parent [ ]  - Single Parent [ ]  - Disabled Parent/Guardian

[ ]  - Unemployment [ ]  - Indian Child Welfare [ ]  - Foster/Kinship Care

[ ]  - Substance Abuse [ ]  - Health Concerns [ ]  - Grandparents Raising Grandchild

[ ]  - Child Behavior Concerns [ ]  - Relative/Guardian Raising Child [ ]  - Incarcerated Parent

[ ]  - Incarcerated Parent [ ]  - Domestic Violence [ ]  - Mental Health (Parent/Guardian/Child)

[ ]  - Recent Death of Immediate Family Member [ ]  - Other/Special Circumstances: Click or tap here to enter text.

* **Parent/Guardian Educational Background and Occupation**

**Name:** Click or tap here to enter text. **Relationship to Child:** Click or tap here to enter text.

[ ]  - High School [ ]  - GED [ ]  - College [ ]  - Trade School Degree: Click or tap here to enter text.

**Name:** Click or tap here to enter text. **Relationship to Child:** Click or tap here to enter text.

[ ]  - High School [ ]  - GED [ ]  - College [ ]  - Trade School Degree: Click or tap here to enter text.

**CERTIFICATION:** [ ]  I certify that the attached information is true and accurate to the best of my knowledge. I understand that this information is contained within the Head Start Agency and I will have access to this information during business hours.

**Parent Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**Parent Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**FOR HEAD START USE ONLY**

**1st Verification**

 **Date Application Received**: Click or tap here to enter text.

**Income Eligible** [ ]  - Yes [ ]  - No

**Over Income** [ ]  - Yes [ ]  - No

**Special Needs** [ ]  - Yes [ ]  - No

**Explanation** Click or tap here to enter text.

**Head Start Policy Council Review** Click or tap here to enter text.

**Acceptance Date**  Click or tap here to enter text.

**Wait List Date** Click or tap here to enter text.

**Denial Date** Click or tap here to enter text.

**Date Parent Notified of Acceptance Status** Click or tap here to enter text.

**Approval Head Start Director** Click or tap here to enter text.

**Date** Click or tap here to enter text.