CNMI PSS Head Start/Early Head Start Program

The program accepts applications on an ongoing basis. To be considered for a slot for enrollment at the beginning of School Year 2024-2025, please submit your child's application on or before **June 14, 2024.**

Families will receive notice from the Program about their child's enrollment status after it has been screened for eligibility. Any child not selected for enrollment will be placed on the waitlist.

Children turning 5 on or before September 30 need to register for Kindergarten at your zoned elementary school.

Thank you for your interest in the Head Start/Early Head Start Program.

323-7446 / 323-0004 / 664-3761 hsehs@cnmipss.org

CNMI PUBLIC SCHOOL SYSTEM
Head Start/Early Head Start Program

(670) 664-3761 • hsehs@cnmipss.org • P.O. Box 501370, Saipan MP 96950

SCHOOL YEAR 2024-2025 APPLICATION FOR ENROLLMENT

IMPORTANT, please read before applying:

- **Only parents or legal guardians are authorized to apply**
- **Applications may be submitted in person or emailed to hsehs@cnmipss.org**
- **Incomplete applications will not be accepted**
- **Early Head Start enrolls children 6 weeks to 36 months**
- **Head Start enrolls children 3-4 years old**
- **Children born on or before September 30, 2019 should register for kindergarten**

Please call 323-7446/323-0004/664-3761 OR email hsehs@cnmipss.org for more information

Head Start/Early Head Start Office • Building 1256, Pohnpei Way, Capitol Hill, Saipan

REQUIRED APPLICATION DOCUMENTS

- ☐ Head Start/Early Head Start Application for Enrollment
- ☐ Head Start/Early Head Start Physical Exam Form - to be completed by child's doctor
- ☐ Head Start/Early Head Start Dental Exam Form - to be completed by child's dentist (for children 6 months and older)
- ☐ Head Start/Early Head Start Immunization Record Form - to be completed by Immunization Department
- ☐ School Health Entrance Certificate - obtain from CHCC Immunization Department or private clinic
- ☐ Documentation of child's date of birth (examples: birth certificate, passport, other government ID/ verification letter).
- ☐ Parent/Guardian Identification
- ☐ Legal documentation relating to guardianship or custody, if not biological parent
- ☐ Child's valid Medicaid, Medicaid certification, or medical insurance card, if any
- ☐ WIC card/documentation, if applicable
- ☐ Child's IFSP or IEP documentation, if applicable
- ☐ Written letter of referral from EI, EC SPED, DYS, Karidat, H.O.M.E., CHCC, Family Court, Drug Court, if applicable
- ☐ For EARLY HEAD START applications ONLY: DCCA Child Care Subsidy approval or waitlist document, if applicable

DOCUMENTATION TO DETERMINE ELIGIBILITY – Must provide documentation from one category only

1. ☐ Parent/Guardian verification of all income for the past 12 months. (examples: W-2, Income Tax forms, check stubs from previous 12 months, child support order, financial aid documentation, retirement benefits, Leave and Earning Statement (LES) for military, employer verification form). Please inform staff if you do not have income or proof of income in order to complete the appropriate documentation.
2. ☐ Public Assistance Documentation: CNMI Nutrition Assistance Program (NAP/Food Stamp) OR Social Security Supplemental Security Income (SSI)
3. ☐ Foster Care Documentation

Please be advised that the CNMI PSS Head Start/Early Head Start Program is a Federally Funded program that has eligibility and selection criteria requirements. Submission of your child's application does not guarantee automatic enrollment. The program does not provide transportation.

For HS/EHS Staff Use: Application Interview Form

Child's Name:		Child's Date of Birth:
Person Interviewed:		Relationship to child:
Date of Interview:	Time:	Location:
Interview Notes:		
Child has a sibling currently enrolled in HS/EHS ☐ YES ☐ NO If YES, Center/Classroom:		
Interview Conducted by:	Position:	Signature:

Please call the Family Services Team with any questions at: (670) 323-7446/323-0004/664-3761

School Year: **2024-2025**	**IMPORTANT, please read before applying:**	• Early Head Start enrolls children 6 weeks to 36 months • Head Start enrolls children 3-4 years old • Children born on or before September 30, 2019, should register for kindergarten

CHILD'S INFORMATION

First Name	**Middle**	**Last**	**Suffix**	**Date of Birth**

Gender	**Child's first home language**	**Child's second home language**	**English Proficiency**
☐Male ☐Female			☐Proficient ☐Good ☐Little ☐None

Child's Race (check one)

☐American Indian or Alaskan Native ☐Native Hawaiian or Pacific Islander ☐Other:____________________
☐Asian ☐White
☐Black or African American ☐Bi-Racial/Multi-Racial

Ethnicity

☐Hispanic or Latino Origin

Child's Medical Insurance (check one)

☐Medicaid Valid ☐Medicaid Pending ☐Medicaid Expired | ☐Private Insured by: | ☐No Insurance

Child's Dental Insurance (check one)

☐Medicaid Valid ☐Medicaid Pending ☐Medicaid Expired | ☐Private Insured by: | ☐No Insurance

Child's Doctor/Medical Clinic	**Child's Dentist/Dental Clinic**

Has your child been **DIAGNOSED** by a Health Care Provider as having a health condition, special health care needs, or allergies?
☐ **YES** ____ If yes, please complete a Child Health Care Plan ☐ **NO**

Does your child have a special need? (Check all that apply) ☐ **Individualized Family Service Plan (IFSP)**
☐ **Individualized Education Plan (IEP)** Start Date:__________ ☐ **A diagnosed disability**
☐ Enrollment in Early Intervention (C'DAC) in the last 6 months ☐Not Applicable

Do you have concerns about your child's development? ☐ **YES** ☐ **NO**
If yes, check all that apply:
☐ Speech/Talking (making sounds, delayed talking, hard to understand and/or difficulties understanding others)
☐ Fine Motor (grasping, drawing, writing, and/or dressing)
☐ Behavior (hitting, biting, having tantrums and/or not cooperating)
☐ Gross Motor (walking, climbing, throwing, spinning, lack of eye contact, loss of skills)
☐ Other Concerns:

Has your child experienced (check all that apply)
☐ Abuse/Neglect ☐ Former Foster Care ☐ Asked to leave a childcare center because of behavior ☐ Not Applicable

Note: Child's citizenship is collected for data purposes only and NOT a condition for enrollment into HS/EHS.	Citizenship of child: ☐ US ☐ Other_________________ If other, Visa Type:

FAMILY INFORMATION

Child lives with ☐One-Parent/Guardian ☐Two-Parents/Guardians

Child is in dual custody ☐Yes, describe: ☐No
(Child lives with both parents but in different homes)

Living Address – Village/Street Name/Lot #	**Mailing Address**			**Primary Phone Number**	**Secondary Phone Number**
	City	**State** MP	**Zip**		

Are you or any member of your family receiving SSI? ☐Yes ☐No **If Yes, who:** **Relationship to applicant:**	**Does your family receive WIC?** ☐Yes ☐No **WIC ID #:**
Is this application for a child in Foster Care? ☐Yes ☐No	**Does your family receive Food Stamps?** ☐Yes ☐No

Is this application for a child receiving DCCA CCDF Child Care Subsidy? ☐ Yes ☐ Waitlisted ☐ No

Housing Status ☐Own ☐Rent ☐Live with Relatives/Friends ☐Temporary Home ☐Shelter ☐FEMA Tent If housing status is temporary such as home, shelter tent, please describe:	**Total # in Family**

Was child referred to program by another agency? ☐ NO ☐ YES If Yes, which agency:

Any specific family need or crisis at this time? ☐ NO ☐ YES If Yes, describe:

Please call the Family Services Team with any questions at: (670) 323-7446/323-0004/664-3761

Parent/Guardian 1

Relationship to Child ☐ Parent ☐ Step Parent ☐ Grandparent ☐ Foster Parent ☐ Other:

First	Middle	Last	Date of Birth

Gender ☐ Male ☐ Female

Does the child live with you? ☐ Yes ☐ No ☐ Part Time

Your Primary Language

English Proficiency ☐ Proficient ☐ Good ☐ Little ☐ None

Race (check one)

☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander ☐ Other:___________________
☐ Asian ☐ White
☐ Black or African American ☐ Bi-Racial/Multi-Racial

Ethnicity

☐ Hispanic or Latino Origin

Highest Grade completed in school (check one)

☐ Grade 9 or less ☐ High School Graduate ☐ Associate's Degree
☐ Grade 10 ☐ GED ☐ Bachelor's Degree
☐ Grade 11 ☐ Training Certificate ☐ Master's Degree (or above)

Contact Information

Home Phone:________________ **Cell:**_________________

E-mail:____

Employment Status (check one)

☐ Full-Time Work (36+hours/week) ☐ Self-Employed ☐ Retired or Disabled
☐ Part-Time Work (>36 hours/week) ☐ Unemployed (looking for work) ☐ Not Employed (stay at home)

Employer Name and Phone

Job Training or School

☐ In Job Training, Type of Training: ☐ In School, Name of School:

United States Military Service: ☐ Active duty ☐ Veteran ☐ No US Military Service

Citizenship: *collected for data purposes only* ☐ US ☐ Other__________________ If other, Visa Type:

Parent/Guardian 2

Relationship to Child ☐ Parent ☐ Step Parent ☐ Grandparent ☐ Foster Parent ☐ Other:

First	Middle	Last	Date of Birth

Gender ☐ Male ☐ Female

Does the child live with you? ☐ Yes ☐ No ☐ Part Time

Your Primary Language

English Proficiency ☐ Proficient ☐ Good ☐ Little ☐ None

Race (check one)

☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander ☐ Other:___________________
☐ Asian ☐ White
☐ Black or African American ☐ Bi-Racial/Multi-Racial

Ethnicity

☐ Hispanic or Latino Origin

Highest Grade completed in school (check one)

☐ Grade 9 or less ☐ High School Graduate ☐ Associate's Degree
☐ Grade 10 ☐ GED ☐ Bachelor's Degree
☐ Grade 11 ☐ Training Certificate ☐ Master's Degree (or above)

Contact Information

Home Phone:________________ **Cell:**_________________

Email:____

Employment Status (check one)

☐ Full-Time Work (36+hours/week) ☐ Self-Employed ☐ Retired or Disabled
☐ Part-Time Work (>36 hours/week) ☐ Unemployed (looking for work) ☐ Not Employed (stay at home)

Employer Name and Phone

Job Training or School

☐ In Job Training, Type of Training: ☐ In School, Name of School:

United States Military Service: ☐ Active duty ☐ Veteran ☐ No US Military Service

Citizenship: *collected for data purposes only* ☐ US ☐ Other__________________ If other, Visa Type:

OTHER FAMILY MEMBERS LIVING IN THE HOUSEHOLD SUPPORTED BY THE PARENT(S)/GUARDIAN(S)

First and Last Name	Relationship to the Child Applying	Date of Birth	Gender (M/F)

☐ Additional family members listed on the back of the application

Please call the Family Services Team with any questions at: (670) 323-7446/323-0004/664-3761

Map of Residence

Village Name:	Street Number & Name:	Apartment Name & #:
House/Building Color:	Obvious Landmarks (Church, stores, ect.):	

Please draw a map to your family residence

Emergency/Alternate Contacts

In case the parent(s)/guardian(s) can not be reached. Who can we contact?

Name:	Relationship:	Phone Number(s):
Name:	Relationship:	Phone Number(s):

PARENT/GUARDIAN ACKNOWLEDGEMENT: PLEASE READ BEFORE SIGNING

I certify that all of the above information is true and correct and that all income is reported. I understand that this is an application for services that are paid for with Federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in my child's discontinuation of enrollment from the Program and may subject me to prosecution under applicable local and Federal laws. I further understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours. This program does not discriminate on the basis of religion, gender, race, color, national origin, or persons with disabilities.

Parent/Guardian Print Name:	Parent/Guardian Signature:	Date:

Recruitment Tracking: How did you hear about us?	☐NAP ☐Social Media ☐Word of Mouth ☐Website ☐CHCC ☐WIC ☐JKPL ☐DYS ☐Current HS/EHS Family ☐Prior HS/EHS Family

TO BE COMPLETED BY STAFF

Date of complete submission:	Center Preference 1:	Center Preference 2:
Application Intake Completed - HS/EHS Staff Name:	**Data Entered in CP By:**	**Date Entered:**