



Bristol Bay Native Association Head Start Application

Child Name (First, Middle, Last)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Site: <input type="checkbox"/> Dillingham <input type="checkbox"/> Manokotak <input type="checkbox"/> New Stuyahok <input type="checkbox"/> Togiak	How would you like to receive information? <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both	
Mailing Address	Physical Address (Bus Pickup)	
City, State, Zip Code		
Childs Race (please check all that apply) <input type="checkbox"/> Alaska Native/American Indian <i>Tribal information required</i> <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic (Full/Part) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____	Language Primary: _____ Secondary: _____	
Child's Health Coverage <input type="checkbox"/> Medicaid or Denali Kid Care <input type="checkbox"/> Private <input type="checkbox"/> Indian Health Services	Questionnaire <i>Child Disability:</i> <input type="checkbox"/> Suspected/Maybe <input type="checkbox"/> IEP/IFSP <input type="checkbox"/> None <i>Child Health :</i> <input type="checkbox"/> Physical <input type="checkbox"/> Behavioral <input type="checkbox"/> None <i>Is the Child :</i> <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care <input type="checkbox"/> Dual Language <i>Military Family:</i> <input type="checkbox"/> Active <input type="checkbox"/> Guard <input type="checkbox"/> None <i>Nutrition:</i> <input type="checkbox"/> WIC <input type="checkbox"/> SNAP (Food Stamps) <i>Needs/Concerns:</i> <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Immediate Family Death/Serious Illness <input type="checkbox"/> Alcohol/Drug Use <input type="checkbox"/> Other:	

Family Member Information

Parental Status	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Shared <input type="checkbox"/> Non-Parent <input type="checkbox"/> Other:	Total Number of People (including Children) living in the home?	
Primary Adult (over 18)		Primary Email:	
Name	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> School/Training <input type="checkbox"/> Unemployed Highest Grade: _____ (Please specify your highest grade or degree accomplished)			
Secondary Adult (over 18)		Secondary Email:	
Name	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> School/Training <input type="checkbox"/> Unemployed Highest Grade: _____ (Please specify your highest grade or degree accomplished)			
All Other Adults in home (over 18) – add more pages if needed			
Name	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> School/Training <input type="checkbox"/> Unemployed Highest Grade: _____ (Please specify your highest grade or degree accomplished)			

Other Family Information

Other Children in Home Name <small>DO NOT LIST HEAD START APPLICANT</small>	Gender	Date of Birth	Relation to Primary Adult
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

Eligibility Information

Temporary and Needy Family (TANF): <input type="checkbox"/> Yes <input type="checkbox"/> No		Supplemental Security Income (SSI): <input type="checkbox"/> Yes <input type="checkbox"/> No	
100% Income Eligibility Income for all family members including shared custody (<i>not living in the home but providing financial support</i>) are at		130% Income Eligibility Income for all family members including shared custody (<i>not living in the home but providing financial support</i>) are at	
Size of Family Unit	Amount	Size of Family Unit	Amount
<input type="checkbox"/> 1	\$ 16,990	<input type="checkbox"/> 1	\$ 22,087
<input type="checkbox"/> 2	\$ 22,890	<input type="checkbox"/> 2	\$ 29,757
<input type="checkbox"/> 3	\$ 28,790	<input type="checkbox"/> 3	\$ 37,427
<input type="checkbox"/> 4	\$ 34,690	<input type="checkbox"/> 4	\$ 45,097
<input type="checkbox"/> 5	\$ 40,590	<input type="checkbox"/> 5	\$ 52,767
<input type="checkbox"/> 6	\$ 46,490	<input type="checkbox"/> 6	\$ 60,437
<input type="checkbox"/> 7	\$ 52,390	<input type="checkbox"/> 7	\$ 68,107
<input type="checkbox"/> 8	\$ 58,290	<input type="checkbox"/> 8	\$ 75,777
<input type="checkbox"/> Add \$5,600 for each additional person	\$ _____	<input type="checkbox"/> Add \$7,280 for each additional person	\$ _____
<input type="checkbox"/> Do Not meet 100%		<input type="checkbox"/> Do Not meet 130%	

Please include with application one of the following **ONLY** if you meet the 100% or 130% Alaska Poverty Guidelines.
 Pay Stubs of all family members Employer Statement TANF Letter SSI Unemployment Tax form 1040

Tribal Verification

Applicants who are enrolled in a federally recognized tribe are eligible for AIAN Priority. Please enter tribe name and enrollment number below.

Name of Tribal Member: _____ **ID Number:** _____

Tribe Name: _____

Certification

I certify that the above information is true to the best of my knowledge. If any part is proven false, your child's status may be changed.

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.

I understand that my child will not be considered for enrollment until income documentation has been received.

Parent/Legal Guardian Signature

Date

BBNA Head Start is NOT a first come first serve program. All information on this application determines the eligibility for students that are enrolled.

BBNA Head Start does not discriminate on the basis of race, sex, age, color, ethnic or national origin, cultural affiliation, citizenship, religious belief, disability or political standing.

Program Information:

Bristol Bay Native Association Head Start
 PO Box 310
 Dillingham, AK 99576

Phone: (907) 842-4059 **Fax:** (907) 842-2338
Toll-Free Phone: 1-800-478-4059