

Ute Indian Tribe Head Start

Required Documents Check List

Dear Parent/Guardian:

Please read. Fill out the application. **All Information is required.** Incomplete applications will be delayed in the process of enrollment.

Make sure you have all the documents listed below. Check all items that are included with this application:

- Child's Birth Certificate
- Immunization Record: Must have all shots listed below or be on schedule.

Hepatitis A	Hepatitis B	Pneumococcal	Varicella chickenpox	Polio	Hib	DTaP	MMR
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- Income Verification for 12 months
 - W2, 1040, 12 months of check stubs, Food Stamp Benefit Report, TANF Report, Child Support
 - Application can be emailed to sherrillam@utetribe.com
- Family Interview Form (Head Start staff will provide when application is submitted).
- Parent's Report Form (Self-Help and Social-Emotional Scales)
- Court Documents – Guardianship, No Contact Order, Restraining Order
- Physical Exam
- Tuberculosis Risk Assessment Questionnaire
- Oral Health Form

When you return this application, a Family Interview form will be completed with you and a member of the Head Start Staff.

Return application to the Head Start Administration Building: 6640 East Bottle Hollow Loop Road.

Questions? Call (435) 722-4506



Ute Indian Tribe Head Start

P.O. Box 265
Fort Duchesne, Utah 84026
Office: 435 – 722-4506



2022-2023 Enrollment Application

Please fill out the form completely and accurately. All information will be kept confidential. The information will be used to help us determine your family's eligibility for Head Start. Please return this application to the Head Start administration building.

Return with: Your Child's Birth Certificate, Immunization Record and Income Verification.

Class Preference: Half Day 9:00am-1:00pm (child rides bus) Full Day 8:00am-4:30pm (parent transport)

Child Applicant (Print Clearly)

Child's Name: _____ Date of Birth: _____

(First, Middle, Last)

Gender: Male Female

Race:(check all that apply)

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian/Pacific Islander White Other _____
 Enrolled Member of the Ute Indian Tribe
 Descendent of the Ute Indian Tribe

Ethnicity: (choose one)

Hispanic Non-Hispanic

What language does your child speak most fluently? English Spanish Other _____

Does your child speak another language? No Yes If yes, what is the language? _____

Is your child acquiring/learning another language in addition to English? No Yes

If yes, what is the language? _____

What year is this for the child participating in Head Start? 1st 2nd 3rd

Parent/Guardian Information (Print Clearly)

Parent/Guardian Name _____

Date of Birth: _____

Living Address: _____

Mailing Address: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____ Home phone: _____

Parent/Guardian Information (continued)

Gender: Male Female

Race: (check all that apply)

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian/Pacific Islander White Other_____
- Enrolled Member of the Ute Indian Tribe Descendant of Ute Indian Tribe

Ethnicity: (choose one) Hispanic Non-Hispanic

What Language do you prefer to communicate? English Spanish Other:_____

Highest Grade completed:

- Grade 8 or Less Associate Degree
 High School Diploma Bachelor's Degree
 GED Master's Degree

Employment Status:

- Full Time Part Time Seasonal Homemaker Unemployed, # of Months_____
 Retired or Disabled Job Training

Are you currently in school? Yes No

Other Parent or Guardian in the Household (Print Clearly)

Parent/Guardian Name _____

Date of Birth: _____

Email Address: _____

Cell Phone: _____ **Work Phone:** _____ **Home phone:** _____

Race: (check all that apply)

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian/Pacific Islander White Other_____
- Enrolled Member of the Ute Indian Tribe Descendant of Ute Indian Tribe

Ethnicity: (choose one) Hispanic Non-Hispanic

What Language do you prefer to communicate? English Spanish Other:_____

Highest Grade completed:

- Grade 8 or Less Associate Degree
 High School Diploma Bachelor's Degree
 GED Master's Degree

Employment Status:

- Full Time Part Time Seasonal Homemaker Job Training
 Unemployed, # of Months_____
 Retired or Disabled Job Training

Is this person currently in school? Yes No

Family Size and Income (Print Clearly)

This information is required by the Office of Head Start. The total number of people living in the household and income is used to determine if your family income is at or below the Federal Poverty guidelines. **Family means all persons living in the same household who are supported by the child’s parent(s) or guardian(s) income; and are related to the child’s parent(s) or guardian(s) by blood, marriage, or adoption; or are the child’s authorized caregiver or legally responsible party.**

Number in the household _____ Number in family _____ Total number of children _____
 Number of Age 0-3 _____ Number of Age 4-5 _____

Names of People in Household

(Print Clearly)

Name (First, Middle, Last)	Relationship to Child	Level of Education	Date of Birth	Race	Ethnicity
					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

**Please check the type of family that best describes that of the child applying to this program:
 (Check ALL that apply)**

- Two Parent Single Parent Step Parent Foster Parent Grandparent
 Relative other than grandparent Biological Adopted Not Related
 Mother: (circle) Biological Adoptive Step-Mother
 Father: (circle) Biological Adoptive Step-Father
 Other (please specify:) _____

Income

Eligibility is based on the Federal Poverty Guidelines. Proof of Income is Required and must include the total income of all members of the family listed above.

Is this application for a foster child placed with you through Ute Tribe Social Services or the State of Utah?

Yes No

Is your family currently Homeless? Yes No

(living temporarily in a shelter, hotel, vehicle, or living with relatives or friends)

Is one of the parents/guardians a member of the United States Military on Active Duty? Yes No

Is one of the parents/guardians a veteran of the United States Military? Yes No

Parent/Guardian please check all sources of income:

Employment/Job Child Support Pension Alimony
 Unemployment Benefits Per Capita/Dividend Job Training
 SSI (Supplemental Security Income) Other Income (specify) _____

Are you receiving assistance from other agencies? Check all that you receive.

AFDC (Aid to Families with Dependent Children)
 SNAP (Supplemental Nutrition Assistance Program)—food stamps
 WIC (Nutrition Program for Women, Infants and Children)
 TANF (Temporary Assistance for Needy Families—food stamps and emergency assistance not included)

Other Parent/Guardian please check all sources of income:

Employment/Job Child Support Pension Alimony
 Unemployment Benefits Per Capita/Dividend Job Training
 SSI (Supplemental Security Income) Other Income (specify) _____

Other Parent/Guardian: Are you receiving assistance from other agencies? Check all that you receive.

AFDC (Aid to Families with Dependent Children)
 SNAP (Supplemental Nutrition Assistance Program)—food stamps
 WIC (Nutrition Program for Women, Infants and Children)
 TANF (Temporary Assistance for Needy Families—food stamps and emergency assistance not included)

Emergency Contact Information

(Print Clearly)

Contact 1

Parent/Guardian	Relationship to child	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to <input type="checkbox"/> Do Not Release Child to
Address:		
Language you prefer to speak:		
Cell #:	Home #	Work #

Contact 2

Name:	Relationship to child	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to <input type="checkbox"/> Do Not Release Child to
Address:		
Language you prefer to speak:		
Cell #:	Home #	Work #

Contact 3

Name:	Relationship to child	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to <input type="checkbox"/> Do Not Release Child to
Address:		
Language you prefer to speak:		
Cell #:	Home #	Work #

Contact 4

Name:	Relationship to child	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to <input type="checkbox"/> Do Not Release Child to
Address:		
Language you prefer to speak:		
Cell #:	Home #	Work #

Signature: _____

Date: _____

Transportation (Print Clearly)

Head Start will make every effort to provide bus transportation to as many children as possible. Some families may live outside of the bus route boundaries or live in areas designated as parent transport requiring families to transport their child to and from school. The Transportation Specialist will contact you about transportation for your child.

Does your child need bus Transportation? Yes No

Pick Up Address: _____ Apt. # _____ City _____

This address is: Home Child Care Other _____

Drop Off Address: _____ Apt. # _____ City _____

This address is: Home Child Care Other _____

If my child is on a bus route, I give permission for Ute Indian Tribe Head Start to transport my child to and from school.

Parent/Guardian Signature _____ **Date** ____/____/____

Printed Name: _____

Education Permissions (Print Clearly)

What school district will your child attend for Kindergarten? Duchesne Uintah

Name of elementary School? _____

I give permission to the Ute Tribe Head Start to release my child's name and any information that may be needed to the public school that my child will transition into. Yes No

I give permission to have additional assessments administered if necessary from the school district selected. Yes No

I give permission to share health records with the school districted selected. Yes No

My child may accompany his/her class on field trips. Yes No

My child may participate in birthday celebrations, holiday celebrations, and cultural events (Pow-wow, Bear Dance). Yes No Comment: _____

The Ute Indian Tribe Head Start may use my child's photographs for educational purposes such as on Head Start display boards, power point presentations, brochures and on social media to promote Head Start.

Yes No

Parent/Guardian Signature: _____ **Date:** ____/____/____

Printed Name: _____

Developmental Concerns

Do you have any concerns about your child? Yes No

If Yes, check the area you have a concern:

- | | | |
|--|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emotional Behavior | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Hearing Impairment including deafness | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Speech Language Impairment | <input type="checkbox"/> Fetal Alcohol Syndrome |
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Visual Impairment including blindness | <input type="checkbox"/> Other _____ |

Has your child been diagnosed with any of the above? Yes No

If Yes, by whom: _____

Mental Health

As part of the Office of Head Start requirements, a Mental Health Professional will observe each classroom and may make a referral for further observations.

Potty Training

Does your child need help with Toilet Teaching (Potty Training)? Yes No

If yes, explain _____

Does your child wear Diapers? Yes No If Yes, what size? _____

Does your child wear Training Pants (pull ups)? Yes No If Yes, what size? _____

Does your child have an allergy or sensitivity to any type or brand of diapers or wipes? Yes No

If yes, what is the allergy or sensitivity? _____

Health (Print Clearly)

Does your child have any health concerns? Yes No If yes, describe: _____

Does your child have any allergies? Yes No If yes, describe: _____ IIII _____

My Child's Doctor and Dentist (Print Clearly)

Please write IHS for both Doctor and Dentist below if your child is eligible to receive services from the Indian Health Service (IHS). Please write None below if your child does not have a Doctor or Dentist.

Doctor's Name	Address	City	Zip	Phone
Dentist's Name	Address	City	Zip	Phone

Insurance Information (Print Clearly)

Medicaid eligible? Yes No Medicaid Number: _____

Child Health Insurance Program (CHIP) eligible? Yes No

Indian Health Service (IHS) eligible? Yes No

Primary Health Coverage? Yes No Insurance Provider _____

Dental Coverage? Yes No Insurance Provider _____

Other Health Coverage? Yes No Insurance Provider _____

Consent and Permission

By checking the boxes below, the Parent/Guardian gives consent to the Ute Indian Tribe Head Start to perform the following screenings:

(If Parent/Guardian does not mark one or more of the screenings, the Parent/Guardian acknowledges responsibility for obtaining that required screening)

Provided by Head Start:

- Developmental Screening Vision Hearing Heights and Weights
 Treated with Emergency care if needed

Provided by Dentist: Dental Screening Fluoride Varnish

Provided by Health Care: Blood Pressure Physical Exam

Finger Stick: Lead Screening Hematocrit/Hemoglobin

Consent to Ute Indian Tribe Head Start to provide screening.

Parent/Guardian Signature _____ Date ____/____/____

Printed Name: _____

Nutritional Assessment (Print Clearly)

Does the child have food allergies? Yes No If yes, describe: _____

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Child takes vitamin and mineral supplements | <input type="checkbox"/> Child is on a Special Diet |
| <input type="checkbox"/> Supplement contains Iron | <input type="checkbox"/> Child has had a change in appetite in the past month |
| <input type="checkbox"/> Supplement contains fluoride | <input type="checkbox"/> Child takes a bottle |
| <input type="checkbox"/> Supplement was prescribed | <input type="checkbox"/> Child eats or chews things that are not food |
| <input type="checkbox"/> Child has trouble chewing and swallowing | <input type="checkbox"/> Child often has: <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation |

Nutritional Assessment (continued)

Food Group Eating Frequency

How many times a day does the child eat or drink the following: Write how many times a day.

___ Milk, cheese, yogurt

___ Meat, poultry, fish, eggs or dried beans/peas, peanut butter

___ Rice, grits, bread, cereal, tortillas

___ Greens, carrots, broccoli, winter squash, pumpkin, yams

___ Oranges, grapefruit, tomatoes (fruit/juice)

___ Other fruits and vegetables

___ Oil, butter, margarine, lard

___ Cakes, cookies, sodas, fruit drinks, candies

Foods not eaten for medical, religious, or personal reasons? _____

Concerns about what child eats? _____

Fatherhood Program

The Ute Indian Tribe implements a Fatherhood Program. This program offers opportunities for Fathers to become engaged in their child's education. Activities are held every month. Please indicate below if you are interested in being involved in our Fatherhood Program.

Interested Not Interested

Certification

I certify the information provided in this application is accurate and truthful to the best of my knowledge and authorize Head Start to verify information as needed.

Parent/Guardian Signature: _____ **Date** ___/___/___

Printed Name: _____

*This institution is an equal opportunity provider



Ute Indian Tribe Head Start

P.O. Box 265
For Duchesne, Utah 84026
Office: 435 – 722-4506



Dear future Head Start family,

The Ute Indian Tribe Head Start program is required to ensure your child is receiving quality health care. We are supportive of your child's health and growth and want the best experience for them in Head Start. Attached are the Physical Exam, Tuberculosis Risk Assessment Questionnaire and Oral Health Assessment forms. Please make an appointment with your child's dentist and doctor. Take these forms to be filled out. When completed return them to the Head Start Administration Office.

IHS or Indian Health Services has asked those receiving services from them to schedule an appointment to complete a Nursing Appointment, Physical Exam and Oral Health Assessment as soon as possible. You can contact IHS at 435-725-6815.

Please schedule the Physical Exam and Oral Health Assessment with your child's health provider before school starts or as early as possible. Due to COVID-19, we may not be able to provide screenings. Thank you for your cooperation.

Sincerely,

Ute Indian Tribe Head Start

Ute Indian Tribe Head Start
Phone (435)722-4506

Final Check

- **Please check to make sure you have filled out the application completely.**
- **An application not filled out with all information will be delayed in the process of acceptance into Head Start.**

Are all the required documents included?

- Child's Birth Certificate
- Immunization Record
- Income Verification for 12 months
- Parent's Report Form: Self Help and Social Emotional Scales
- Court Documents – Guardianship (if applicable)
- Physical Exam
- Tuberculosis Risk Assessment Questionnaire
- Oral Health Form
- Family Interview Form (this will be filled out with a Head Start staff when application is turned in)

Thank You!