

TRIBAL PROGRAM NEWS

Siletz Tribal Head Start Letter to Applicants

Dear Siletz Tribal Head Start Applicant,

Thank you for your interest in the Siletz Tribal Head Start program. We are currently accepting applications for the Fall 2007 school year. Siletz Tribal Head Start has classrooms in Siletz, Salem, Springfield, and Portland. Please complete the attached enrollment application and return it as soon as possible. You will be notified during August 2007 if your child was accepted into the program or placed on our waiting list.

Every effort is made to provide daily transportation for all children enrolled in our program. However, due to considerations such as distance, time, and appropriate practice, you could be asked to self-transport should it be necessary to maintain a safe, efficient bus route.

Please return the following documents with your completed application:

1. Documentation of family income from all sources, which may consist of: a. Current payroll check stub(s) for one month; b. TANF award statement or copy of current check; c. Foster care award statement or copy of check; d. Annual income tax or W-2 statement(s); e. Self-employment or business statement; f. Social Security or SSI award statement; g. Unemployment benefit statement or copy of check. (Income verification is mandatory for all families.)
2. If applicable, documentation of child's enrollment or descendency in a federally recognized Indian Tribe, which may consist of: a. Copy of tribal I.D.; b. Certificate of Indian Blood (CIB); c. For descendency, copy of tribal ID, CIB, or other documentation that verifies enrollment of parent, grandparent, great-grandparent, etc. and birth records that show lineage back to child. (Indian preference cannot be given unless verified.)
3. If applicable, documentation of child's diagnosed disability, which may consist of: a. Copy of Individual Family Service Plan (IFSP); b. Letter or statement from qualifying agency stating your child meets this definition; c. Letter or note from physician or other qualified health provider. (Disability preference cannot be given unless verified.)
4. Copy of child's immunization record. (Note: This is required before any child can attend class.)
5. Completed health and physical exam summary, signed and dated by physician. (Note: This is required within 45 days after the child is enrolled.)

For your application to be fully complete, all of the above items should be attached. If you have any questions, please feel free to contact me by telephone at 1-800-922-1399, ext. 1376, or 541-444-8376.

In Partnership with Children and Families,
DeAnn Brown, Director
Siletz Tribal Head Start

Walk Off Craving for Nicotine

"Withdrawal symptoms related to smoking can be better handled with walking," says a research finding published in the medical journal *Addiction*.

Researchers found that moderate exercise certainly had a better effect on people who are making efforts to quit smoking. They also are of the opinion that if the same effect were found in a drug, it immediately would have been marketed as an effective tool to give up smoking.

The most effective exercises could be done outside a gym, like walking, or isometric exercises, flexing and tensing muscles. It was found that a minimum of five minutes of exercising was sufficient for smokers to keep their craving for a cigarette under control.

These exercises could come in handy for a shorter bout of craving. For

a long-term effect, they should be combined with anti-smoking techniques.

When you exercise, your body produces the natural dopamine, which is responsible for mood enhancement that reduces the smoker's craving for nicotine. Tobacco manufacturers put nicotine in cigarettes/chew at higher and higher rates to please the dopamine centers in the brain. This in turn causes the addiction.

Why put all the chemicals and poisons in your body when you can do it naturally without the side effects of smoking or chewing?

For questions or help quitting, contact DeAnna Pearl, Tobacco Prevention and Education Program, at 541-444-9659 or 1-800-648-0449, ext. 1659; or the Oregon Quit Line at 1-877-270-7867.



Siletz Tribal Head Start Enrollment Application

Return this application to Siletz Tribal Head Start, P.O. Box 549, Siletz, OR 97380-0549. For more information, call 1-800-922-1399, ext. 1376, or 541-444-8376. (2007-2008 year)

1. Child's Name: _____ SSN: _____

2. Child's Sex: M F 3. Child's Date of Birth: ___/___/___ Returning Student: Yes No

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

5. Is child member/descendant of a federally recognized Indian Tribe? No Yes

Roll # _____ Tribe(s): _____ (please attach verification)

6. Parent/Guardian Name(s):

1. _____ SSN: ___/___/___

2. _____ SSN: ___/___/___

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: Home: _____ Work: _____ Message: _____

7. Bus pick-up and drop-off address if different from above:

8. A preference for enrollment can be given to families that face any of the following conditions: single-parent household, parents separated or divorced, child is a victim of abuse or neglect, or child suffers from a non-handicapping medical condition. 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: Total # of household members _____

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

10. Financial Statement (you must attach verification of these benefits). Check all that apply:

___ Employed ___ Unemployment ___ General Assistance ___ Child Support

___ TANF ___ Social Security ___ Veteran's Benefits ___ Disability

___ College Grants/Scholarships ___ Other, explain _____

Total Gross Monthly Income: \$ _____ (you must attach verification)

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

Signature: _____ Date: _____

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 she/he has been discriminated against should write to the Secretary of Agriculture, Washington, DC 20250.