

**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 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup>

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

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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: \_\_\_\_\_

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Other Language: \_\_\_\_\_ Proficiency: Little Moderate Proficient

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female Male Social Security Number: \_\_\_\_\_

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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.

## QUALLA BOUNDARY HEAD START & EARLY HEAD START FREQUENTLY ASKED QUESTIONS ABOUT ENROLLMENT

### **What happens if I don't turn everything in that is listed on the front of the application?**

Your application will be incomplete and will not be considered for enrollment until you provide the information requested. We do understand special circumstances make it difficult to get some of this information, so please call the number listed below to discuss how we may help.

### **What is considered income?**

You may provide your most recent tax return, W-2s, at least two (2) pay stubs, a letter from your employer verifying your employment and rate of pay, or you can sign a declaration of no income that we provide for you. Per capita checks *do* count as income. If two (2) parents, regardless of marital status, are in the home, we will need income from both parents.

### **What if my per capita check is garnished?**

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

### **Why do I need to provide proof of residency?**

QBHS & EHS has a defined service area. If you live outside of the designated area, you are not eligible for services.

### **How long is the application valid?**

The application is valid for one (1) year after the date you write on the last page of the application. You may come by and update your application at any time.

### **I've been on the waitlist for a while. Why is my child not getting in?**

Our waitlist is not "first come, first serve". We have guidelines that we must adhere to when considering enrollment. Some children may have a more urgent need, or we may not have any age-appropriate slots available for your child/ren.

### **My child is on the waitlist. Why am I seeing advertisements and flyers that you are recruiting children for open slots?**

We are required by Head Start rules to actively recruit families so that our waitlist is always growing, regardless of whether we have slots available. If your application is current, you are still active on the waitlist. For each age group, there are age requirements. Per Head Start Standards, your child must fit into the age group for an open slot by 8/31. In other words, for your child to qualify for a 3 yr old slot, they must turn 3 on or before 8/31.

**If your child has been accepted at the Big Cove Center and you request your child to be moved to the Dora Reed Center (when a slot becomes available), you will be required to update all information with your FCP (application, income, etc.)**

If you have questions not listed, please call 828-359-6589.

**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.