

**Confidential Child Pre- Enrollment Application
C.R.I.H.B. TRIBAL HEAD START PROGRAM**

Tribal Member or Descendant of Tribal Member*
Tribe _____
(Verification will be required!)

Section I – Child Information

| | | | |
|---|------------|--|---|
| Child's Legal Name Last: _____ First: _____ | | Does he/she have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ ID#: _____ | |
| Birth Date: _____ | Sex: _____ | Ethnicity: _____ | Primary Language: _____ <input type="checkbox"/> Diagnosed Disability/ Special Needs* (List): _____ |
| Is child a Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you believe your family is high risk? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Explain (i.e. homeless, domestic abuse, etc.): _____ | | | |
| Is child enrolled in another program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Center/Provider: _____ | | | |
| How did you hear about the CRIHB Tribal Head Start Program? _____ | | | |

Section II – Family Information

| Name of Parent/Guardian: | DOB | Sex | Education Level | Employment Status | Phone (Home) | Phone (Work/School) |
|--------------------------|-----|--------------|--|-------------------------|--|------------------------|
| A. | | | | | | |
| B. | | | | | | |
| Address: _____ | | | For Sonoma County: Are you interested in Head Start or First Steps? <input type="checkbox"/> Head Start <input type="checkbox"/> First Steps <input type="checkbox"/> Unsure | | Parental Status: One Two Guardian Grandparent Foster | |
| City: _____ | | State: _____ | | # in Family Unit: _____ | | Other: (specify) _____ |
| Zip Code _____ | | | | | | |

Section III – Family Income Information (List all sources and GROSS monthly amount – Verification will be required!)

| | | |
|---|-----------------|------------------|
| Employment including self-employment | \$ _____ | per month |
| Child Support | \$ _____ | per month |
| Other federal cash income program (SSI) | \$ _____ | per month |
| Cash or other assistance under Title IV of the Social Security Act (TANF) | \$ _____ | per month |
| Assistance under the Food Stamp Act of 1997 | \$ _____ | per month |
| Housing voucher or cash assistance | \$ _____ | per month |
| Per Capita Disbursements | \$ _____ | per month |
| Foster Child Benefits | \$ _____ | per month |
| Other | \$ _____ | per month |
| Gross Monthly TOTAL | \$ _____ | Per month |

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

For Head Start Staff Use Only:

Complete "Child Eligibility and Selection Form" using the information provided above along with actual verification. Remember to view income documents and complete the "Statement of Income Verification" form.

Application Score: _____ Staff Initials: _____