

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

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

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

QUALLA BOUNDARY HEAD START AND EARLY HEAD START APPLICATION FOR ENROLLMENT

1. CHILD INFORMATION

First: _____ Middle: _____ Last: _____

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

Race: ☐Asian ☐Black ☐White ☐American Indian/Alaska Native/Tribal affiliation: _____

☐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: _____

2. PARENT/GUARDIAN

First: _____ Middle: _____ Last: _____

Cell: _____ Work: _____ Home: _____

Do we have your permission to send a text to this cell phone? ☐Yes ☐No

Email: _____ Place of Employment: _____

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

Custody: ☐Yes ☐No ☐Lives With **this child** ☐Provides Financial Support for **this child** ☐Teen Parent ☐Subsidized

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 _____

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

Check all that you are receiving. ☐SNAP(food stamps) ☐SSI ☐TANF ☐WIC ☐FDPIR(commodities)

3. PARENT/GUARDIAN

First: _____ Middle: _____ Last: _____

Cell: _____ Work: _____ Home: _____

Do we have your permission to send a text to this cell phone? ☐Yes ☐No

Email: _____ Place of Employment: _____

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

Custody: ☐Yes ☐No ☐Lives With **this child** ☐Provides Financial Support for **this child** ☐Teen Parent ☐Subsidized

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 _____

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

Check all that you are receiving. ☐SNAP(food stamps) ☐SSI ☐TANF ☐WIC ☐FDPIR(commodities)

4. List ALL other adults and children living in the household other than the parent(s)/guardian(s).

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

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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.**

5. **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)

6. **OTHER Family Phone Numbers**

Name	Cell	Home	Work	Notes

7. **Parental Status** ☐One ☐Two Primary Language Spoken in home: _____

☐Homeless Family ☐Active Military ☐Military Veteran ☐Referred by Social Service/Family Safety Agency

☐Incarcerated Parent ☐Parent/Guardian needs GED/Adult Literacy ☐Parent/Guardian enrolled in Higher Education

8. **Family Health** (check all that apply) ☐Diabetic ☐Overweight ☐Disabled ☐Having Domestic Violence Issues

☐Having Substance Abuse Problems ☐Having Alcohol Abuse Problems ☐Other (please explain) _____

9. **Has your child received services from Early Intervention?** ☐Yes ☐No **Does your child have an IEP or IFSP?** ☐Yes ☐No
If yes, please describe and **provide documentation:** _____

10. **Does your child have any health problems/special needs/disabilities?** Some examples are speech/language impairment, hearing loss/deafness, visual impairment, and mobility impairment. ☐Yes ☐No

If yes, please describe and **provide documentation:** _____

11. **Does your child have any medical conditions requiring an action plan from a doctor?** Some examples are allergies, asthma, and seizures? ☐Yes ☐No If yes, please explain. _____

12. **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: _____

13. **Preference:** ☐Early Head Start (birth-3 years) ☐Head Start (3-5 years) ☐Big Cove Center ☐Dora Reed Center

14. **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.