



CHUGACHMIUT BIRTH TO FIVE Ukut Ilanka Parents As Teachers

APPLICATION

Birth to Five Central Office

4000 Old Seward Highway, Suite 203
Anchorage, AK 99503
(907) 248-5009
PAT@chugachmiut.org
www.chugachmiut.org

Welcome to Chugachmiut Birth to Five, Ukut Ilanka Parents as Teachers,

We're glad you are interested in enrolling in our family visiting program. We look forward to walking alongside you and your family and recognize that you are your child's first and most important teacher.

Submitting your application is the first step to connecting with our program. After we receive it, a team member will follow up with you to provide more details and answer any questions about enrollment.

SUBMIT YOUR APPLICATION

Email completed applications to: PAT@chugachmiut.org



CHILD'S NAME: _____ DOB: _____ COMMUNITY: _____

SECTION D FAMILY INFORMATION			
LIVING ADDRESS: Address: _____ City: _____, AK Zip _____		MAILING ADDRESS: Address: _____ City: _____, AK Zip _____	
HOUSING: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Neither		SERVICES YOUR FAMILY RECEIVES: <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> TANF/ATAP <input type="checkbox"/> Supplemental Security Income	
PARENTAL STATUS: <i>(Check all that apply)</i> <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Teen Parent <i>(age 19 or under at time of birth)</i>	Does your family lack stable, permanent, and adequate housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your family referred for services by a child welfare agency? <i>(Office of Children's Services, Child in Transition, ICWA, etc.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION E CHILD HEALTH INFORMATION			
PRIMARY HEALTH COVERAGE/INSURANCE: <input type="checkbox"/> Denali KidCare/Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Indian Health Services (IHS) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		DOCTOR/MEDICAL CLINIC NAME: PHONE:	
		DENTIST/DENTAL CLINIC NAME: PHONE:	
Does your child have any diagnosed food or medical allergies? <input type="checkbox"/> Yes* <input type="checkbox"/> No If YES, please explain: 			
Do you have any health concerns about your child or does your child have an existing health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:		Do you have any developmental concerns about your child or does your child have a developmental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:	

SECTION F	INDIVIDUALIZED EDUCATION PLAN (IEP)/ INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)
Is your child currently being evaluated for an IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have a current or expired IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please attach copies of the: <input type="checkbox"/> IEP <u>or</u> <input type="checkbox"/> IFSP <u>or</u> <input type="checkbox"/> Signed Release of Information Form	
Does your child receive services from Infant Learning Program or other special services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child receive physical, speech or occupational therapy services? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:	
Does your child receive any mental health/behavioral services? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:	

AGREEMENT PLEASE READ, SIGN, AND DATE YOUR APPLICATION	
I certify that this information is true and correct. I agree to promptly update my child and family's information during my child's enrollment with Chugachmiut. I agree to review this information every year. I agree to allow Chugachmiut to share my child's information within Chugachmiut's early childhood programs. All information is kept strictly confidential, and I may access it during normal business hours.	
PARENT/GUARDIAN SIGNATURE: 	DATE:
CHUGACHMIUT THV STAFF SIGNATURE: 	DATE: