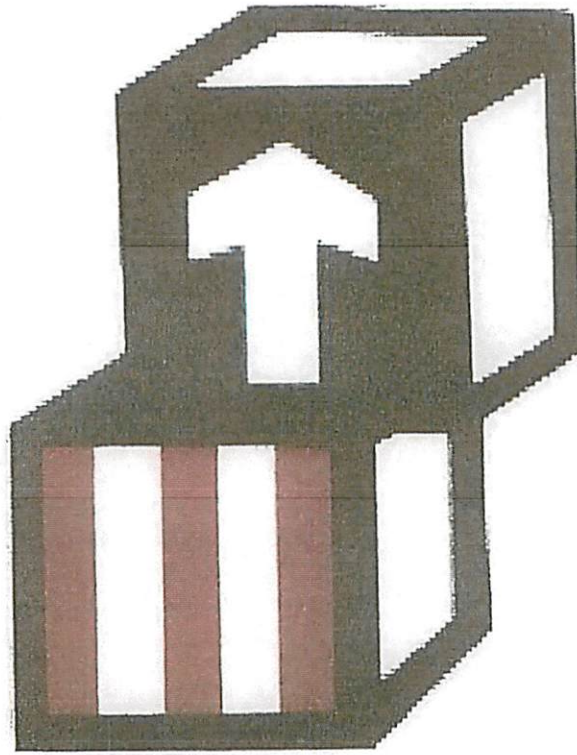


Qualla Boundary Head Start and Early Head Start APPLICATION PACKET



Please bring copies of:

- o Tribal Enrollment Card (if applicable)
- o Income Verification (tax forms, W2s, pay stub, letter from employer, TANF, SSI, per cap, etc.)
- o Proof of residence (power bill, 911 address letter, phone bill, etc.) We do not accept PO boxes as proof of residence.
- o Birth Certificate or legal/custody papers if applicable
- o Please include a copy of the parent/guardian's photo ID.

******YOUR APPLICATION WILL NOT BE PROCESSED
WITHOUT PROOF OF INCOME******

For further questions please call (828) 359-6590.

QUALLA BOUNDARY HEAD START & EARLY HEAD START
ENROLLMENT
FREQUENTLY ASKED QUESTIONS (FAQ)

What happens if I don't turn in everything on the list?

Your application will be incomplete, and not considered for enrollment. Your child will be placed on the incomplete waitlist until you provide the information requested.

What is considered income?

You may provide your most recent tax return, two (2) or more pay stubs, a letter from your employer verifying your employment and rate of pay, W-2s, or you can sign a declaration of no income that we provide for you. Remember, if you get per capita this counts as income!

What if my per capita check is garnished? Is that still considered income?

Yes. This is taxable income, whether it goes to pay loans or to pay child support, so it IS counted as income. The only exception is if you waive your per capita for religious or personal reasons; in this case you will still need to provide documentation of the waiver.

Why do I need to provide proof of residency?

Qualla Boundary Head Start/Early Head Start has a defined service area, which is the Qualla Boundary. Applicants are not required to live on the Boundary if they can provide proof that their county's head start program is full. This is usually done with a letter from the head start that they are fully enrolled.

How long is the application good for?

Your application is good for one (1) calendar year after you apply. We notify applicants that they need to update before their application expires, but we also recommend you keep track of the dates when information is due.

I've been on the waitlist for a while, why is my child not getting in?

Our waitlist is not first come first served. We have guidelines that we must adhere to when considering applications. Some children may have a more urgent need; or we may simply not have any slots open. You will be notified if a slot opens that your child qualifies for, so don't worry we haven't forgotten you!

Are there special considerations for QBHS/EHS employees or current parents? I heard it all depends on who you know.

There are no special considerations for anyone but the children. We abide by the guidelines set forth by the Office of Head Start (OHS) and Tribal Council. Placement is not political or personal—children are served based on their needs.

We value our Cherokee children and families and we are here to serve the community. Please continue to stay in touch with the Family Services Manager to keep your son/daughter's enrollment application current and updated.

QUALLA BOUNDARY HEAD START AND EARLY HEAD START APPLICATION FOR ENROLLMENT

CHILD INFORMATION

First: _____ Middle: _____ Last: _____

Date of Birth: ____/____/____ Gender: Female Male Social Security Number: _____

Race: Asian Black White American Indian/Alaska Native Hawaiian/Pacific Islander Multi-Racial Other

Hispanic? Yes No English Proficiency: None Little Moderate Proficient

Other Language: _____ Proficiency: Little Moderate Proficient

Primary Health Coverage: _____ Other Coverage: _____ Insurance # _____

Medicaid: Not eligible On Medicaid Potentially Medicaid # _____

Primary Medical Office: _____ Doctor: _____

Primary Dental Coverage: _____ Dental Coverage Number: _____

Primary Dental Office: _____ Dentist: _____

Parent/Guardian Cell: _____ Work: _____ Home: _____

Email: _____ Place of Employment: _____

First: _____ Middle: _____ Last: _____

Date of Birth: ____/____/____ Gender: Female Male Social Security Number: _____

Race: Asian Black White American Indian/Alaska Native Hawaiian/Pacific Islander Multi-Racial Other

Hispanic? Yes No English Proficiency: None Little Moderate Proficient

Other Language: _____ Proficiency: Little Moderate Proficient

Highest Grade Completed: Master's Associate's Bachelor's College Degree/Training Certificate

College or Advanced Training GED High School Graduate 9th 10th 11th

Employment Status: Full Time & Training Full Time (35 or more hours/week) Part time & Training

Part time (under 35 hours/week) Retired or Disabled Seasonal Training or School Unemployed

Child's Relationship: Biological/Adopted/Step Foster Grandchild Other Relative _____

Custody: Yes No Lives With **this Family** Provides Financial Support **for this Child** Teen Parent Subsidized

Housing type: Buying to Own Homeless Living with a Family member Own Rent

Check all that you are receiving. SNAP SSI TANF WIC FDPIR

Parent/Guardian Cell: _____ Work: _____ Home: _____

Email: _____ Place of Employment: _____

First: _____ Middle: _____ Last: _____

Date of Birth: ____/____/____ Gender: Female Male Social Security Number: _____

Race: Asian Black White American Indian/Alaska Native Hawaiian/Pacific Islander Multi-Racial Other

Hispanic? Yes No English Proficiency: None Little Moderate Proficient

Other Language: _____ Proficiency: Little Moderate Proficient

Highest Grade Completed: Master's Associate's Bachelor's College Degree/Training Certificate

College or Advanced Training GED High School Graduate 9th 10th 11th

Employment Status: Full Time & Training Full Time (35 or more hours/week) Part time & Training

Part time (under 35 hours/week) Retired or Disabled Seasonal Training or School Unemployed

Child's Relationship: Biological/Adopted/Step Foster Grandchild Other Relative _____

Custody: Yes No Lives with *this Family* Provides Financial Support *for this Child* Teen Parent Subsidized

Housing type: Buying to Own Homeless Living with a Family member Own Rent

Check all that you are receiving. SNAP SSI TANF WIC FDPIR

List all other adults and children living in the household other than the primary and secondary adults.

First: _____ Middle: _____ Last: _____

Date of Birth: ____/____/____ Gender: Female Male Social Security Number: _____

Race: Asian Black White American Indian/Alaska Native Hawaiian/Pacific Islander Multi-Racial Other

Hispanic? Yes No English Proficiency: None Little Moderate Proficient

Other Language: _____ Proficiency: Little Moderate Proficient

First: _____ Middle: _____ Last: _____

Date of Birth: ____/____/____ Gender: Female Male Social Security Number: _____

Race: Asian Black White American Indian/Alaska Native Hawaiian/Pacific Islander Multi-Racial Other

Hispanic? Yes No English Proficiency: None Little Moderate Proficient

Other Language: _____ Proficiency: Little Moderate Proficient

First: _____ Middle: _____ Last: _____

Date of Birth: ____/____/____ Gender: Female Male Social Security Number: _____

Race: Asian Black White American Indian/Alaska Native Hawaiian/Pacific Islander Multi-Racial Other

Hispanic? Yes No English Proficiency: None Little Moderate Proficient

Other Language: _____ Proficiency: Little Moderate Proficient

***If you need to add more people, please add them on the back of the last sheet.**

HOUSING: Working Heat Running Water Indoor plumbing Electricity Adequate Size Good condition

Physical Address: _____
(Where you live) (Street) (City) (State) (Zip Code) (County)

Mailing Address: _____
(City) (State) (Zip Code)

Family Phone Numbers

Name	Cell	Home	Work	Notes

Parental Status (check one) One Two Primary Language Spoken in home: _____

Homeless Family Active Military Military Veteran Referred by Child Welfare Agency Receiving SNAP WIC

Family Health (check all that apply) Diabetic Overweight Disabled Having Substance Abuse Problems

Having Domestic Violence Issues Other (please explain) _____

Has your child received services from an Early Intervention Program? Yes No

If yes, please describe and provide documentation: _____

Does your child have any health problems/special needs/disabilities: Yes No

If yes, please describe and provide documentation: _____

Family Crisis History (Please check all that apply for the past year)

Loss of home due to fire/mold Death of a close family member Other Crisis: _____

Check all that apply. Early Head Start (birth-3 years) Head Start (3-5 years) Big Cove Center Dora Reed Center

How did you hear about our program? Newspaper Flyer Recruitment Event QBHS/EHS Parent Staff

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 _____

STAFF STAMP RECEIVED with date & initials