



**THE  
MUSCOGEE (CREEK) NATION**

HEAD START  
P.O. Box 580 | OKMULGEE, OK 74447  
T 918.732.7898 | F 918.732.7906

**JAMES R. FLOYD**  
PRINCIPAL CHIEF

**LOUIS A. HICKS**  
SECOND CHIEF

Hesci/Hello,

Thank you for our interest in the Muscogee (Creek) Nation Head Start Program!

Attached you will find the MCN Head Start Application. Please fill out all areas of the application that apply to your family circumstances.

***\*\*Application for our Program does not guarantee enrollment. Enrollment is based on a point system generated from answers within the application process. Selection is made based on points. We do not operate on a first come- first serve basis. \*\****

In order for your application to be processed, we must have **ALL** income verification forms for everyone in your household submitted at the time of the application. Documents that can be used include:

- |                                                                        |                                                                    |
|------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Pay Stubs/Envelopes – (ONE full prior month)  | <input type="checkbox"/> TANF Documentation                        |
| <input type="checkbox"/> Written Statement from Employer               | <input type="checkbox"/> Unemployment Benefits                     |
| <input type="checkbox"/> SSI Documentation (Parent or Child)           | <input type="checkbox"/> Social Security Benefit (Parent or Child) |
| <input type="checkbox"/> Child Support Documentation (12 mo. printout) | <input type="checkbox"/> Income Tax Form (1040, 1040A, etc.)       |
| <input type="checkbox"/> Foster/Kinship Care Documentation             | <input type="checkbox"/> W-2 Forms                                 |
- OR**
- Declaration of No or Limited Income (attached to application)

Copies of the following documents will also need to be submitted with the application:

- Birth Certificate
- Current Immunization record
- Medical Card (Private Insurance or Sooner Care)
- Child's Citizenship Card/CDIB or Parent's Citizenship Card/CDIB ( if child doesn't have one)
- Copy of IEP or IFSP (if child has a disability)

Once your child has been accepted into the program he/she will need to have a physical and dental exam as soon as possible. According to Federal regulations, each child must be up to date according to the state's EPSDT program.

Please review the application and make sure it is signed and dated. If you have any questions or need assistance completing the application, please call the center located in your area.

Mvto/Thank You!

Checotah Head Start: 918-473-0605  
Eufaula Head Start: 918-618-6220  
Okemah Head Start: 918-623-2000

Okmulgee Head Start: 918-732-7904  
Tulsa Head Start: 918-296-0357  
Wetumka Head Start: 405-452-1180

Other Centers Served: 918-732-7898

# Muscogee (Creek) Nation Head Start Enrollment Application

## Applicant & Family Member Information

Child Information						
First	Middle	Last	Suffix	Nickname	Birthday	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	Other Language Spoken Please Specify: _____	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	
If American Indian/Alaska Native, what tribe?	Does child have a CDIB? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does parent have a CDIB? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does child have a diagnosed disability? <input type="checkbox"/> Yes (Specify) _____ <input type="checkbox"/> No	Suspected Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Health Coverage <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid/Sooner Care <input type="checkbox"/> Indian Health Services (IHS) <input type="checkbox"/> No Insurance	Other Health Coverage <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid/Sooner Care <input type="checkbox"/> Indian Health Services (IHS) <input type="checkbox"/> No Insurance	Medicaid Eligibility <input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially	Doctor/Medical Home	Dentist/Dental Home		
Family Type <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Single Parent Family (mother figure only) <input type="checkbox"/> Single Parent Family (father figure only) <input type="checkbox"/> Foster Family				Who has legal custody of this child? <input type="checkbox"/> Both parents living in household <input type="checkbox"/> Mother- parents separated <input type="checkbox"/> Father- parents separated <input type="checkbox"/> Joint custody-parents separated <input type="checkbox"/> Other relative(s) /person(s)		
Single Parent Family (mother figure only) Living with partner		Single Parent Family (Father figure only) Living with partner		Grandparent(s) Raising Grandchild(ren)		
Other: _____		Other: _____				

Primary Adult/Guardian- Living in the home who is the HEAD OF HOUSEHOLD.						
First	Middle	Last	Suffix	Nickname	Birthday	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	Other Language Spoken Please Specify: _____	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	
Highest Grade Completed <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate <input type="checkbox"/> Grade 10 <input type="checkbox"/> Some college <input type="checkbox"/> Grade 11 <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 12 <input type="checkbox"/> Bachelor's <input type="checkbox"/> GED <input type="checkbox"/> Master's	Current Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Retired <input type="checkbox"/> Part Time <input type="checkbox"/> Disabled <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Job Training Program	Job Training/School <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/> Attending Vocational, Trade, or Business School <input type="checkbox"/> Do not attend training or school		Child's Relationship <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other Relative <input type="checkbox"/> Other		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		If Teen Parent Subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Duty Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran of U.S. Military: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address: _____						

Secondary Adult/Guardian- Living in the home who is NOT the HEAD OF HOUSEHOLD.						
First	Middle	Last	Suffix	Nickname	Birthday	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	Other Language Spoken Please Specify: _____	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	
Highest Grade Completed <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate <input type="checkbox"/> Grade 10 <input type="checkbox"/> Some college <input type="checkbox"/> Grade 11 <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 12 <input type="checkbox"/> Bachelor's <input type="checkbox"/> GED <input type="checkbox"/> Master's	Current Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Retired <input type="checkbox"/> Part Time <input type="checkbox"/> Disabled <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Job Training Program	Job Training/School <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/> Attending Vocational, Trade, or Business School <input type="checkbox"/> Do not attend training or school		Child's Relationship <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other Relative <input type="checkbox"/> Other		
Is this adult legally married to the Primary Adult/Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Teen Parent Subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Duty Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran of U.S. Military: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address: _____						

## Other Child/Children Living in Household Information

Supported by Parent/Guardian and related to enrolling child by blood or marriage.

Child # 1 Information						
First	Middle	Last	Suffix	Relation	Birthday	Gender
						<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	Please Specify:	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	

Child # 2 Information						
First	Middle	Last	Suffix	Relation	Birthday	Gender
						<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	Please Specify:	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	

Child # 3 Information						
First	Middle	Last	Suffix	Relation	Birthday	Gender
						<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	Please Specify:	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	

## Other Adults Supported by or Supporting Parents/Guardians

Other Adult Living in the home with the enrolling child.						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
						<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	Please Specify:	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Well <input type="checkbox"/> Very well	
Child's Relationship		Custody	Check all that apply			
<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster	<input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional Adults/Children, NOT listed above, living in home with enrolling child and supported by or supporting			
Name (First, Middle, Last)	Birthdate	Gender	Relation to child
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

*\* If a family has more than one child applying for services, please complete a separate application for each applicant.*

\_\_\_\_\_ # of Adults in Household    \_\_\_\_\_ # of Children in Household    \_\_\_\_\_ Total **(NOTE: Total must match those listed above.)**

## Family Information, Income & Contacts

**\*\*Application for our Program does not guarantee enrollment. Enrollment is based on a point system generated from answers within the application process. Selection is made based on points. We do not operate on a first come- first serve basis. \*\***

Family Information					
<b>Type of Housing (Choose only one)</b>			<b>Housing payment arrangement (Choose only one)</b>		
<input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Mobile home/Trailer <input type="checkbox"/> Hotel/Motel Room <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless/No housing <input type="checkbox"/> Living in someone else's home			<input type="checkbox"/> Rent housing <input type="checkbox"/> Make no payment for housing <input type="checkbox"/> Own housing <input type="checkbox"/> Make payments for housing or pay utilities <input type="checkbox"/> Receive subsidized housing <input type="checkbox"/> Other:		
Family Living Address					
Living Address		City	State	ZIP	County
Family Mailing Address				Length of time at current address:	
Same as living? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address	City	State	ZIP	<input type="checkbox"/> Less than 6 mos. <input type="checkbox"/> 6-12 mos. <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2+ years
Residency Status (choose all that apply)					
<input type="checkbox"/> Yes <input type="checkbox"/> No   Does the child's family share housing due to loss of housing or economic struggles? <input type="checkbox"/> Yes <input type="checkbox"/> No   Is the child living in a shelter, hotel, motel, or lack regular fixed residence <input type="checkbox"/> Yes <input type="checkbox"/> No   Is the child living in a car, park, campground, or public space?					
<b>Third Party Verification: If you indicated "yes" to any of the residency status questions above, may MCN Head Start have permission to contact a person or agency who can verify your information?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Contact Name: _____ Phone: _____ Affiliation (person, shelter, etc.): _____					
Parent/Guardian Signature: _____					
Phone Number(s)		Type (check one)			Note (extension or best time to call)
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message			<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message			<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Message			<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other
Primary Language at Home	Referred by Child Welfare Agency	Receiving SNAP	WIC	TANF Status	Supplemental Security Income
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Income- LIST NO AMOUNTS -Income documentation must be turned in at time of application.					
Family Member	Employer	Primary Adult/Guardian Income/Benefit	Secondary Adult/Guardian Income/Benefit	Other Supporting Adult/ Guardian Income Benefit	
		<input type="checkbox"/> Paid Weekly <input type="checkbox"/> Paid Bi-Weekly <input type="checkbox"/> Paid Bi-Monthly <input type="checkbox"/> Paid Monthly <input type="checkbox"/> Paid Yearly <input type="checkbox"/> Other:	<input type="checkbox"/> Paid Weekly <input type="checkbox"/> Paid Bi-Weekly <input type="checkbox"/> Paid Bi-Monthly <input type="checkbox"/> Paid Monthly <input type="checkbox"/> Paid Yearly <input type="checkbox"/> Other:	<input type="checkbox"/> Paid Weekly <input type="checkbox"/> Paid Bi-Weekly <input type="checkbox"/> Paid Bi-Monthly <input type="checkbox"/> Paid Monthly <input type="checkbox"/> Paid Yearly <input type="checkbox"/> Other:	
Do you receive Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No   (If yes, please attach court document showing monthly amount or 12 month DHS print out)					
Primary source of child care when child is not in Head Start (choose only one):					
<input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Child Care Center <input type="checkbox"/> At home <input type="checkbox"/> Another home with a relative or unrelated adult <input type="checkbox"/> Other:					
How did you hear about Head Start?					
<input type="checkbox"/> Head Start flyer <input type="checkbox"/> Internet website <input type="checkbox"/> Radio <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Community Event <input type="checkbox"/> Phone Book <input type="checkbox"/> Outside Agency Referral					
This section will ask you to provide additional information regarding your family's situation.					
Is either parent/guardian currently incarcerated or has been incarcerated within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has either parent/guardian had problems with alcohol or drug abuse within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has either parent/guardian participated in a drug/alcohol rehabilitation program within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the child applying for Head Start ever been subject to abuse and/or neglect or is at risk of violence? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Emergency Contacts			
Name	Relationship	Emergency Contact	Release To
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP
Phone Number 1	Phone Number 2		
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

  

Name	Relationship	Emergency Contact	Release To
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP
Phone Number 1	Phone Number 2		
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

  

Name	Relationship	Emergency Contact	Release To
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP
Phone Number 1	Phone Number 2		
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

**Program Waitlist Preference**

Please specify which center location you would prefer your child to be enrolled in or assigned to on the program waitlist.

Preferred Center Location	Second Choice Center Location	Third Choice Center Location
<input type="checkbox"/> Checotah Head Start 302 B Street, Checotah, OK.74426 <input type="checkbox"/> Dewar Public School Collaboration H.S. 204 E. 5 <sup>th</sup> St., Dewar, OK. 74431 <input type="checkbox"/> Eufaula Head Start 320 Swadley Dr., Eufaula, OK.74432 <input type="checkbox"/> Midway Public School Collaboration H.S. 3 <sup>rd</sup> & Pine, Council Hill, OK. 74428 <input type="checkbox"/> Okemah Head Start 103 Hiyak Po, Okemah, OK.74859 <input type="checkbox"/> Okmulgee Head Start 1820 N. Miami, Okmulgee, OK.74447 <input type="checkbox"/> Tulsa Head Start 8601 S. Union, Tulsa, OK.74132 <input type="checkbox"/> Wainwright Public School Collaboration H.S. 1 School Street, Wainwright, OK. 74468 <input type="checkbox"/> Wetumka Head Start 333 S. Washita, Wetumka, OK.74883	<input type="checkbox"/> Checotah Head Start 302 B Street, Checotah, OK.74426 <input type="checkbox"/> Dewar Public School Collaboration H.S.t 204 E. 5 <sup>th</sup> St., Dewar, OK. 74431 <input type="checkbox"/> Eufaula Head Start 320 Swadley Dr., Eufaula, OK.74432 <input type="checkbox"/> Midway Public School Collaboration H.S. 3 <sup>rd</sup> & Pine, Council Hill, OK. 74428 <input type="checkbox"/> Okemah Head Start 103 Hiyak Po, Okemah, OK.74859 <input type="checkbox"/> Okmulgee Head Start 1820 N. Miami, Okmulgee, OK.74447 <input type="checkbox"/> Tulsa Head Start 8601 S. Union, Tulsa, OK.74132 <input type="checkbox"/> Wainwright Public School Collaboration H.S. 1 School Street, Wainwright, OK. 74468 <input type="checkbox"/> Wetumka Head Start 333 S. Washita, Wetumka, OK.74883	<input type="checkbox"/> Checotah Head Start 302 B Street, Checotah, OK.74426 <input type="checkbox"/> Dewar Public School Collaboration H.S. 204 E. 5 <sup>th</sup> St., Dewar, OK. 74431 <input type="checkbox"/> Eufaula Head Start 320 Swadley Dr., Eufaula, OK.74432 <input type="checkbox"/> Midway Public School Collaboration H.S. 3 <sup>rd</sup> & Pine, Council Hill, OK. 74428 <input type="checkbox"/> Okemah Head Start 103 Hiyak Po, Okemah, OK.74859 <input type="checkbox"/> Okmulgee Head Start 1820 N. Miami, Okmulgee, OK.74447 <input type="checkbox"/> Tulsa Head Start 8601 S. Union, Tulsa, OK.74132 <input type="checkbox"/> Wainwright Public School Collaboration H.S. 1 School Street, Wainwright, OK. 74468 <input type="checkbox"/> Wetumka Head Start 333 S. Washita, Wetumka, OK.74883

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

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

**OFFICE USE ONLY**

School year applied for: \_\_\_\_\_ Date Application received: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

# MUSCOGEE (CREEK) NATION HEAD START

## CHILD FIND

### INFORMATION CHECKLIST

1. Name of Child \_\_\_\_\_ 2. Age \_\_\_\_\_
3. Does the child have a Disability?    \_\_\_\_\_YES        \_\_\_\_\_NO
4. Disability Diagnosis: \_\_\_\_\_
5. Does the child have an IFSP from Sooner Start?    \_\_\_\_\_YES        \_\_\_\_\_NO
6. Does the child have an IEP on file with the Public School or from any other resources?  
\_\_\_\_\_YES        \_\_\_\_\_NO
7. If you answer "Yes" to the questions, please provide copies for your child's files.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Muscogee (Creek) Nation Head Start  
DECLARATION OF NO INCOME or LIMITED INCOME  
(Please complete Section 1 or 2. Section 3 is required for either option selected)

Child's Name: \_\_\_\_\_

**Section 1 (To be completed by Parent only if a family member or friend helps you financially)**

I, \_\_\_\_\_, am not employed by any person or business. My family has no current source of income from wages, salary, unemployment, strike benefits, worker's compensation, TANF, Social Security, SSI, training stipend, alimony, or child support. I do not receive military allotments, scholarship living allowances, gambling or lottery winnings, or any other regular income from outside resources **other than financial assistance from a family member or friend.**

Name of person providing financial assistance to your family: \_\_\_\_\_.

**I give my permission to contact the person listed above to verify the financial assistance they provide me, listed in section 3.**

\_\_\_\_\_  
Signature of Parent/Guardian of Child

\_\_\_\_\_  
Date

---

**Section 2 (To be completed by Parent only if you have NO income by any source)**

I, \_\_\_\_\_, am not employed by any person or business. My family has no current source of income from wages, salary, unemployment, strike benefits, worker's compensation, TANF, Social Security, SSI, training stipend, alimony, or child support. I do not receive military allotments, scholarship living allowances, gambling or lottery winnings. **I have no regular income or support from outside sources or family members.**

**I give my permission to contact the person listed in Section 3 to verify my financial situation for no income.**

\_\_\_\_\_  
Signature of Parent/Guardian of Child

\_\_\_\_\_  
Date

---

**REQUIRED Section 3 (To be completed by Adult verifying family's financial situation)**

I, \_\_\_\_\_ attest to the best of my knowledge, other than what I have indicated below, the applying family has no source of income known to me at this time.

- I provide no financial support, I am just aware that parent(s) do not work and have no visible source of income.
- I provide regular monthly financial support in the amount of \$ \_\_\_\_\_
- I provide room and board only with no cash support.
- I provide a cash housing allowance in the amount of \$ \_\_\_\_\_
- I provide unspecified financial support in the amount of \$ \_\_\_\_\_
- I provide \_\_\_\_\_

My financial support is given:  Daily  Weekly  Monthly  Occasionally

Reason financial support is given: \_\_\_\_\_

Printed name: \_\_\_\_\_

Relation: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Muscogee Creek Nation Head Start Program  
Physical Form*

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Screenings performed:

Height: \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_

Hematocrit/Hemoglobin \_\_\_\_\_ Lead \_\_\_\_\_

Hearing: Pass or Fail Vision: Pass or Fail Acuity R \_\_\_\_\_ L \_\_\_\_\_

Scoliosis \_\_\_\_\_ Strabismus \_\_\_\_\_

Physical Examination	Normal	Abnormal	Not Eval.	Comments
General Appearance				
Posture				
Speech				
Head				
Skin				
Eyes				
Ears				
Nose, Mouth, Pharynx				
Teeth				
Heart				
Lungs				
Abdomen				
Bones, Joints, Muscles				
Neurological/Social				
Glands				
Muscular Coordination				
Other				

General Statement on physical: \_\_\_\_\_ Is child's physical complete YES or NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Head Start Oral Health Form—Children

### Patient Information

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Parent's/guardian's name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
This practice is the child's dental home: Yes No

### Current Oral Health Status

Does the child have any teeth with untreated decay? Yes (decay) No (decay free)  
Does the child have any teeth that have previously been treated for decay, including fillings, crowns,  
or extractions? Yes No  
Are there treatment needs? Yes, urgent Yes, not urgent No treatment needs

### Oral Health Care Services Delivered During Visit

<b>Diagnostic/Preventive Services</b>	<b>Counseling/Anticipatory Guidance</b>	<b>Restorative/Emergency Care</b>
Examination: Yes No	Yes No	Fillings: Yes No
X-rays: Yes No		Crowns: Yes No
Risk assessment: Yes No	<b>Referral to Specialty Care</b>	Extractions: Yes No
Cleaning: Yes No	Yes No	Emergency care: Yes No
Fluoride varnish: Yes No	_____	Other: _____
Dental sealants: Yes No	<i>(Please specify specialist)</i>	<i>(Please specify)</i>

### Future Oral Health Care Services

All treatment completed: Yes No Next recall date: \_\_\_\_\_ / \_\_\_\_\_ (month/year)  
More appointments needed for treatment? Yes No  
If yes: Approximate number of appointments needed: \_\_\_\_\_ Next appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Additional Information for Parents, Head Start Staff, and Medical Providers

### Oral Health Provider's Contact Information and Signature

Provider name *(please print)* \_\_\_\_\_ Phone number \_\_\_\_\_ Fax number \_\_\_\_\_  
Practice name \_\_\_\_\_ Address \_\_\_\_\_  
Provider signature \_\_\_\_\_ Date of service \_\_\_\_\_