

Will you provide transportation for your child to and from Head Start? Yes No *If not, how will child get to and from Head Start?* _____

Is child receiving any of the following benefits?

Sooner Care Benefits	Card #
Indian Health Benefits	Chart #
Medical Assistance Benefits	Medical Assistance #
TANF	TANF #
Family Health Insurance	Name of Company

Will you apply for Sooner Care Health Insurance for child? Yes No (If you need information about these services, please ask KI BOIS staff.)

Does child have a sibling currently enrolled in Head Start? Yes No If so, where? _____

Language Spoken at Home: English Spanish Other _____

Will child need an interpreter? Yes No Will parent need an interpreter? Yes No

Please make sure that all questions are answered completely. This form will become a permanent part of your child's Head Start enrollment if accepted into the program.

I certify that the information stated in this application is true and correct to the best of my knowledge.

Signature of parent/guardian _____

I verify that I have examined the proof of income as stated in this application.

Signature of staff member _____ Date _____