

Dear Siletz Tribal Head Start Applicant,

Thank you for your interest in the Siletz Tribal Head Start program. We are currently accepting applications for the school year for all children at the ages of 3 and 4. **Our Head Start Program has four Head Start Centers; the locations are; Siletz in Lincoln County, Salem in Marion County, Springfield in Lane County and Portland in Multnomah County.** You do not need to be Native American to apply. Please complete the attached enrollment application and return it as soon as possible to **Siletz Tribal Head Start PO Box 549 Siletz, OR 97380**. You will be notified during the month of **August** if your child was accepted into the program or placed on our waiting list.

Every effort is made to provide daily transportation for all children enrolled in our program. However, due to considerations such as distance, time and appropriate practice, you could be asked to self-transport should it be necessary to maintain a safe, efficient bus route.

Please return the following documents with your completed application:

1. **Documentation of family income from all sources**, it may consist of:
 - a. Current payroll check stub(s) for one month; **b.** TANF award statement or copy of current check; **c.** Foster care award statement or copy of check; **d.** Annual income tax or W-2 statement(s); **e.** Self employment or business statement; **f.** Social Security or SSI award statement; **g.** Unemployment benefit statement or copy of check. **(Note: -BEFORE- your child can even be considered for enrollment, you must provide verification of your income.)**
2. If applicable, **documentation of child's enrollment or descendency in a federally recognized Indian Tribe**, it may consist of:
 - a. Copy of Tribal I.D; **b.** Certificate of Indian Blood (CIB); **c.** For descendency copy of Tribal ID, CIB or other documentation that verifies enrollment of parent, grandparent, great-grandparent, etc. and birth records which show lineage back to child. **(Note: Verification must be received before enrollment preference can be given.)**
3. If applicable, **documentation of child's diagnosed disability**, it may consist of:
 - a. Copy of Individual Family Service Plan (IFSP); **b.** Letter or statement from qualifying agency stating your child's meets this definition; **c.** Letter or note from physician or other qualified health provider. **(Note: Verification must be received before enrollment preference can be given.)**
4. **Copy of Child's Immunization Record.** (Note: This is required before any child could attend class.)
5. **Completed health, physical exam summary**, signed and dated by Physician. (Note: This is required within 45 days **-AFTER-** the child is enrolled.)

For your application to be fully complete, all of the above items should be attached. If you have any questions please feel free to contact Head Start by telephone at 1-800-922-1399 x 363 or (541) 444-8363.

In Partnership with Families
DeAnn Brown, Director
Siletz Tribal Head Start