



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

Little Feet → Big Steps

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

Yellow Earth Learning Center

930085 S 3562 Rd
Stroud, OK 74079
Ph: (918) 968-9445

Head Start → Ages: 3-5

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

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

Applicant & Family Member Information

Applicant								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
<div> <div>Race</div> <div> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____ </div> </div> <div> <div>Hispanic</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div> <div>English Proficiency</div> <div> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient </div> </div> <div> <div>Other Language</div> <div> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient </div> </div> <div> <div>Other Language Proficiency</div> <div> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient </div> </div>								
Primary Health Coverage			Other Coverage		Insurance #		<div> <div>Medicaid Eligibility</div> <div> <input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially </div> </div>	
Dental Coverage			Dental Coverage #		Dentist/Dental Home			

Primary Adult										
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID		
<div> <div>Race</div> <div> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____ </div> </div> <div> <div>Hispanic</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div> <div>English Proficiency</div> <div> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient </div> </div> <div> <div>Other Language</div> <div> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient </div> </div> <div> <div>Other Language Proficiency</div> <div> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient </div> </div>										
Highest Grade Completed			Employment Status		Child's Relationship		Custody	Check all that apply:		
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> GED			<input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate <input type="checkbox"/> Master's		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed		<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:										

Secondary or Other Adult										
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID		
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Email Address:										

Additional Child (Non-Applicant) *								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	
<div> <div>Race</div> <div> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____ </div> </div> <div> <div>Hispanic</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div> <div>English Proficiency</div> <div> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient </div> </div> <div> <div>Other Language</div> <div> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient </div> </div> <div> <div>Other Language Proficiency</div> <div> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient </div> </div>								

Additional Child (Non-Applicant) *								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	
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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.

Applicant Name: _____ Birthday _____

Family Information, Income & Contacts

Family Information									
Family Living Address									
Started Living at Date	Living Address	Address Line 2	ZIP	City	State	County			
Family Mailing Address									
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State			
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Phone Number(s)	Type (check one)	Note (extension or best time to call)	Opt in for Text Messages						
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Parental Status (check one)	Primary Language at Home	Relationship to Participant(s)	Acquired/learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income							
Income Verified by			Verification Date		TANF Status		SSI
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note	
	\$		\$				
	\$		\$				
	\$		\$				
Income Notes							

Emergency Contacts					
Contact 1	Name	Relationship		Emergency Contact	Release To
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP		City	State
Contact 2	Phone Number 1	Phone Number 2		Phone Number 3	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	Name	Relationship		Emergency Contact	Release To
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 3	Address	ZIP		City	State
	Phone Number 1	Phone Number 2		Phone Number 3	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

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

Parent/Guardian Signature _____ Date _____

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

Applicant Eligibility & Enrollment Information

Eligibility				
Program Term	Agency	Initial Status		Status Date
		<input type="checkbox"/> New <input type="checkbox"/> Accepted <input type="checkbox"/> Waitlisted		
Releases Signed	Date Signed	Child will transition to		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Location Preference Priority	Site	Classroom	Funding	
1st				
2nd				
3rd				
Enrollment Notes				
Application Date	Application Status	Application Number		Participation Year
<input type="checkbox"/> Complete & Verified <input type="checkbox"/> Incomplete		<input type="checkbox"/> Incomplete, info not returned <input type="checkbox"/> Other - specify in notes		
Eligibility Date	Number in Family	Eligibility Income		
CACFP Date	CACFP Income	Per (for example, year, month, other)	CACFP Status	
			<input type="checkbox"/> Free (full reimbursement) <input type="checkbox"/> Paid (minimum reimbursement) <input type="checkbox"/> Reduced price (reduced reimbursement)	
Child eligible to participate in program	Type of eligibility interview	Income Status	Documentation used to determine eligibility	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In-person <input type="checkbox"/> Telephone	<input type="checkbox"/> Over Income <input type="checkbox"/> Public Assistance <input type="checkbox"/> Eligible (Below 100%) <input type="checkbox"/> Foster child <input type="checkbox"/> Homeless	<input type="checkbox"/> Income Tax Form 1040 <input type="checkbox"/> W-2 <input type="checkbox"/> TANF Documentation <input type="checkbox"/> Pay stub or pay envelopes <input type="checkbox"/> Unemployment <input type="checkbox"/> Written statements from employers <input type="checkbox"/> Foster care reimbursement <input type="checkbox"/> SSI Documentation <input type="checkbox"/> Other	
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.

Disability?	Diagnosed (50 pts), Suspected (25 pts), None (0 pts)	25
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Eligibility Question	Possible Answers	Points