

## Confederated Tribes of Siletz Indians

P.O. Box 549

Siletz, Oregon 97380

(541) 444-2532 • 1-800-922-1399 • FAX: (541) 444-2307

Dear Family,

**Thank you** for your interest in our Head Start Program. We are currently accepting applications for the **2025 – 2026** school- year. Our Head Start has **classrooms in Siletz, Salem, Portland and Lincoln City**. You do not have to be Native American to attend our program. We will notify families in **July 2025** if they were selected. Please turn in your application as soon as possible.

**New enrollment requirements** from the Office of Head Start mandate that **we must conduct either a face-to-face or telephone interview to verify information on your child's application**. We will call you to verify the information on the application. If we don't reach you we will leave a detailed message and ask that you call us back. **Call us back** as soon as possible. We cannot enroll any child until we complete this verification process.

Our programs offers bus transportation for all children enrolled in our program. However, due to considerations such as distance, time and appropriate practice, **you could be asked to self-transport should it be necessary to maintain a safe, efficient bus route.**

### **Please return the following documents with your completed application:**

1. **Documentation of family income from all sources**, it may consist of: **a.** Current payroll check stub(s) for one month; **b.** TANF award statement or copy of current check; **c.** Foster care award statement or copy of check; **d.** Annual income tax or W-2 statement(s); **e.** Self employment or business statement; **f.** Social Security or SSI award statement; **g.** Unemployment benefit statement or copy of check. **h.** Zero Income Statement is included on the back of the application form (**Income Verification is Mandatory for all families and your child's application cannot be processed without it**)
2. If applicable, **documentation of child's enrollment or descendency in a federally recognized Indian Tribe**, it may consist of: **a.** Copy of Tribal I.D; **b.** Certificate of Indian Blood (CIB); **c.** For descendency copy of Tribal ID, CIB or other documentation that verifies enrollment of parent, grandparent, great-grandparent, etc. and birth records which show lineage back to child. (**Indian Preference cannot be given unless verified**)
3. If applicable, **documentation of child's diagnosed disability**, it may consist of: **a.** Copy of Individual Family Service Plan (IFSP); **b.** Letter or statement from qualifying agency stating your child's meets this definition; **c.** Letter or note from physician or other qualified health provider. (**Disability preference cannot be given unless verified**)
4. **Copy of SNAP/Food Stamp Benefits.** Families that receive SNAP are now considered eligible for Head Start.
5. **Documentation of Housing Expenses** (rent or mortgage payments, homeowner's or renter's insurance, utilities, interest, taxes on home). Programs can now deduct housing expenses over 30% of a family's income.

If you have any questions please feel free to contact me by telephone at 1-800-922-1399 and ask for Head Start or 541-444-2450, or email at [deannb@ctsi.nsn.us](mailto:deannb@ctsi.nsn.us) .

In Partnership with Children and Families,

DeAnn Brown, Director  
Siletz Tribal Head Start

**SILETZ TRIBAL HEAD START**

**COMMUNITY NEEDS ASSESSMENT 2025-2026**

Siletz Tribal Head Start is conducting a survey to identify needs that exist in our community. This information is used to determine what programs and services would be relevant for Head Start to offer in the future. Your assistance will help ensure that our program meets your needs. Your input and support is valuable. Thanks!

**Check One** (Optional):  Native American  Other \_\_\_\_\_

Which County do you live in (circle one): Lincoln Marion Multnomah Other \_\_\_\_\_

**Family Data:** Single Parent Household?  NO  YES Foster Parent/Grandparent?  NO  YES

Total Number of Household Memebers: \_\_\_\_\_ Total Number of Children in Family: \_\_\_\_\_

Age(s) of parents: \_\_\_\_\_ Are any of your children disabled?  NO  YES

**Economic Information:**

Parent(s) Employed:  Full-time  Part-time  Not Employed  In Training/School

Gross Monthly Income: \_\_\_\_\_ Highest Grade Completed by Parent: \_\_\_\_\_

Does Family Receive:  TANF  Food Stamps  SSI  GA  OHP  WIC

Do you: Own or Rent your home? \_\_\_\_\_ Monthly Rent/House Payment \_\_\_\_\_

Do you receive Section 8 or other housing assistance?  No  Yes Are you homeless?  No  Yes

**Transportation** Do you have reliable transportation?  NO  YES

Do you have access to public transporation?  NO  YES

**Childcare:** Do you have children in childcare now?  NO  YES How Many Hours Per Week? \_\_\_\_\_

How much do you pay for care? \_\_\_\_\_ Hr/Mo. Is childcare affordable for your family?  NO  YES

Do you receive childcare subsidy?  NO  YES Is it easy to find & use child care services?  NO  YES

**Please select the 4 issues that are most important to you and rank them 1<sup>st</sup> highest to 4<sup>th</sup> lowest in priority**

Employment  Education  Preschool/Head Start  Recreation  Housing  Literacy

Health Care  Dental Care  Nutrition  Child Care  Parenting  Cultural Activities

Alcohol & Drug Awareness  Obesity  Other \_\_\_\_\_

**Should Head Start Services be (please circle one for each of the 3 questions):**

1. Full-day or Part-day 2. Full-Year or Part-Year 3. Classroom or Home Based

**Should Head Start Services serve children ages 0 – 3 years?** Yes No

**How did you hear about our program?** \_\_\_\_\_

**Any other comments?** \_\_\_\_\_

SILETZ TRIBAL HEAD START ENROLLMENT APPLICATION

RETURN THIS APPLICATION TO: Siletz Tribal Head Start, PO Box 549, Siletz, OR 97380 or Fax to 541-444-2307
For more information call 1-800-922-1399 ext. 1376 or (541) 444-8376.

CHILD'S NAME \_\_\_\_\_ Returning Student: \_\_\_ Yes \_\_\_ No

Child's Sex: M F Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_ AGE NOW \_\_\_\_\_

Does child have a disability or special need? No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_

Does child have a medical condition or allergy? No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_

Is child descendent/member of a federally recognized Indian Tribe? No \_\_\_ Yes \_\_\_ Tribe/Roll # \_\_\_\_\_
(Please attach verification)

Are You Homeless? No \_\_\_ Yes \_\_\_ (Homeless means individuals who lack a fixed, regular, and adequate nighttime residence;
For example, living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
or are awaiting foster care placement.)

PARENT/GUARDIAN NAME(S):

1. \_\_\_\_\_ Birthdate \_\_\_\_\_

2. \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #'s: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_ Message \_\_\_\_\_

Email: \_\_\_\_\_

Bus Pick-up and drop-off address if different from above: \_\_\_\_\_

A preference for enrollment can be given to families which face any of the following conditions: single parent household, parents
separated or divorced, child is a victim of abuse or neglect or child suffers a non-handicapping medical condition, foster child,sibling who
attended the program. If your family meets any criteria and you want to claim that preference, please list the qualifying condition(s) here:

LIST ALL OTHER HOUSEHOLD MEMBERS BY NAME and DATE Of Birth : Total # Household members \_\_\_\_\_

Please add additional families members to the back of this application

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

FINANCIAL STATEMENT ( YOU MUST attach verification of these benefits.) Check all that apply:

\_\_\_ Employed \_\_\_ Unemployment \_\_\_ General Assistance \_\_\_ Child Support \_\_\_ TANF \_\_\_ SNAP/Food Stamps
\_\_\_ Social Security \_\_\_ Disability \_\_\_ College Grants/Scholarships \_\_\_ Other, explain \_\_\_\_\_

Programs can now deduct housing expenses over 30% of a family's income: Monthly Housing Expense \$ \_\_\_\_\_

TOTAL GROSS MONTHLY INCOME \$ \_\_\_\_\_ (YOU MUST attach verification)

With my signature I certify that the above information is complete and accurate:

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

(OVER)

**SILETZ TRIBAL HEAD START ENROLLMENT APPLICATION**

**Please list additional family members here:**

5. _____	6. _____
7. _____	8. _____
9. _____	10. _____
11. _____	12. _____

IF you are claiming Zero Income, please complete the section below:

**Siletz Tribal Head Start  
Zero Income Statement**

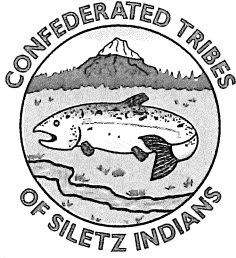
\_\_\_\_\_  
Date

To Whom It May Concern:

This statement is to verify that I receive no income from any source, including:

- Employment Income
- Child Support, Alimony or Regular Contributions from persons not living in the household
- Financial Aid
- Public Assistance (TANF) (General Assistance)
- Dividends, income from estates or trust, rental income
- Interest on savings or other interest investments
- Veterans' payments
- Unemployment or Worker's Compensation Benefits
- Private Pensions or Government Pensions
- Annuities
- Social Security Benefits, Supplemental Security Income (SSI)
- Disability Benefits
- Other Cash Income
- Per Capita

\_\_\_\_\_  
Signature



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Siletz Tribal Head Start  
Authorization to Release Information  
PO Box 549  
Siletz, OR 97380  
1-800-922-1399 Fax: 541-444-2307

Provider: (name and address)	Parent Name:  DOB:
Provider: (name and address)	Child's Name:  DOB:

The purpose or need for this disclosure is: Required Documentation to verify eligibility for Siletz Tribal Head Start Program.

### Records Authorized to be released

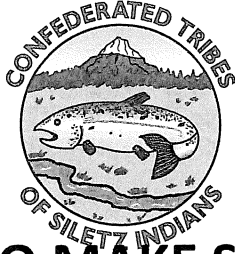
Only information related to: (please check box)

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Income      | <input type="checkbox"/> Homelessness               |
| <input type="checkbox"/> SSI         | <input type="checkbox"/> Early Intervention         |
| <input type="checkbox"/> TANF        | <input type="checkbox"/> Native American Enrollment |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Other: _____               |

This authorization will expire one year from the date of the signature below. I understand that I can revoke this authorization at any time by writing to the provider or to Siletz Tribal Head Start. Revoking this authorization will not affect disclosures made or actions taken before the revocation is received.

\_\_\_\_\_  
Signature of Parent/Guardian and relationship to patient

\_\_\_\_\_  
Date



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**TO MAKE SURE YOUR CHILD'S HEAD START  
APPLICATION IS COMPLETE PLEASE BE SURE  
TO DO THE FOLLOWING:**

- 1. VERIFY YOUR APPLICATION.** You must either have a Face-to-Face interview or telephone interview with a Head Start staff person who will verify with you the information on your application.
- 2. SCHEDULE A PHYSICAL EXAM OR DENTAL EXAM FOR YOUR CHILD.** Over the summer months (June, July or August) please schedule a physical and dental exam for your child and let us know the dates.
- 3. SEND IN DOCUMENTATION OF YOUR INCOME.** It is a mandatory requirement that we verify your income.

**If you have questions please contact us at 541-444-2450 or 1-800-922-1399 and ask for Head Start.**