



PLEASE ATTACH A COPY OF THE FOLLOWING INFORMATION TO BE CONSIDERED FOR SCREENING. APPLICATIONS WILL REMAIN ON FILE FOR ONE (1) YEAR.

1. SNAP, SSI, Foster paperwork, Displaced Housing, if applicable. *Please submit these documents if applicable to your family.*
2. Child's Birth Record (*Birth Certificate, Birth Card, Letter of Live Birth*)
3. Current Immunization Record
4. Cherokee Nation or Federally Recognized Tribal Citizenship Card for child and/or parent (*If applicable*)

Application Date _____ Public School District in which child resides _____

Child's First Name _____ Middle _____ Last Name _____

Date of Birth _____ Gender Male Female

Ethnicity/Race (*circle one*): American Indian/Alaska Native, Asian, Black or African American, Multi-racial/Biracial, Native Hawaiian/Other Pacific Islander, Hispanic, Other, Unspecified, White

Cherokee Nation Member Number (if applicable): _____

Language (*circle one*): English, Cherokee, Spanish, Asian, Native North American, Caribbean, Indic, Western European, Pacific Island, African Languages, Other

A physical or mental condition that requires specific care? Yes No *If yes, please provide documentation.*

Has your child received services for special needs? Yes No *If yes, please provide documentation.*

Are there other siblings in the household ages 0-4? Yes No

Are the parents employed by Cherokee Nation? Yes No

FAMILY CONTACT INFORMATION:

Mailing Address _____ City _____ State Zip Code _____

Physical Address _____ City _____ State Zip Code _____

Home Phone _____ Cell _____ Message or Work Phone _____

Email address _____

WHAT PROGRAM/CENTER ARE YOU APPLYING FOR:

Head Start

3 and 4 year old children (3 years old as of Sept. 1st)
 Center Hours: Monday – Friday – 7:30 – 2:30

1st Preference: _____

2nd Preference: _____

Tahlequah Children's Village, Kenwood, Shady Grove,
 Salina Early Learning Academy, TPS Sequoyah 3's,
 Nowata Early Learning Academy

Full Day Hours: TCV, SELA

Early Head Start

Children 6 weeks – 3 years old.
 Center Hours: Monday – Friday – 7:30 – 2:30

1st Preference: _____

2nd Preference: _____

Tahlequah Children's Village, Cherry Tree, Kenwood, Jay, Pryor,
 Redbird, Salina Early Learning Academy, Nowata Early Learning
 Academy

Full Day Hours: TCV, SELA, PRYOR

FULL DAY AVAILABLE AT: TCV / SELA / PRYOR

Will your family need full day hours? YES or NO

Please note that Full Day (beyond 2:30) hours are only available in limited centers and require you to complete an application **once you are enrolled** in the program. **Acceptance to the program does not guarantee a full day slot.**
 (Please initial indicating your understanding) _____

FAMILY INFORMATION:PLEASE LIST **ALL** HOUSEHOLD MEMBERS INCLUDING THE APPLICANT.

<u>Relationship to Child</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Gender – M/F</u>
Applying Child					

PRIMARY PARENT/GUARDIAN'S INFORMATION:

First Name _____ Middle _____ Last Name _____

Date of Birth _____ Gender ___ Male ___ Female Relationship to Child: _____

Opt in for Text Messages Y / N Cell Number: _____

Email Address: _____**Ethnicity (circle one):** American Indian/Alaska Native, Asian, Black or African American, Multi-racial/Biracial, Native Hawaiian/Other Pacific Islander, Hispanic, Other, Unspecified, White**Cherokee Nation Membership Number (if applicable):** _____**Language (circle one):** English, Cherokee, Spanish, Asian, Native North American, Caribbean, Indic, Western European, Pacific Island, African Languages, Other**Do any of the following apply (Please circle):** Lives with Child / Provides Financial Support for child / Teen Parent**Highest Grade Completed (circle one):** Master's, Bachelor's, Associate's, College Degree/Training, Advance Training, Grade 10, Grade 11, Grade 12, < Grade 9, HS Graduate, GED, Currently Enrolled in College**Employment Status (circle one):** Full Time, Part Time, Seasonal, Unemployed, Full Time & Training, Part Time & Training, Training or School, Retired or Disabled

SECONDARY PARENT/GUARDIAN'S INFORMATION:

First Name _____ Middle _____ Last Name _____

Date of Birth _____ Gender ___ Male ___ Female Relationship to Child: _____

Opt in for Text Messages Y / N Cell Number: _____

Email Address: _____

Ethnicity (circle one): American Indian/Alaska Native, Asian, Black or African American, Multi-racial/Biracial, Native Hawaiian/Other Pacific Islander, Hispanic, Other, Unspecified, White

Cherokee Nation Membership Number (if applicable): _____

Language (circle one): English, Cherokee, Spanish, Asian, Native North American, Caribbean, Indic, Western European, Pacific Island, African Languages, Other

Do any of the following apply (Please circle): Lives with Child / Provides Financial Support for child / Teen Parent

Highest Grade Completed (circle one): Master's, Bachelor's, Associate's, College Degree/Training, Advance Training, Grade 10, Grade 11, Grade 12, < Grade 9, HS Graduate, GED, Currently Enrolled in College

Employment Status (circle one): Full Time, Part Time, Seasonal, Unemployed, Full Time & Training, Part Time & Training, Training or School, Retired or Disabled

How did you hear about our program: Another parent Newspaper Teacher/Staff CN Dept. CNTV
 CN Community Meeting Community Event Other (please specify): _____

AUTHORIZATIONS:

OSIIS RELEASE - Authorization to Pull Immunization Record

I, _____, hereby authorize the Oklahoma Immunization Service to release my child's Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to the Cherokee Nation Early Childhood Unit for the purpose of completing my child's school records file to ensure that my child meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3. Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon my child dropping or completing the Early Head Start/Head Start program at the Cherokee Nation Early Childhood Unit.

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing. If I choose to withdraw my permission, I will be responsible for providing updated Immunization records to my child's classroom for the purpose of completing my child's records.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Parent/Guardian Signature _____ **Date** _____

PLEASE CIRCLE ANY OF THE FOLLOWING THAT APPLY TO YOUR FAMILY:

1. Foster Child *(Provide Documentation)*
2. Protective Service Referral *(DHS / ICW)*
3. Single Parent or Single Guardian Household
4. Family Crisis *(Please explain)* _____
5. Displaced Housing *(Complete Displaced Housing Questionnaire)*
6. Siblings Currently Enrolled
7. Receiving Public Assistance TANF, SNAP or SSI *(Provide Documentation)*
8. Receiving WIC. *(please circle which)* WIC ID#: _____
9. Active Military Family
10. Military Veteran Family
11. Child receives services from the following programs *(please circle which)*: *Sooner Start, HERO Project, Bair Foundation, CREOKS, Evolve Professional Counseling, Cherokee Parents*
12. Family is acquiring/learning another language in addition to English.

Application Comments: _____

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that providing false documentation may disqualify me from receiving services.

Parent/Guardian Signature: _____ **Date** _____



FAMILY INTERVIEW - ECU Staff Complete



In-Person Telephone *(Document Reason Why Not In-Person)* _____

Please verify the following with the family:

1. Childs Name _____
2. Parent(s)/Guardian(s) Name _____
3. Age Verification _____ 4. FamilySize _____
5. Household Members _____
6. Child Information _____
7. Family Strengths _____
8. Does the child receive special services from any program: _____
9. Do any of the following apply?: Displaced Housing, Foster, SSI, TANF, SNAP

Completing Staff Signature: _____ **Date:** _____