



**Sault Sainte Marie Tribe of Chippewa Indians
Early Childhood Education Programs
2076 Shunk Rd
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:
Sault: Part Day/Part Year _____	Home Base Pregnant women _____
Sault: Full Day/Full Year _____	Children 0-3yrs _____
St. Ignace: Part Day/Part Year 3-5 yrs _____	Sault: Full Day/ Full Year 0-3 _____

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

Race _____ Primary language _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

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

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

Email Address _____

Please indicate any services you are receiving:

- | | |
|--|--|
| <input type="checkbox"/> DHS Child Care Assistance | <input type="checkbox"/> Sault Tribe CCDF child care |
| <input type="checkbox"/> DHS Cash Assistance (FIP) | |
| <input type="checkbox"/> Food Assistance (SNAP) | <input type="checkbox"/> Medicaid # _____ |
| <input type="checkbox"/> DHS Case # _____ | <input type="checkbox"/> WIC _____ |

Please indicate if child (documentation needed):

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

Family: Please check:

- | | |
|--|--|
| <input type="checkbox"/> Two Parent Family | Number of adults (18 or older) in family _____ |
| <input type="checkbox"/> One Parent Family | Number of children (under 18) in family _____ |
| <input type="checkbox"/> Foster 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
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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: <input type="checkbox"/> In-person _____	<input type="checkbox"/> Telephone _____	<input type="checkbox"/> Email _____
<small>Initial/Date</small>	<small>Initial/Date</small>	<small>Initial/Date</small>