PASCUA YAQUI HEAD START
RECRUITMENT/ENROLLMENT
APPLICATION FORM

Child's Name _____ FY 200_/__
Last First Middle

Date of Birth _____ S.S. # _____ Health I.D. # _____

Tribal Affiliation _____ Enrollment # _____

Mother's Name _____ Home Phone _____
(Guardian) Last First M.
Address _____ **Mess**. Phone _____

Father's Name _____ Home Phone _____
(Guardian) Last First M.
Address _____ **Mess**. Phone_____

Income Status

List first and last name of children in the family who are under 21 years

Part A	**Name**	**Age**		**Name**	**Age**
1.	_____	_____	5.	_____	_____
2.	_____	_____	6.	_____	_____
3.	_____	_____	7.	_____	_____
4.	_____	_____	8.	_____	_____

Parent's Marital Status: ___ Married ___ Divorced ___Single ___ Together ___Separated

Child lives with: ___ Father ___Mother ___Both Parents ___Guardian
(If parents are separated or child lives with guardian legal documentation needed on file)

List yourself and all persons living in your household who are 21 yrs. old. List source of income and monthly income before deductions. Income includes: Employment, SSI, Unemployment, Child Support, Alimony, Retirement, AFDC, or any other source of income.

Part B	**Name**	**S.S.#**	**Source of Income**	**Current Mo. Income**
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Total number of household, include children from Part A and adults from Part B. **Total: _____**

I hereby certify that all information is true and correct. I understand that this information is being given in connection with the receipt of federal funds, that school officials may subject me to prosecution under applicable state and federal criminal statutes.

X_____ _____
Parent/Guardian Signature **Date**

For office use only—Do not write below

( ) Approve ( ) Disapprove ( ) Income Eligible ( ) Over Income ( ) On Reservation ( ) Off Reservation ( ) To Young

Coordinator Signature _____ Title _____ Date _____

Program Manager Signature _____ Date _____01/08 rr

WHITE—PROGRAM **YELLOW-- PARENT**