



# Central Tribes Shawnee Area, Inc. (CTSA HEAD START) E-800

<b>Administrative Office</b> 1535 N. McKinley Shawnee, OK 74801 P: (405) 275-4870 F: (405) 275-9684	<b>Little Feet Big Steps</b> 806 E. Grant Shawnee, OK 74801 P: (405) 878-5820 F: (405) 275-9684	<b>Early Bird Head Start</b> 111 W. Vine Cushing, OK 74023 P: (918) 225-1029 F: (918) 225-9969	<b>Yellow Earth Learning Center</b> 920884 S. HWY 99 Stroud, OK 74079 P: (918) 968-9445 F: (918) 968-1763
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Please read this information **FIRST** before completing your child's application. In order for the application to be accepted and processed **ALL** required documentation must be submitted.



## Head Start Performance Standards § 1302.11(a)

Families must live in one of the CTSA, Inc. service areas of Pottawatomie, Lincoln, Payne or Cleveland Counties or work in above listed counties in order to be eligible to attend any of our Head Start or Early Head Start facilities.

CTSA, Inc. is a Native American based federally funded Head Start and Early Head Start program – our locations are:

<b>Early Bird Head Start</b> Head Start → Ages: 3-5	<b>Little Feet → Big Steps</b> Head Start → Ages: 3-5 Early Head Start → Ages: Birth to 3 <i>*Extended Day Child Care available to those who qualify*</i>	<b>Yellow Earth Learning Center</b> Head Start → Ages: 3-5 Early Head Start → Ages: Birth to 3 <i>*Extended Day Child Care available to those who qualify*</i>
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\* Child Care Applications are separate and available upon request



**Head Start (HS)**  
Ages: 3 – 5 year olds

CTSA provides at no cost to families pre-school education and comprehensive services to children and families that qualify. Our classrooms implement quality curriculum based on developmentally appropriate services while remembering you are your child's first teacher by uniquely combining the two to enrich their lives.
















**Early Head Start (EHS)**  
Ages: birth – 3 year olds

CTSA provides at no cost to families a quality curriculum based on developmentally appropriate service to infants, toddlers up to age 3 and their families that qualify.

## Required Documentation

Please make sure that your application is completed in full and you have answered ALL questions! While we are a Native American based program – ALL families are encouraged and welcome to apply! We accept applications from all walks of life - income, ethnicity, culture, religions, disabilities, etc.

In order for your child's application to be **COMPLETE** - please provide documentation of the following:

-  State Certified Birth Certificate
-  Current Immunization Records (if not current on shots, signed doctor documentation must be given)
-  Verification of Income (for ALL adults in the home)
  - ✓ current taxes OR W2's
  - ✓ SSI verification (if applicable)
-  Proof of TANF, SNAP, or WIC (if applicable)
-  Proof of Residence (i.e. electric bill, gas bill, lease agreement, etc.)
-  Tribal Membership Card (CDIB) OR Enrollment letter from Tribe
-  Health Insurance Card (If on Medicaid/Soonercare and you do not have a card, please provide documentation from DHS of insurance eligibility.)
-  Disability Documentation (if applicable)
-  IEP or IFSP (if applicable)
-  Court Documents (if applicable)
-  DHS Documents (if applicable)
  - ✓ Foster Care, Custody Agreements, etc
-  Well-Baby Check (for EHS only)
-  Most recent Physical and Dental



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**Is child in  FOSTER CARE?  PROTECTIVE CUSTODY?** Today's Date: \_\_\_\_\_

Teacher Request: \_\_\_\_\_

→SELECT LOCATION:  CUSHING  STROUD  SHAWNEE  Transfer EHS  ROLLOVER

→SELECT PROGRAM OPTION:  Head Start (3-5 years)  Early Head Start(0-3 years)

APPLICANT INFORMATION: \*Is applicant?  Male  Female  Homeless?  Foster Child?

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last) (Must be verified with State Certified Birth Certificate)

Tribal Affiliation: \_\_\_\_\_ CDIB:  Yes  No

Please select your child's race(s): Black/African American  American Indian/Native American  Caucasian/White   
 Hispanic  Asian  Pacific Islander/Hawaiian Alaskan Native  African NOT African American  Arabic   
 Other  \_\_\_\_\_

Primary Language:  English  Spanish  Other \_\_\_\_\_ 2<sup>nd</sup> Language? \_\_\_\_\_

Has this child been previously enrolled in another EHS/HS program?  Yes  No

If Yes, Program Name: \_\_\_\_\_ Where: \_\_\_\_\_

Is there a sibling currently enrolled at CTSA's EHS/HS? ?  Yes  No

If Yes, Name of the Child: \_\_\_\_\_ Classroom: \_\_\_\_\_

Has this child been identified as having a disability requiring Early Intervention Special Education and/or related services?  Yes  No If Yes, does this child have a current IFSP or IEP?  Yes  No \*Please Provide a Copy\*

Please briefly state the nature of the disability: \_\_\_\_\_

APPLICANT INSURANCE INFORMATION: Does the applicant (Child/Self) have medical coverage?  Yes  No

Medicaid  Sooner Care  Indian Health Services (IHS) - Clinic: \_\_\_\_\_  Third Party (Private Ins.)

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Does the applicant have Dental Coverage:  Yes  No Dental Services through IHS clinic:  Yes  No

Dental Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_



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## Primary Adult Information:

BIOLOGICAL/CUSTODIAL PARENT       LEGAL GUARDIAN       FOSTER PARENT

Parent/Legal Guardian First Name	M.I.	Last Name	Birth date
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Marital Status:  Married    Single    Divorced    Separated    Widowed    BOTH Biological Parents in Home.

Physical Home Address	City	State	Zip
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Mailing Address – IF DIFFERENT	City	State	Zip
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COUNTY	Cell Phone	Work Phone	Home Phone
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Email Address	Relationship to Applicant
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## Secondary Adult (in the home) Information:

BIOLOGICAL/CUSTODIAL PARENT       LEGAL GUARDIAN       FOSTER PARENT

Parent/Legal Guardian First Name	M.I.	Last Name	Birth date
----------------------------------	------	-----------	------------

Marital Status:  Married    Single    Divorced    Separated    Widowed    BOTH Biological Parents in Home.

Physical Home Address	City	State	Zip
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Mailing Address – IF DIFFERENT	City	State	Zip
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COUNTY	Cell Phone	Work Phone	Home Phone
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HOUSEHOLD / FAMILY MEMBER INFORMATION → List ALL HOUSEHOLD MEMBERS INCLUDING THE APPLICANT- use back of sheet if necessary

	NAME (FIRST, MI, LAST)	SEX	RELATIONSHIP TO APPLICANT	BIRTH DATE
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____
8)	_____	_____	_____	_____

# of Adults: \_\_\_\_\_ + #of Children \_\_\_\_\_ = TOTAL IN Household \_\_\_\_\_

**Initial**

\_\_\_\_\_ As a parent/guardian – I understand the Head Start Performance Standards § 1304.20(a)(ii), that requires each child to be current in age appropriate immunizations as required by the Oklahoma Department of Health and will participate in daily tooth brushing using a fluoride toothpaste.

\_\_\_\_\_ As a parent/guardian – I understand the Head Start Performance Standards § 1304.20(b), that requires each child to receive the following screenings of which I, the parent/guardian, am responsible for the physical (*which must include a Hct/Hgb, lead screen, and blood pressure check*) and dental exams only. In addition, I understand that there are some additional health exams completed on site at CTSA, Inc. that are no cost to myself or family that include: vision screening, hearing screening, developmental assessments and speech assessments. \*As a note if my child is in Early Head Start I understand that I need to provide CTSA with ALL Well-Baby check records in order to ensure that my child’s file is up-to-date

*\*If your child does not receive immunizations for the State approved Exceptions that are medical or religious reasons documentation **WILL BE REQUIRED!**\**

In addition to the above statements, I acknowledge that:

**Initial**

1. My child may be transported for Head Start services (*Emergencies Only*)  Yes  No \_\_\_\_\_
2. My child may be observed in a group setting by a Mental Health Professional.  Yes  No \_\_\_\_\_
3. My child may be photographed for use in HS/EHS Public Relations program.  Yes  No \_\_\_\_\_
4. CTSA may access my child’s immunization records through the Oklahoma State Immunization Information System (OSIIS).  Yes  No \_\_\_\_\_
5. CTSA may use my phone number and email to be placed on the One Call Now list. (This notification system will be used to contact all families and staff of closures and events.)  Yes  No \_\_\_\_\_
6. CTSA may use my phone number to be added to the Parenting Curriculum Ready Rosie. (Parenting Curriculum is mandatory from the Office of Head Start. Videos will be sent weekly from your family advocate that are related to the topics in class.)  Yes  No \_\_\_\_\_



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I agree to following:

**Initial**

- I understand that my child must be in regular attendance – 85% or more – and is required per the Head Start Performance Standards § 1302.16
- I agree to comply with the regulations of the program and I understand that all my information provided will remain confidential.
- I understand all employees of CTSA are mandated reporters to Department of Human Services or Indian Child Welfare and will contact these agencies if abuse is suspected. I may or may not be informed if a report is made.
- I understand I am encouraged to volunteer in the EHS/HS center per the Head Start Performance Standards § 1302.50
- I understand this application is valid only for the school year in which it is signed by the parent/legal guardian.
- I certify that I and my applying child live or work within the jurisdiction of CTSA in one of the following counties: Pottawatomie, Payne, Lincoln or Cleveland. I also understand that I will be required to provide proof of my residence.
- I understand that 3<sup>rd</sup> party verification of my submitted documentation may be conducted.
- I understand that falsifying any information to appear more eligible is FRAUD and will disqualify my family immediately.
- I understand that if at any time my information has changed I am to notify CTSA immediately.
- I understand that CTSA will monitor classrooms daily by video and audio recording.

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

Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_



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According to the Head Start Performance Standards § 725(2) regarding the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11434a (2) – the term “homeless children and youths” –

## Housing Questionnaire

\*Please complete the following:

1. **Where are you and your family currently staying?** Please check the box that applies and provide proof
  - Sharing the housing of another family (a home that is not your own) – due to loss of housing, economic hardship, or other reasons
  - Living in a motel/hotel, trailer park, in a RV or staying at a campground because we cannot find affordable housing
  - Staying in an emergency or transitional shelter
  - Living in a vehicle of any kind
  - Living in an abandoned building or substandard housing unit that does NOT have running water and/or electricity
  - NONE of the above - We live in our own residence (i.e. apartment, condo, house etc.) we either rent or own
2. **Please check ALL that apply:**
  - Child is living with an adult that is NOT a parent or legal guardian
  - Child is in a foster care placement and awaiting permanency
  - Child is living with a legal guardian that is NOT the biological parent(s)
  - NONE of the above – the child on this application is my own biological/adopted child
3. **Please describe the child(ren) that lack a “fixed, regular, and adequate nighttime residence” below:**

Full Name	Male/Female	Date of Birth

By signing you certify that the information provided above is accurate.

Primary Parent/Guardian Name (Printed)	Signature of Primary Parent/Guardian	Date
Cell Phone Number	Home Phone Number	Work Phone Number
Address	City	State      Zip

### OFFICE USE ONLY

ERSEA MGR: Based on the above information (where 1 or less of the ‘none of the above’ boxes are checked) and a brief interview with the family – I attest that to the best of my knowledge the child is eligible under the McKinney-Veto Act.

Printed Name	Signature	Title	Date
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If there are questions regarding enrollment, please contact the ERSEA(Enrollment) Manager, Madison Walker. 405-275-4870 ext. 105 or [madisonw@ctsahheadstart.org](mailto:madisonw@ctsahheadstart.org)



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## THIS PAGE IS TO BE COMPLETED BY AUTHORIZED STAFF ONLY

### OFFICE USE ONLY

Child's Name: \_\_\_\_\_ C.P. ID #: \_\_\_\_\_

Yes No n/a

TANF Benefits

SNAP Benefits

WIC

Court Documentation  
(Foster, Adoption, Custody, etc.)

Documentation of Disability

Housing Questionnaire

Income Verification

Yes No n/a

Well-Child Check

Dental Check

State Certified Birth Certificate

Immunization Records

CDIB/Tribal Enrollment Letter ↓

Tribe: \_\_\_\_\_

Insurance Card

Proof of Residence ↓

### INCOME

Income Eligible

Income Eligible - Between → 100% - 130%

Over Income - 49% of AI/AN program

Categorically Eligible

### STATUS & SERVICE YEAR

New Child

Rollover

Returning Child

Transfer from Early Head Start

1<sup>st</sup> Year

2<sup>nd</sup> Year

3<sup>rd</sup> Year

Face to Face Interview

Phone Interview

\_\_\_\_\_  
Authorized Staff Signature & Title

\_\_\_\_\_  
Date