



**COEUR D' ALENE TRIBE
EARLY CHILDHOOD LEARNING CENTER
Applications**

Type of Application:

Head Start _____ **Child Care** _____ **Early Head Start** _____
First Steps _____ **Prenatal** _____

CHILD'S NAME: _____
First name MI Last name

NICKNAME: _____ **GENDER:** Male or female (circle one)

Birth date: _____

RACE/ETHNICITY, _____

LANGUAGE(s) SPOKEN: Primary: _____ Secondary: _____

CONCERNS ABOUT CHILD'S OVERALL HEALTH AND DEVELOPMENT:

- Yes
- No (Skip to next question)
- Don't know (Skip to next question)
- Diagnosed Disability

Describe Concerns: _____

Concerns expressed by: _____

Previously enrolled in Head Start or Other Childhood Development Program:

- Yes
- No (Skip to next question)

If yes, specify which program(s) and date(s) of attendance: (Use the date format: MM/DD/YYYY)

Program Type and Name _____ from ___/___/___ to ___/___/___

Child to Be Cared For By Someone Other Than the Head of Household in Addition to Participating in Head Start:

Yes, _____

Parent/Guardian: _____
First name MI Last name

Date of Birth: _____ **Gender:** Male Female

Mother/Mother Figure Father/Father Figure None of the Above

ADDRESS: _____
Physical Address/P.O. Box

_____ City State Zip Code

Telephone: _____

Work Phone: _____ **Work Phone Ext.:** _____ **Message Phone:** _____

RACE/ETHNICITY, _____

LANGUAGE(s) SPOKEN: Primary: _____ Secondary: _____

Marital Status: Single Married Separated Divorced Widowed

Applicant is Currently Pregnant: Yes No Not applicable

Primary Occupational Status: _____ **Date Started:** _____

What is your monthly income? _____

How many people does this support? _____

Highest Level of Education Completed: _____ **Date Completed:** _____

Attended Vocational Training, Trade or Business School: Yes No

Received certificate or license: Yes No

Participated in Government Training Program: Yes No

Training program(s) attended (Mark all that apply):

JOBS JTPA Job Corps Other Specify _____

Person is Willing to Pursue Additional Educational/Job Training: Yes No Not Applicable

Previously enrolled in Head Start or Other Childhood Development Program:

Yes No (Skip to next question)

If yes, specify which program(s) and date(s) of attendance: (Use the date format: MM/DD/YYYY)

_____ from ___/___/___ to ___/___/___

Applicant is a Teen Mother: Yes No

School attended: _____

Teen parent program in school attended: Yes No

Applicant enrolled teen parent program: Yes No

Parent/Guardian: _____
First name MI Last name

Date of Birth: _____ **Gender:** Male Female

Mother/Mother Figure Father/Father Figure None of the Above

ADDRESS: _____
Physical Address/P.O. Box

_____ City State Zip Code

Telephone: _____

Work Phone: _____ **Work Phone Ext.:** _____ **Message Phone:** _____

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Person is Willing to Pursue Additional Educational/Job Training: Yes No Not Applicable

Previously enrolled in Head Start or Other Childhood Development Program:

Yes No (Skip to next question)

If yes, specify which program(s) and date(s) of attendance: (Use the date format: MM/DD/YYYY)

_____ from ___/___/___ to ___/___/___

Applicant is a Teen Mother: Yes No

School attended: _____

Teen parent program in school attended: Yes No

Applicant enrolled teen parent program: Yes No

Family Of: _____

Family Type:

- Two parent family
- Single parent family (mother figure only)
- Single parent family (father figure only)
- Single parent family (mother figure only) living with partner
- Single parent family (father figure only) living with partner
- Other relative(s)
- Foster family/Kinship Care
- Other family type: Specify _____

Types of Services or Financial Assistance Received (Mark all that apply):

- No services received
- Medical financial assistance (i.e. Medicaid/Medicare)
- Unemployment insurance
- Food Stamps
- Public housing assistance
- Public Assistance/Welfare (i.e. TANF/AFDC)*
- Energy program assistance
- WIC
- EPSDT
- Supplemental Security Income (SSI)
- Child support/alimony
- Foster care/Adoption subsidy
- Other: Specify _____

***If Family is receiving Public Assistance, Answer the Following:**

Began receiving services: ___/___/___ **Scheduled termination:** ___/___/___

Family Applied to Receive Supplemental Security Income (SSI): YES NO

Housing Payment Arrangement:

- Own housing Exchange services for housing Receive subsidized housing
 Rent housing Make no payment for housing Other: Specify _____

Type of Housing:

- House Mobile home/trailer Homeless/no housing Migrant Housing
 Apartment Community shelter Hotel/motel room Other: _____

Length of Time at Current Address:

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

Number of Times Family Moved in the Past 12 Months:

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

Homeless in Past 12 Months (Including currently homeless): Yes No(Skip to next question)

Length of time homeless:

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

Family Currently Has Means of Transportation: Yes No (End of section)

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

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

Family has alternate means of transportation: Yes No

Alternative means of transportation (Mark all that apply):

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

I certify that the information provided on this form is accurate and truthful to the best of my knowledge and if falsified, my child could be removed from the program or I will be required to pay full price for child care. By signing this form I understand I will be screened for placement in a ECLC program. When placement in a program is available, I will be notified. I also understand that I may be asked to update this application from the initial screening before placement in a program.

Parent or Guardian Signature: _____ Date: _____

Each Application Must have the following Documents attached to make the application complete.

Proof of Income

Child's Immunizations Records

Certification of Indian Blood (if applicable)

Current Physical exam (within 6 months of application date)

Child's birth certificate