



**Quechan Education Complex
Quechan Head Start**

P.O. Box 1899

Yuma, Arizona 85366-1899

Phone Number: (760) 572-0263

Fax Number: (760) 572-0264

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Thank you for your interest in applying to the Quechan Head Start. The Head Start Program is a federally and tribally funded early childhood education program which has been in operation since 1966. We offer comprehensive developmental and educational services to preschool age (3-5 years) children. Children participate in an age appropriate curriculum which helps them grow mentally, socially, emotionally, and physically. The QHS staff recognizes that you are the most important teacher in your child's life and we encourage your involvement in your child's educational experience.

Eligibility Requirements:

- Child must be 3 or 4 years old by September 1st
- Tribal enrolled or descendant children are priority from any federally recognized tribe
- Child must live on the Quechan Indian Reservation, Winterhaven, or Bard area. Only Tribal Enrolled children can live in Yuma to receive services.

Hours of operation at the Center are from 8:00 a.m. to 4:00 p.m. with full day services (8:00am-1:30pm). The Center uses a predetermined point system in the selection process to ensure fairness to all applicants.

Here's what you need to do to complete an application:

1. Complete and sign the attached application.
2. Return the application to the QHS Family Service Manager with the following documentation:
 - Child's Birth Certificate
 - Child's current Immunization Record
 - Child's current Physical Exam (copy)
 - Child's social security number
 - **Verification of Income**
 - Proof of Status as a current foster child (if applicable)
 - Proof of Status as a current TANF recipient (if applicable)
 - Income for the calendar year
(i.e.: W-2 form, 1040 income tax form ,end-of-year stub, two current pay stub, TANF benefit history, proof of per capita income, lease income, SSI, court ordered child support/spousal maintenance, unemployment compensation, grant/loan statement, regular insurance or annuity payments, written verification of employment).
 - Tribal ID card (child's/parent)
 - Court Order/Custody papers (if applicable)
 - Proof of Residence
3. **You will be notified of your child's enrollment status by mail and/or a phone call. Please give QHS staff sufficient time to process your application.**
4. Please call Family Service Manager or Family Service Assistant at (760) 572-0263, if you have any questions or need assistance in completing the application.

QUECHAN HEAD START EARLY CHILDHOOD EDUCATION

SECTION 1-APPLICANT INFORMATION (PLEASE PRINT)

CHILD'S NAME (Last, First and Middle)		SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YYYY)
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		TRIBAL AFFILIATION	TRIBAL ENROLLMENT NUMBER
RACE <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Biracial/Multi-Racial	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	ETHNICITY <input type="checkbox"/> Hispanic-Latino Origin <input type="checkbox"/> Non Hispanic-Latino Origin
MAILING ADDRESS		CITY, STATE, ZIP CODE	
RESIDENTIAL ADDRESS OF HOME			

SECTION 2-PARENT OR GUARDIAN INFORMATION

Parent/guardians information (those with custodial/legal rights to the child only)	
MOTHER/ GUARDIAN NAME	Child lives with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
RACE/ETHNICITY	TRIBAL AFFILIATION
ADDRESS	City, State, Zip Code
HOME PHONE NUMBER ()	WORK PHONE NUMBER ()
CELL PHONE NUMBER ()	EMAIL ADDRESS (OPTIONAL)
HIGHEST LEVEL OF EDUCATION COMPLETED <input type="checkbox"/> Less than HS <input type="checkbox"/> HS Graduate <input type="checkbox"/> Associates Higher <input type="checkbox"/> Current HS Student <input type="checkbox"/> Some College <input type="checkbox"/> Bachelors	OCCUPATION
EMPLOYER/SCHOOL NAME	EMPLOYER/SCHOOL ADDRESS (Number, Street, City, State, Zip Code)
EMPLOYED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED	ATTEND SCHOOL/ TRAINING <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
FAMILY COMPOSITION: <input type="checkbox"/> TEEN PARENT <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> TWO PARENTS	
RELATIONSHIP STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LIVE-IN RELATIONSHIP <input type="checkbox"/> SINGLE	

SECTION 2-PARENT OR GUARDIAN INFORMATION (continued)

Parent/guardians information (those with custodial/legal rights to the child only)	
FATHER/ GUARDIAN NAME	Child lives with this parent/guardian? Yes No
RACE/ETHNICITY	TRIBAL AFFILIATION
ADDRESS	City, State, Zip Code
HOME PHONE NUMBER	WORK PHONE NUMBER
CELL PHONE NUMBER	EMAIL ADDRESS (OPTIONAL)
HIGHEST LEVEL OF EDUCATION COMPLETE (Circle) HS 9 th 10 th 11 th 12 th College Some Associates BA	Occupation
EMPLOYER/SCHOOL NAME	EMPLOYER/SCHOOL ADDRESS (Number, Street, City, State, Zip Code)
EMPLOYED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED	ATTEND SCHOOL/ TRAINING <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
FAMILY COMPOSITION: <input type="checkbox"/> TEEN PARENT <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> TWO PARENTS	
RELATIONSHIP STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LIVE-IN RELATIONSHIP <input type="checkbox"/> SINGLE	

List Family Members that are supported by your income including self/spouse:

NAME	AGE	RELATIONSHIP TO PARENT/GUARDIAN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number in family supported by the income of the parents or guardians of the child enrolling or participating in the program and related to the parents or guardians by blood, marriage or adoption.

_____.

SECTION 3-ABOUT YOUR CHILD	
1. IS YOUR CHILD TRANSFERRING FROM ANOTHER HEAD START OR CHILD FIND PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, where)	
2. IS THE CHILD CURRENTLY IN FOSTER CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please provide current placement letter from foster care worker.)
3. DOES YOUR CHILD HAVE A DIAGNOSED DISABILITY OR SPECIAL NEED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please submit Official Documents)	
DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD'S	
Speech? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	Vision? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Behaviors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	Hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Development? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	Height/Weight? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your child receive early intervention services, special education, speech therapy, physical therapy, or occupational therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (If yes):	
SERVICE PROVIDER NAME:	TELEPHONE NUMBER: ()
Is your family currently receiving services from any community agency (child abuse/neglect, alcohol/substance abuse, domestic violence, incarcerated parent, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:	
Is your child or family homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IS YOUR CHILD OR ANY FAMILY MEMBER RECEIVING?		DOES YOUR CHILD RECEIVE HEALTH INSURANCE UNDER ANY OF THE FOLLOWING?	
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No	HEALTHY FAMILIES/KIDS CARE	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDI-CAL/AHCCCS	<input type="checkbox"/> Yes <input type="checkbox"/> No
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	PRIVATE INSURANCE	<input type="checkbox"/> Yes <input type="checkbox"/> No
FOOD STAMP	<input type="checkbox"/> Yes <input type="checkbox"/> No	FT. YUMA IHS CLINIC SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4- DECLARATION AND CONSENTS

I understand that I/we have completed this application and declare that all the information provided on the QECE application, to the best of my knowledge is true and accurate. If any information provided on the application is found to be falsified, I/we understand that my application will not be considered for selection and will be withdrawn.

PARENT/GUARDIAN SIGNATURE	PRINT NAME	DATE
Family Services Manager Signature		DATE

Office Use Only

<input type="checkbox"/> Application Eligible	Income Source: <input type="checkbox"/> W-2 Form <input type="checkbox"/> Taxes <input type="checkbox"/> Check stub <input type="checkbox"/> TANF <input type="checkbox"/> Other:	<input type="checkbox"/> Monthly Income \$
CCFP Eligible: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Base	<input type="checkbox"/> Special Needs	Staff Initial and Date: