



# The Chickasaw Nation Early Childhood Department

Ada    Ardmore    Sulphur    Tishomingo

300 Rosedale Road/ Ada, Oklahoma 74820  
(580) 421-7711 / (580) 436-7279 fax

## HEAD START APPLICATION

**A COPY OF THE FOLLOWING DOCUMENTATION MUST BE PROVIDED TO DETERMINE ELIGIBILITY AND FOR APPLICATION TO BE CONSIDERED FOR ENROLLMENT: Eligibility determination is based upon a completed and signed application with the required documents.**

- CDIB or other tribal documentation
- Insurance/Sooner Care
- Immunization record
- State birth certificate
- Income (check or employer's statement)
- Official documentation of disability

### Applicant Information

Child's name:	Sex:	Age:	Birth date:	School district:
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Email address: \_\_\_\_\_

Home address	Child's race
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Address: _____ City: _____ State: _____ Zip code: _____ County: _____	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Other _____ <input type="checkbox"/> Native American <input type="checkbox"/> CDIB or other tribal documentation <div style="text-align: right;"><input type="checkbox"/> Yes or <input type="checkbox"/> No</div> <input type="checkbox"/> List tribe and degree: _____
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### Telephone numbers

Home: _____ Work: _____ Work: _____	Cell phone: _____ Message phone: _____ Message phone: _____
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### Family Status (Please check what best describes your situation)

Family status: <input type="checkbox"/> Single, head of household, never been married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Common Law	Income/Benefit: <input type="checkbox"/> Unemployed <input type="checkbox"/> Paid weekly <input type="checkbox"/> Paid bi-weekly <input type="checkbox"/> Paid monthly <input type="checkbox"/> Other income: _____	Number in household: _____ <hr/> Mother's name (guardian): _____ <hr/> Father's name (guardian): _____
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**Name of Persons in Household**

Name:	Relationship to child:	Age:

**Other Information (please check and explain, if required)**

Are there any hardship conditions in your family at this time?  Yes  No

If yes, please describe: \_\_\_\_\_

Does your child have any special needs (speech, allergies, IEP, IFSP potty train)?  Yes  No

If yes, please describe: \_\_\_\_\_

Please address in detail any educational, medical, social or emotional concerns you have for your child.

Does child need transportation to school?  Yes  No

Has any member of your immediate family ever been a Chickasaw Nation Head Start student?  Yes  No

I certify that the information I have submitted is true to the best of my knowledge and realize it is subject to verification, and that falsification is grounds for immediate termination and may subject me to prosecution under law. I allow the release of information for verification and reporting purposes.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of director

\_\_\_\_\_  
Date

**Office Use Only**

**Head Start Center**

**Administration Office**

- CDIB or other tribal documentation
- Birth certificate
- Immunization record
- Insurance/Sooner Care
- Income verification

- Eligible
- Native American
- Special needs
- Added to waiting list