

TRIBAL PROGRAM NEWS

Siletz Tribal Head Start Enrollment Application

Return this application to Siletz Tribal Head Start, PO Box 549, Siletz, OR 97380. For more information, call 1-800-922-1399, ext. 1376, or 541-444-8376.

2006-07 year

1. Child's Name: _____ 2. SSN: _____ - _____ - _____

3. Child's Sex: M F (circle one) Age: _____ Returning Student Yes No

4. Date of Birth _____ - _____ - _____

5. Does your child have any condition that may be considered a **disability** or **special need**? No Yes Please explain: _____
_____ (please attach verification)

6. Is child member/descendant of a federally recognized Indian Tribe? No Yes
Roll # _____ Tribe(s) _____ (please attach verification)

Primary language spoken in the home: _____

7. Parent/Guardian(1): _____

Date of Birth: _____ - _____ - _____ SSN: _____ - _____ - _____

Street AND Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: Home:(____) _____ Work:(____) _____ Message: _____

Parent/Guardian(2): _____

Date of Birth: _____ - _____ - _____ SSN: _____ - _____ - _____

Street AND Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: Home:(____) _____ Work:(____) _____ Message: _____

8. A preference for enrollment can be given to families that face any of the following conditions: single parents, parents separated/divorced, child is a victim of abuse or neglect, or child suffers from a non-handicapping condition, or sibling attends our program. If your family meets this criteria and you would like to claim that preference, **please list the conditions here:** _____

9. List all other household members by name and date of birth:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

10. Financial Statement: Monthly Income _____
(you must attach verification of these benefits)

11. With my signature I certify that the above information is accurate:

Signature: _____ Date: _____

For office use only: Date Received _____ Staff Initials _____

Siletz Tribal Head Start is an equal opportunity program and open to all children regardless of race, age, sex, handicap, or national origin. Any person who believes he/she has been discriminated against should write to the Secretary of Agriculture, Washington, DC 20250.

Siletz Tribal Head Start 2006-2007 Family Needs Assessment

Siletz Tribal Head Start is conducting a survey to identify needs that exist in our community and determine what programs and services would be relevant for Head Start to offer in the future. Your assistance will help us to design programs to meet the needs of the community. Thanks for your input and support.

Check One (Optional): Native American Other _____

Address _____ County _____

Family Data

Two-Parent Household Single Parent Household Foster Parent
Guardian Grandparent

Total Number of Household Members: _____

Total Number of Children in Family: _____

Age(s) of Primary Caregiver: _____ Age(s) of Children: _____

Does any child have any condition that may be considered a disability or special need? No Yes

Please explain: _____

Primary language spoken in the home: _____

Economic Information:

Parent(s) Employed: Full-time Part-time Not Employed
 In Training/School

Gross Monthly Income: _____

Highest Grade Completed by Caregiver: _____

Does Family Receive: TANF Food Stamps SSI GA
 Other _____

Do you own or rent your home? _____ Cost per month _____

Are you homeless? _____

Transportation

Do you have reliable transportation? Yes No

Do you have access to public transportation? Yes No

Child Care

Do you have children in child care now? Yes No

What is the hourly/monthly rate? _____

How would you rate your child care? Poor Good Fair Tremendous

Have you had any problems accessing child care services? Yes No

Which of the following would best meet you needs:
 Center-Based Head Start Home-Based Head Start

Would it benefit you if Siletz Tribal Head Start served families for 12 full months?
 Yes No

Would it benefit you if our program served children ages 0-3? Yes No

Would it benefit you if Head Start were to offer an all-day program from 7 a.m. to 6 p.m.? Yes No

Please rate the following from highest to lowest priority of need; 1 = highest priority to 14 = lowest need.

Employment Adult/Higher Education Preschool/Head Start
 Recreation Housing Literacy
 Health Care Dental Care Nutrition
 Child Care Parenting Cultural Activities
 Alcohol & Drug Awareness Other