

**Supporting Documents**

- Proof Income
- Immunization Record
- Birth Certificate

**Head Start Application**

Administration Building Mailing  
 1240 Campbell Rd P.O. Box 151  
 Wapato, WA 98951 Toppenish, WA 98948  
 Phone: WHS//985-3414 WSHS//985-6079

**Yakama Nation Head Start**

*"Pasápsikw'sha Myánashmaman ku  
 Pawayumisha Chimmáyanashyimaman"*  
*"Teaching Children, Reaching Families"*



**CHILD INFORMATION**

Name of Student:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Child Date of Birth (mm/dd/yyyy):	Child Age:	Primary Phone: ( ) -	Secondary Phone: ( ) -		
Mailing Address: _____ _____ _____			Street Address: <input type="checkbox"/> Same as Mailing _____ _____ _____		

**QUESTIONNAIRE**

Desired Center	<input type="checkbox"/> Wapato <input type="checkbox"/> White Swan				
Does your child speak English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language: _____ Secondary Language: _____			
How well does your child speak English?	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all				
Race	<input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native & Pacific Islander <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Other: _____				
Ethnicity	<input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic or Non-Latino Origin				
Tribally Enrolled (Attach Proof of Lineage)	<input type="checkbox"/> Yakama <input type="checkbox"/> Yakama Decent <input type="checkbox"/> Other: _____			Enrollment Number: _____	
Has child been enrolled in an Early Learning setting before (Head Start/Early Head Start)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name of Program: _____			
Do you have any concerns about your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If, yes: <input type="checkbox"/> Speech <input type="checkbox"/> Language/Communication <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Behavior <input type="checkbox"/> Learning <input type="checkbox"/> Health <input type="checkbox"/> Physical <input type="checkbox"/> Other: _____			
Does child have an Individual Family Service Plan (IFSP) or Individualized Education Program (IEP)	<input type="checkbox"/> Yes, IFSP <input type="checkbox"/> Yes, IEP <input type="checkbox"/> In Process <input type="checkbox"/> No	If yes, School District: _____			
Is child enrolled in the following medical/dental insurance and/or health program? (Check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Washington Basic Health Plan/Plus <input type="checkbox"/> Private Medical Insurance <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Children's Health Insurance Program (CHIP) <input type="checkbox"/> No Medical Insurance <input type="checkbox"/> Other: _____				
Is the child homeless, according to McKinney Vento Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	McKinney Vento Act - Individuals who lack a fixed regular and adequate nighttime residence, including: Living with a friend, relative or someone else because they lost their home or cannot afford housing. Who are staying in a motel or hotel due to lack of adequate alternative accommodations. Who are living in an emergency or transitional shelter or a domestic violence shelter, and many other situations.			
What best describes the child's family?	<input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Lives with Grandparent/s <input type="checkbox"/> Lives with Other Relative <input type="checkbox"/> Foster Child <input type="checkbox"/> Guardianship <input type="checkbox"/> Temporary Custody <input type="checkbox"/> Other: _____				
Has the child participated in these programs?	<input type="checkbox"/> YN Early Childhood Intervention Program <input type="checkbox"/> YN Behavioral Health <input type="checkbox"/> WIC <input type="checkbox"/> Maternal Child Health (MCH)				
Does the family access the following Social Services? (Check all that Apply)	<input type="checkbox"/> Basic Food Program <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Commodity Food <input type="checkbox"/> TANF <input type="checkbox"/> Housing Subsidies <input type="checkbox"/> SSI <input type="checkbox"/> Other: _____				
Does the family currently have means of Transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**OFFICE USE ONLY**

Application Checklist: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Income Verification <input type="checkbox"/> Immunization Record Center <input type="checkbox"/> Proof of Lineage (If Applicable)	
Receiving Staff Print: _____ Sign: _____	Date Applied: _____
Assigned FCA Print: _____ Sign: _____	Date FCA Received: _____
Application Notes:   	

## PARENT/GUARDIAN INFORMATION

PRIMARY CAREGIVER (Head of Household)		SECONDARY CAREGIVER	
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Phone:	Secondary Phone:	Primary Phone:	Secondary Phone:
Email Address:		Email Address:	
Employment & School		Employment & School	
Type	<input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student Full-Time <input type="checkbox"/> Student Part-time <input type="checkbox"/> Work Training	Type	<input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student Full-Time <input type="checkbox"/> Student Part-time <input type="checkbox"/> Work Training
Employer/ School Name		Employer/ School Name	
Employer/ School Phone #		Employer/ School Phone #	
Education		Education	
Highest Level of Education	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's/Higher Degree	Highest Level of Education	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's/Higher Degree

## HOUSEHOLD MEMBERS

Name	Date of Birth	Gender	Relationship to Child Applicant
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	
5.		<input type="checkbox"/> Male <input type="checkbox"/> Female	
6.		<input type="checkbox"/> Male <input type="checkbox"/> Female	
7.		<input type="checkbox"/> Male <input type="checkbox"/> Female	
8.		<input type="checkbox"/> Male <input type="checkbox"/> Female	

## HOUSEHOLD INFORMATION

What are the household income sources? (Check all that apply) (Please <b>attach supporting documents</b> , such as W2, Check Stub, 1099-MISC, Benefits Summary, etc. <b>with start &amp; end work dates</b> )	<input type="checkbox"/> Wages/Salary <input type="checkbox"/> Child Support <input type="checkbox"/> Pension, Retirement, and/or Social Security <input type="checkbox"/> Supplemental Security <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Foster Care/Adoption Subsidy <input type="checkbox"/> TANF <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Taxable Tribal Dividend (Exp: Gaming Per Capita)
What is the total number in household members supported by income?	
What is the number of children in the household?	

## EMERGENCY CONTACT

(Living in Different Household and Different Phone Number)

Name	Address	Primary Phone	Relationship To Applicant
1.			
2.			
3.			

## PARENT CONSENT/ACKNOWLEDGEMENT

Please be advised the information in this document does not automatically qualify your child for enrollment in the Yakama Nation Head Start Program. YN Head Start gives low-income families preference. I certify the information provided is accurate and truthful to the best of my knowledge.

Parent/Guardian Signature:	Date:
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