

Central Tribes of the Shawnee Area, Inc.

1535 N. McKinley, Shawnee, OK. 74801 Phone: (405)275-4870 Fax: (405)275-9684



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

 $Head\ Start \rightarrow Ages: 3-5$

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**

930085 S 3562 Rd 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.



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)

Werification 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

Applicant & Family Member Information

Applica									
First		Middle	Last	Suffix	Nicknam	ne Birt	nday Gende	er SSI	N Alt ID
Race				Hispanic	English Prof	iciencv	Other Language		Other Language Proficiency
☐ Asian	☐ Americ	an Indian/Alask	a Native	□ Yes	□ Little	,	c area _earigaa.gc		□ Little
☐ Black		an/Pacific Island	der	□ No	☐ Moderate				☐ Moderate
☐ White	☐ Multi-R	Racial			□ None				□ None
Other: _	lealth Cove	rogo Othor	Coverage	Inquironce #	☐ Proficient		Medica	id #	☐ Proficient Doctor/Medical Home
Filliary II	leallii Cove	rage Other	Coverage	verage Insurance #		id Eligibility Eligible	Medica	iiu #	Doctor/Medical Home
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□ Black	☐ Hawaii	ian/Pacific Islan	der	□ No	□ Moderate				☐ Moderate
☐ White	☐ Multi-F	Racial			□ None				□ None
Other:		lara d	_	F	☐ Proficient		La Classica la Co	0	□ Proficient
Highest Gr				Employment Statu		Child's Re		Custody	Check all that apply:
☐ Associat☐ Bachelo		☐ Grade 10 ☐ Grade 11	☐ Full Time		e & Training e & Training	☐ Biologic	al/Adopted/Step	□ Yes □ No	☐ Lives with Family☐ Provides Financial Support
☐ Col Deg		☐ Grade 11	☐ Seasona			☐ Other R		LI INO	☐ Teen Parent
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□ GED		☐ HS Graduat	е			□ Other			If teen parent, subsidized?
		☐ Master's							☐ Yes ☐ No
Email Add	lress:								
Seconda	arv or O	ther Adult							
Seconda First		ther Adult Middle	Last	Suffix	Nicknam	ne Birt	hday Gende	er SSI	N Alt ID
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^{*} If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

								7	his Section	n for Agenc	y Use	Only:		
Family Information, Income & Conta				0	Ap	Applicant Name:					Birthday			
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		ormatio Address	n											
	rted Living	•	Living Address		Address	s Line 2	ZIF		City		S	tate	Count	у
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Fan	nily Mailir	ng Addres	S											
San	ne as livin	g?	Started Using Date	Maili	ng Address		Ad	ddress Line	2	ZIP		City		State
	′es □ ľ													
Pho	ne Numb	er(s)		Туре	(check one)			Note (e	extension or	best time to	call)	Opt ir	n for Tex	t Messages
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Par	ent/Guar	dian Sign	ature							Date				

	This Section for Agency Use Only:
Applicant Name:	Birthday

Applicant Eligibility & Enrollment Information

Eligibility							
Program Term	Agency		Initial Sta	atus		Stat	tus Date
			□ New	☐ Accepted	□ Waitlisted		
Releases Signed	Date Signed		Child wil	I transition to			
□ Yes □ No							
Location Preference Priority	Site			Classroom		F	unding
1st							
2nd							
3rd							
Enrollment Notes							
Application Date	Application Status				Application	n Number	Participation Year
	☐ Complete & Verifie☐ Incomplete		lete, info r specify in	not returned notes			
Eligibility Date	Number in Fam	nily El	igibility Inc	ome			
CACFP Date	CACFP Income	Pe Pe	er (for exar	mple, year, month, o	other)	CACFP S	Status
					☐ Paid	e (full reimbursemer d (minimum reimbur luced price (reduced	sement)
Child eligible to participate in program	Type of eligibility interview	Income S	tatus	D	ocumentation u	ised to determine el	igibility
□ Yes □ No	☐ Telephone	☐ Over Income ☐ Public Assista ☐ Eligible (Belo ☐ Foster child ☐ Homeless		☐ Income Tax Fo☐ W-2☐ TANF Documed☐ Pay stub or pay	ntation	☐ Unemployment ☐ Written stateme ☐ Foster care rein ☐ SSI Documenta ☐ Other	ents from employers nbursement
Documentation of No Income							

Eligibility Criteria

To set up your program's eligibility criteria on this form: Type or print each of the program's eligibility questions in the spaces provided below. Then, for each question, list each of the possible answers (along with their corresponding point values). **To complete this form:** Circle the applicable answer and print the number of eligibility points it represents in the Points column. We've included the following example to help you get started.

included the following example to h	eip you get started.	
Disability?	Diagnosed (50 pts), Suspected (25 pts), None (0 pts)	25

Eligibility Question	Possible Answers	Points