



## Bristol Bay Native Association Head Start Application

<b>Child Name (First, Middle, Last)</b>	<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Site:</b> <input type="checkbox"/> Dillingham <input type="checkbox"/> Manokotak <input type="checkbox"/> New Stuyahok <input type="checkbox"/> Togiak	<b>How would you like to receive information?</b> <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both	
<b>Mailing Address</b>	<b>Physical Address (Bus Pickup)</b>	
<b>City, State, Zip Code</b>		
<b>Childs Race (please check all that apply)</b> <input type="checkbox"/> Alaska Native/American Indian <b><i>Tribal information required</i></b> <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: _____	<b>Language</b> Primary: _____ Secondary: _____	
<b>Child's Health Coverage</b> <input type="checkbox"/> Medicaid or Denali Kid Care <input type="checkbox"/> Private <input type="checkbox"/> Indian Health Services	<b>Questionnaire</b> <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

<b>Parental Status</b>	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Shared <input type="checkbox"/> Non-Parent <input type="checkbox"/> Other:	<b>Total Number of People (including Children) living in the home?</b>	
<b>Primary Adult (over 18)</b>		<b>Primary Email:</b>	
<b>Name</b>	<b>Phone:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Employed:</b> <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			
<b>Highest Grade:</b> _____ (Please specify your highest grade or degree accomplished)			
<b>Secondary Adult (over 18)</b>		<b>Secondary Email:</b>	
<b>Name</b>	<b>Phone:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Employed:</b> <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			
<b>Highest Grade:</b> _____ (Please specify your highest grade or degree accomplished)			
<b>All Other Adults in home (over 18) – add more pages if needed</b>			
<b>Name</b>	<b>Phone:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Employed:</b> <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			
<b>Highest Grade:</b> _____ (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):**  Yes  No

**Supplemental Security Income (SSI):**  Yes  No

**100% Income Eligibility**

Income for all family members including shared custody (not living in the home but providing financial support) are at

**130% Income Eligibility**

Income for all family members including shared custody (not living in the home but providing financial support) 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 \$5,900 for each additional person	\$ _____	<input type="checkbox"/> Add \$7,670 for each additional person	\$ _____

Do Not meet 100%

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