



Osage Nation Head Start Recruitment Application

This is a RECRUITMENT application only. This does not guarantee your child's acceptance. The children are accepted according to guidelines by the federal Office of Head Start, Osage Nation Grantee, and Policy Council. The program serves families in the Osage County service area that does not discriminate on the basis of race, color, national origin, sex, religion, age or disabilities.

General Information

Number of adults living in home _____ Number of children living in home _____

Income Received: (Circle One) Weekly Twice a Month Every Two Weeks Monthly

Number of Hours Worked Per Week _____ Hourly Rate _____

The following (2) items is needed before your child's application will be considered for acceptance.

_____ Income verification (Pay stub, W-2, Income Tax, Letter from Employer, TANF, Unemployment, SSI, Foster Care Reimbursement, Doc. Of No Income)

_____ Immunization Record

The following information is requested for your child's application.

_____ CDIB/Membership card

_____ Birth Certificate

_____ IHS Clinic _____ Chart# _____

_____ Social Security Numbers

If your child is accepted into the program, it is a federal requirement that they have a physical and dental exam within 90 days of enrollment. We will assist you in any way possible to meet this requirement.

You may contact your local center for more information. Pawhuska 918-287-5460, Skiatook 918-287-5471, Hominy 918-287-5648 or 5471, Fairfax 918-287-5601

Thank you for applying for Head Start – We are “Building World Class Futures!”

Head Start Criteria of Needs Scale

Child's Name: _____ Date: _____

- _____ 1. Immediate family member with documented diagnosed disability
- _____ 2. Court ordered enrollment or referred from another agency
- _____ 3. Substance abuse or domestic violence in the home
- _____ 4. Single-parent family
- _____ 5. Crisis in the family during the past 12 months, includes, but is not limited to; fire, death, incarceration, life-threatening illness, etc.
- _____ 6. Child was enrolled and participated in a Head Start program last year including home base, and/or Early Head Start or other agency
- _____ 7. Family is receiving TANF benefits
- _____ 8. Non-English speaking and/or literacy needs within the family
- _____ 9. Child being raised by persons other than parent/s, includes foster situations
- _____ 10. Child suspected of or diagnosed as having a disability
- _____ 11. Child has had little or no opportunity to interact with children close to his or her own age
- _____ 12. Pregnant woman
- _____ 13. Parent is under the age of 18
- _____ 14. Child's parent/s are working or are full time students
- _____ 15. Family is residing in the home of other family members or friends
- _____ 16. Immediate family member on active duty in the military
- _____ 17. None of the above apply
- _____ 18. OTHER (Describe)_____

_____ POINT TOTAL