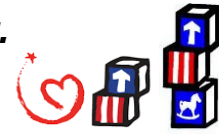


Central Tribes of the Shawnee Area, Inc.

1535 N. McKinley, Shawnee, OK. 74801
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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 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:

Early Bird Head Start

111 W. Vine St.
Cushing, OK 74023
Ph: (918) 225-1029

Head Start → Ages: 3-5

Little Feet → Big Steps

806 Grant St.
Shawnee, OK 74801
Ph: (405) 878-5820

Head Start → Ages: 3-5
Early Head Start → Ages: Birth to 3
*Extended Day Child Care available to those
who qualify*

Yellow Earth Learning Center

920884 S. Highway 99
Stroud, OK 74079
Ph: (918) 968-9445

Head Start → Ages: 3-5
Early Head Start → Ages: Birth to 3
*Extended Day Child Care available to those
who qualify*

*** 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 qualified children and families. Our classrooms implement a 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

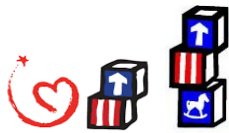
CTSA provides at no cost to families a quality curriculum based on developmentally appropriate service to **infants, toddlers up to age, three**, and their families that qualify.

Required Documentation

Please make sure that your application is completed in full and that 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.

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)*
 - ✓ TANF *(if applicable)*
 - ✓ SNAP *(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 you are 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, or placement paperwork.
-  **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: _____

->SELECT LOCATION: [] CUSHING [] STROUD [] SHAWNEE [] Transfer HS [] 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)

Race/Ethnicity: _____ Tribal Affiliation: _____ CDIB: [] Yes [] No

Is this child Hispanic? [] Yes [] No

Primary Language: [] English [] Spanish [] Other _____ 2nd Language? _____

Was the child previously enrolled in CTSA CCDF Child Care Program? [] Yes [] No

If Yes, Which Center? [] LFBS - Shawnee [] YELC - Stroud

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 [] 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

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

Race/Ethnicity: _____ Tribal Affiliation: _____ CDIB: Yes No

Is the Parent or Guardian Hispanic? Yes No

Physical Home Address City State Zip

Mailing Address – IF DIFFERENT City State Zip

COUNTY Cell Phone Work Phone Home Phone

Email Address Relationship to Applicant

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.

Race/Ethnicity: _____ Tribal Affiliation: _____ CDIB: Yes No

Is the Parent or Guardian Hispanic? Yes No

Physical Home Address City State Zip

Mailing Address – IF DIFFERENT City State Zip

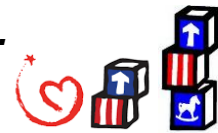
COUNTY Cell Phone Work Phone Home Phone

Email Address Relationship to Applicant



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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)	_____	_____	_____	_____
9)	_____	_____	_____	_____
10)	_____	_____	_____	_____

of Adults: _____ + #of Children _____ = TOTAL IN Household _____

Initial

_____ **As a parent/guardian** – I understand the **Head Start Performance Standards § 1304.20(a)(ii)**, which 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 fluoride toothpaste.

_____ **As a parent/guardian** – I understand the **Head Start Performance Standards § 1304.20(b)**, which 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 at no cost to myself or my family that include but are not limited to: **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 ALL Well-Baby check records in order to ensure that my child's file is up-to-date**

If your child receives the State-approved Certificate of Exceptions for immunizations for medical or religious reasons documentation **WILL BE REQUIRED!**

In addition to the above statements, I acknowledge that:

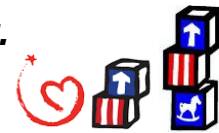
Initial

- My child may be transported for Head Start services (**Emergencies Only**) Yes No _____
- My child may be observed in a group setting by a Mental Health Professional. Yes No _____
- My child may be photographed for use in the HS/EHS Public Relations program. Yes No _____
- CTSA may access my child's immunization records through the Oklahoma State Immunization Information System (OSIIS). Yes No _____
- 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 _____
- 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/biweekly from your teacher/family advocate that are related to the topics in class.) Yes No _____



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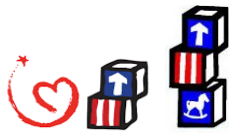
I agree to the following:

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 the 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 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 **3rd 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-Veto 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 an 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:

- A Child is living an adult that is **NOT** a parent or legal guardian
- A Child is in a foster care placement and awaiting permanency
- A 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 lacks a "fixed, regular, and adequate nighttime residence" below:

Full Name	Male/Female	Date of Birth

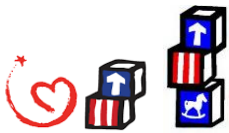
By signing you certify that the information provided above is accurate.

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

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.

_____	_____	_____	_____
<i>Printed Name</i>	<i>Signature</i>	<i>Title</i>	<i>Date</i>



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Child's Name: _____ **C.P. ID #:** _____

Yes No n/a

- State Certified Birth Certificate
- Court Documentation (Foster, Adoption, Custody, etc.)
- Insurance Card Verification
- Documentation of Disability
- WIC
- SNAP
- TANF
- Income Verification

Yes No n/a

- Physical/Well Child Check
 - Dental
 - Immunizations/Certificate of Exemption
 - CDIB/Tribal Enrollment Letter ↓
- Tribe: _____
- Housing Questionnaire
 - 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
- 1st Year
- 2nd Year
- 3rd Year

- Face to Face Interview
- Phone Interview

Authorized Staff Signature & Title

Date