



# **Samish Longhouse Head Start Program Application 2018-2019**

**Applications are returned at: 1618 D. Ave Anacortes, WA 98221**

Feel free to deliver by mail or in person!

Eligibility and enrollment are based on determined need, so please fill out your application completely and accurately! A program representative will contact you by early September with selection decisions.

**In order to process your attached application, we MUST have following documents:**

- Proof of Income
- Child's Immunizations

**Thank you! Please feel free to contact us with any questions!**



**Samish Head Start Program**  
**1618 D Avenue Anacortes, WA 98221**  
**(360) 588-8806 ph ~ (360) 588-1091 fax**  
**Head Start Enrollment**

**Child Information:**

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
*First name MI Last name*

**Date of Birth:** \_\_\_\_\_ **Gender:**  M  F **Application Date:** \_\_\_\_\_

**Race/Ethnicity**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native         | <input type="checkbox"/> Asian                     | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Bi-racial/Multi-racial                    | <input type="checkbox"/> Black or African American |   |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White                     |   |
| <input type="checkbox"/> Samish Tribe                              | <input type="checkbox"/> Other _____               |   |

**Comments:** \_\_\_\_\_

**Language(s) Spoken:** Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

**English Speaking Ability:**  Very Well  Well  Not Well  Not at All

**Concerns about Child's Overall Health and Development:**  Yes  No

**Describe Concerns:** \_\_\_\_\_

**Concerns expressed by:**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Provider     | <input type="checkbox"/> Social Service Agency |
| <input type="checkbox"/> Family Member        | <input type="checkbox"/> EHS Program Staff     |
| <input type="checkbox"/> Other: Specify _____ | <input type="checkbox"/> Head Start Staff      |

**Does Child Have?** Diagnosed Disability  Yes  No IEP  Yes  No

**Child Has:** Private Insurance \_\_\_\_\_ Medicaid and/or CHIP \_\_\_\_\_ State Only \_\_\_\_\_ \*Other \_\_\_\_\_ No Coverage \_\_\_\_\_

**\*If other Please list:** \_\_\_\_\_

**Child Previously Enrolled in Head Start or Other Childhood Development Program:**

Yes  No

**Program** \_\_\_\_\_ **Dates of attendance:** from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Child Care Information**

Is child in child care in addition to participating in Head Start?  Yes  No

**If yes, specify Day Care Provider(s) (Mark all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Older sibling under age 12             | <input type="checkbox"/> Adult nonrelative in nonrelative's home |
| <input type="checkbox"/> Older sibling age 12 or older          | <input type="checkbox"/> Child Care center                       |
| <input type="checkbox"/> Relative                               | <input type="checkbox"/> Not yet arranged                        |
| <input type="checkbox"/> Adult non-relative in child's own home | <input type="checkbox"/> Other: Specify _____                    |

**Income and Services**

**Services or Financial Assistance Currently Receiving**

- Medical financial assistance (i.e. Medicaid/Medicare)
- Public housing assistance
- Public Assistance/Welfare (i.e. TANF/AFDC)
- WIC
- Supplemental Security Income (SSI)
- Foster care/Adoption subsidy
- Unemployment insurance

**No services received**

- Food Stamps
- Child support/alimony
- Energy program assistance
- EPSDT
- WWIETP, Work First
- Working Connections Child Care
- Other: Specify \_\_\_\_\_

**Income Over Last 12 Months or Last Calendar Year \$** \_\_\_\_\_

**Please Indicate Any Issue(s) That Has Affected or Is Now Affecting The Family or Family Members:**

- |   |   |
|---|---|
| <input type="checkbox"/> Documented or Suspected Domestic Violence      | <input type="checkbox"/> Housing or Utilities     |
| <input type="checkbox"/> Documented or Suspected Child Abuse or Neglect | <input type="checkbox"/> Parental Substance Abuse |
| <input type="checkbox"/> Chronic Health Problems                        | <input type="checkbox"/> Mental Health            |

Active Military  High Risk Family (describe) \_\_\_\_\_

Family Need (describe) \_\_\_\_\_

Major Family Change Crisis (describe) \_\_\_\_\_

Referred by an Agency or Professional (Documented) \_\_\_\_\_

Dose your family have any immediate concerns that you would like Head Start to be aware of? \_\_\_\_\_



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**Parent/ Guardian Information**

**1<sup>st</sup> Parent/ Guardian Name:** \_\_\_\_\_  
*First name MI Last name*

**Date of Birth:** \_\_\_\_\_ **Gender:**  M  F **Relationship to Child:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
*Street Apt. # City Zip Code*

**Mailing Address:** \_\_\_\_\_  
*Street Apt. # City Zip Code*

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Person Resides in the Same Household as Child:**  Yes, all of the time  Yes, some of the time  No, never

**Language(s) Spoken:** Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

**English Speaking Ability:**  Very well  Well  Not Well  Not at all **Race/Ethnicity** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Person is Currently Pregnant:**  Yes  No  Not Applicable

**Employment Status**

- Full-time (more than 34 hours weekly)
- Part-time
- Seasonal-Non Agricultural
- Seasonal-Agricultural
- Employed and in school
- In job training or in school
- Homemaker
- Retired
- Unable to work due to disability
- Unemployed

**Education Level**

- Bachelor or Advanced Degree
- Associate Degree/Vocational School
- Trade/Business Qualification
- Some Collage
- High School Diploma
- GED
- Grade 12 or less
- Other: Specify \_\_\_\_\_

**School/Employer Name:** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Is person Willing to Pursue Additional Education/Job Training:**   
 Yes  No

**2<sup>nd</sup> Parent/ Guardian Name:** \_\_\_\_\_  
*First name MI Last name*

**Date of Birth:** \_\_\_\_\_ **Gender:**  M  F **Relationship to Child:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
*Street Apt. # City Zip Code*

**Mailing Address:** \_\_\_\_\_  
*Street Apt. # City Zip Code*

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Person Resides in the Same Household as Child:**  Yes, all of the time  Yes, some of the time  No, never

**Language(s) Spoken:** Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

**English Speaking Ability:**  Very well  Well  Not Well  Not at all

**Race/Ethnicity** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Person is Currently Pregnant:**  Yes  No  Not Applicable

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**School/Employer Name:** \_\_\_\_\_ **Email** \_\_\_\_\_



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Address: \_\_\_\_\_

Is person Willing to Pursue Additional Education/Job Training:  Yes  No

**Additional Family Members Information:**

Name	Date of Birth	Gender	Does Person Lives With Child	Race/Ethnicity	Relationship to Child	Education Highest Grade Completed	Does This Person Have a Job? Go to School?

**Household Information:**

Number of Adults in Family \_\_\_\_\_ Number of Children in Family \_\_\_\_\_ Number of People in Household \_\_\_\_\_

**Family Type:**

- Two parent family
- Single parent family (mother figure only)
- Single parent family (father figure only)
- Other relative(s)
- Foster family
- Single parent family (mother figure only) living with partner
- Single parent family (father figure only) living with partner
- Other family type: Specify \_\_\_\_\_

**Housing Payment Arrangement:**

- Own
- Rent
- Receive subsidized housing
- Other: Specify \_\_\_\_\_

**Type of Housing:**

- House
- Apartment
- Mobile home/trailer
- Homeless
- Other: \_\_\_\_\_

**Length of Time at Current Address:**

- Less than 6 months
- 6 - 12 months
- 1 - 2 years
- More than 2 years

Does Home Have Environmental or Safety Hazards?  Yes  No

**Number of Times Family Moved in the Past 12 Months:**

- Family has not moved
- Once
- Twice
- Three times
- Four or more times

**Homeless in Past 12 Months (Including currently homeless):**

Yes  No

**Length of time homeless:**

- Less than 1 month
- 1 - 3 months
- 3 - 6 months
- More than 6 months

Family acquired housing during enrollment:  Yes  No

Family Currently Has Means of Transportation:  Yes  No

**Primary mode(s) of transportation used (Mark all that apply):**

- Private vehicle (car, truck, van)
- Friend's or relative's vehicle
- Public transportation (bus, taxi)
- Other:

Family has alternate means of transportation:  Yes  No

How Did You Hear About Samish Head Start? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_