



**Sault Sainte Marie Tribe of Chippewa Indians
 Early Childhood Education Programs
 4 Ice Circle
 Sault Sainte Marie, MI 49783
 Phone 906-635-7722 or Fax 906-635-4779**



Head Start serves low-income families, pregnant women and children with disabilities who meet federal guidelines.

Program options please mark all that apply:

Head Start: 3-5yrs. old

Early Head Start 0-3 yrs. old

Sault: Part Day/Part Year _____

Sault: Full Day/Full Year _____

Sault: Full Day/Part Year _____

Sault: Full Day/Full Year _____

St. Ignace: Full Day/Part Year _____

Child's Name _____ Date of Birth ___/___/___ Sex _____

Race _____ Primary Language _____

Address _____ City _____ Zip _____

Phone _____ Email Address _____

Mother/Guardian's Name _____ Birthdate ___/___/___ Race _____

Father/Guardian's Name _____ Birthdate ___/___/___ Race _____

Please indicate any services you are receiving:

- DHS Child Care Assistance
- DHS Cash Assistance (FIP)
- Food Assistance (SNAP)
- DHS Case # _____
- Sault Tribe CCDF child care
- Medicaid # _____
- WIC _____

Please indicate if child (documentation needed):

- has a Diagnosed Disability
- is a Foster Child
- is Homeless (signed form)

Family: Please check:

- Two Parent Family
 - One Parent Family
 - Foster Family
- Number of adults (18 or older) in family _____
 Number of children (under 18) in family _____

Submit Family Income Documentation with application:

- No-Income (signed form)
- Mother's Work \$ _____ Social Security \$ _____ Unemployment \$ _____
 Father's work \$ _____ Public Assistance \$ _____ SSIS _____
 Child Support \$ _____ Other forms of cash assistance \$ _____

Total Monthly Income (gross) \$ _____

Please indicate any issues which have occurred with this child or immediate family:

Current Head Start/EHS/CCC Child

Sibling of Currently Enrolled Child

Developmental Concerns

Developmental Delays

Nutritionally Deficient

Speech & Language Concerns

Child has long term Chronic Illness

Household

One Parent

Parent's divorced

Parent Serving Military or Veteran

Parent Serving Active War Time Duty

Parent Incarcerated/Disabled

Parent/Guardian/Sibling Loss by Death

Teen Parent

Early Head Start Only

Mother:

Pregnant Teen

No Prenatal Care

Prenatal Complications

Multiple Birth anticipated

Currently pregnant over 35 yrs old

Child:

Low Birth Weight

Premature Birth

Current Concerns:

Home Safety Concerns (lead)

Homes Safety Concerns (fire)

Other Home Safety Concerns

Substance Abuse/Addiction (drugs/alcohol)

Housing in Rural Area

Lack of Stable Housing

Lack of Health Care

Long-term chronic illness-immediate family

Large # People living in household

Lack of child care

Hours of care needed _____ to _____

Historical Concerns-immediate family

History of Neglect

History of Physical Abuse

History of Sexual Abuse

History of Domestic Violence

History of Substance Abuse/Addiction (drug and/or alcohol problems)

History of High School drop out

History diagnosed family problems

Family History of Destructive/Violent temper

If parents are attending school, please indicate where and attach a copy your current schedule:

Name of college/school _____

Course of study _____

Full time/ Part time _____

How did you hear about our program?

Current/Past Head Start Parent _____ Web site _____ Mail _____ Newspaper _____

Friend/Family _____ Community Event _____ Other _____

A Copy of Enrollee's or Parent's Tribal Identification & Proof of Income MUST be submitted in order to process this application.

Acknowledgments:

Please be advised the information in this document does not automatically qualify your child for enrollment in the Sault Tribe Head Start/Early Head Start Program. This application form is for evaluation purposes only.

I certify the information provided is accurate and truthful to the best of my knowledge. I understand enrollment is not based on a first come first served basis, but is based on the highest need. I understand I will be required to provide further documentation prior to enrollment to confirm eligibility.

Date: _____

X _____
Signature of Parent/Guardian or Enrollee

Program Use Only

Date Application Received: _____ *By Whom:* _____

Proof of Income Attached _____ *Income Eligible* _____ *Risk Factor Points* _____

Proof of Tribal Identification Attached _____

Interview: In-person _____ Telephone _____ Email _____
Initial/Date *Initial/Date* *Initial/Date*