



**Family Status:** (Check what best describes your situation)

Family status:

- Single, head of household, never been married
- Divorced
- Separated
- Married
- Widow
- Common law

Income/benefit:

- Unemployed
- Paid weekly
- Paid bi-weekly
- Paid monthly
- Other income: \_\_\_\_\_

Number in household: \_\_\_\_\_

**Persons in Household:**

Name	Relationship to child	Age

**Additional Information:**

Are there any hardship conditions in your family at this time?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a documented disability or special need (speech, individualized education program, individualized family service plan, etc.)?  Yes  No

If yes, please attach supporting documentation.

Please address in detail any educational, medical, social, or emotional concerns you have for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require transportation to/from school?  Yes  No

Has any member of your immediate family been a Chickasaw Nation Head Start or Early Childhood program participant?  Yes  No

I certify that the information that I have submitted is true to the best of my knowledge and realize it is subject to verification, and that falsification is grounds for immediate denial and will subject me to prosecution under law. I allow the release of information for verification and reporting purposes.

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Eligibility, recruitment, selection, enrollment, and attendance manager

\_\_\_\_\_  
Date

**Office Use Only:**

- Federally recognized tribal documentation
- Current immunization record
- Income documentation
- Eligible for enrollment
- Insurance/Soonercare
- State birth certificate
- Disability documentation
- Added to waiting list