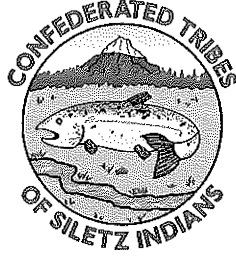


TO MAKE SURE YOUR CHILD'S HEAD START APPLICATION IS COMPLETE PLEASE BE SURE TO DO THE FOLLOWING:

- 1. VERIFY YOUR APPLICATION.** You must either have a Face-to-Face interview or telephone interview with a Head Start staff person who will verify with you the information on your application.
- 2. SCHEDULE A PHYSICAL EXAM OR DENTAL EXAM FOR YOUR CHILD.** Over the summer months (June, July or August) please schedule a physical and dental exam for your child and let us know the dates.
- 3. SEND IN DOCUMENTATION OF YOUR INCOME.** It is a mandatory requirement that we verify your income.

If you have questions please contact us at 541-444-2450 or 1-800-922-1399 and ask for Head Start.



Confederated Tribes of Siletz Indians

P.O. Box 549

Siletz, Oregon 97380

(541) 444-2532 • 1-800-922-1399 • FAX: (541) 444-2307

Dear Family,

Thank you for your interest in our Head Start Program. We are currently accepting applications for the 2021-2022 school- year. Our Head Start has **classrooms in Siletz, Salem, Portland and Lincoln City**. You do not have to be Native American to attend our program. We will notify families in **June 2021** if they were selected. Please turn in your application as soon as possible.

New enrollment requirements from the Office of Head Start mandate that **we must conduct either a face-to-face or telephone interview to verify information on your child's application**. We will call you to verify the information on the application. If we don't reach you we will leave a detailed message and ask that you call us back. **Call us back** as soon as possible. We cannot enroll any child until we complete this verification process.

Our programs offers bus 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. **h.** Zero Income Statement is included on the back of the application form (**Income Verification is Mandatory for all families and your child's application cannot be processed without it**)
- 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. (**Indian Preference cannot be given unless verified**)
- 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. (**Disability preference cannot be given unless verified.**)
- 4. Copy of Child's Immunization Record.** (Note: This is required before any child could attend class.)

If you have any questions please feel free to contact me by telephone at 1-800-922-1399 and ask for Head Start or 541-444-2450.

In Partnership with Children and Families,

DeAnn Brown, Director
Siletz Tribal Head Start

SILETZ TRIBAL HEAD START ENROLLMENT APPLICATION

RETURN THIS APPLICATION TO: Siletz Tribal Head Start, PO Box 549, Siletz, OR 97380 or Fax to 541-444-2307
For more information call 1-800-922-1399 ext. 1376 or (541) 444-8376.

CHILD'S NAME _____ **Returning Student:** _____ **Yes** _____ **No** _____

Child's Sex: **M** **F** **Child's Date of Birth:** ___/___/____ **AGE NOW** _____

Does child have a disability or special need? No _____ Yes _____ **Explain:** _____

(Please attach verification)

Is child descendent/member of a federally recognized Indian Tribe? No _____ Yes _____ **Tribe/Roll #** _____

(Please attach verification)

Are You Homeless? No___ Yes___ (Homeless means individuals who lack a fixed, regular, and adequate nighttime residence; For example, living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations, or are awaiting foster care placement.)

PARENT/GUARDIAN NAME(S):

1. _____ Birthdate _____

2. _____ Birthdate _____

Street Address: _____ **City:** _____ **Zip Code** _____

Mailing Address: _____ **City:** _____ **Zip Code:** _____

Telephone #'s: Home/Cell _____ **Work** _____ **Message** _____

Email: _____

Bus Pick-up and drop-off address if different from above: _____

A preference for enrollment can be given to families which face any of the following conditions: single parent household, parents separated or divorced, child is a victim of abuse or neglect or child suffers a non-handicapping medical condition, foster child, sibling who attended the program. If your family meets any criteria and you want to claim that preference, please list the qualifying condition(s) here:

LIST ALL OTHER HOUSEHOLD MEMBERS BY NAME and DATE Of Birth: Total# Household members _____

Please add additional families members to the back of this application

1. _____ 2. _____

3. _____ 4. _____

FINANCIAL STATEMENT (YOU MUST attach verification of these benefits.) Check all that apply:

- Employed
- Unemployment
- General Assistance
- Child Support
- TANF
- Veteran's Benefits
- Social Security
- Disability
- College Grants/Scholarships
- Other (explain) _____

TOTAL GROSS MONTHLY INCOME\$ _____ **(YOU MUST attach verification)**

With my signature I certify that the above information is complete and accurate, and if necessary, grant approval for the Head Start Program to verify information through a Third Party (TANF, ICW, DRS, SSP, etc.) for the purpose of determining eligibility for the Head Start Program:

Signature: _____ **Date:** _____

(OVER)

SILETZ TRIBAL HEAD START ENROLLMENT APPLICATION

Please list additional family members here:

5.	6.
7.	8.
9.	10.
11.	12.

IF you are claiming Zero Income, please complete the section below:

**Siletz Tribal Head Start
Zero Income Statement**

Date

To Whom It May Concern:

This statement is to verify that I receive no income from any source, including:

- Employment Income
- Child Support, Alimony or Regular Contributions from persons not living in the household
- Financial Aid
- Public Assistance (TANF) (General Assistance)
- Dividends, income from estates or trust, rental income
- Interest on savings or other interest investments
- Veterans' payments
- Unemployment or Worker's Compensation Benefits
- Private Pensions or Government Pensions
- Annuities
- Social Security Benefits, Supplemental Security Income (SSI)
- Disability Benefits
- Other Cash Income
- Per Capita

Signature

SILETZ TRIBAL HEAD START

COMMUNITY NEEDS ASSESSMENT 2021-2022

Siletz Tribal Head Start is conducting a survey to identify needs that exist in our community. This information is used to determine what programs and services would be relevant for Head Start to offer in the future. Your assistance will help ensure that our program meets your needs. Your input and support is valuable. Thanks!

Check One (Optional): Native American Other _____

Which County do you live in (circle one): Lincoln Marion Multnomah Other _____

Family Data: Single Parent Household? NO YES Foster Parent/Grandparent? NO YES

Total Number of Household Members: _____ Total Number of Children in Family: _____

Age(s) of parents: _____ Are any of your children disabled? NO YES

Economic Information:

Parent(s) Employed: Full-time Part-time Not Employed In Training/School

Gross Monthly Income: _____ Highest Grade Completed by Parent: _____

Does Family Receive: TANF Food Stamps SSI GA OHP WIC

Do you: Own or Rent your home? _____ Monthly Rent/House Payment _____

Do you receive Section 8 or other housing assistance? No Yes

Transportation Do you have reliable transportation? NO YES

Do you have access to public transportation? NO YES

Childcare: Do you have children in childcare now? NO YES How Many Hours Per Week? _____

How much do you pay for care? _____ Hr/Mo. Is it easy to find & use child care services? NO YES

How would you rate your childcare? Poor Fair Good Great

Please select the 4 issues that are most important to you and rank them 1st highest to 4th lowest in priority

- ___ Employment ___ Education ___ Preschool/Head Start ___ Recreation ___ Housing ___ Literacy
- ___ Health Care ___ Dental Care ___ Nutrition ___ Child Care ___ Parenting ___ Cultural Activities
- ___ Alcohol & Drug Awareness ___ Obesity ___ Other _____

Should Head Start Services be (please circle one for each of the 3 questions):

1. Full-day or Part-day 2. Full-Year or Part-Year 3. Classroom or Home Based

Should Head Start Services serve children ages 0-3 years? Yes No

Any other comments? _____

