Muskogee County Head Start
Application Checklist

When submitting an application, we will need the following information to establish the requirements for enrollment:

☐ Completed Application

☐ Age requirement: Copy of child’s Birth Certificate or proof of live birth.

☐ Income Requirement: Proof of Income
(We need at least one of the following documents.)
- Tax Forms (W2, 1040, etc.)
- Past 2 months consecutive pay stubs
- Signed letter from Employer stating salary

☐ After enrollment, the following information is needed:
- Copy of Child’s most current Immunizations
- Copy of Medical Card, Insurance Card, and/or CDIB card
- Completed Well-Child Check or Physical Form
- Dental Appointment
- Paperwork on Child’s Disability, if applicable

Need help with this application? If you need help getting any of this information or filling out the application, or if you have questions, please contact us at:

918-687-6611
Or visit us at:
301 N 6th St
Muskogee, Oklahoma

Please return your completed application to any of our Head Start Campuses or mail applications to:

Muskogee County Head Start
619 N Main
Muskogee, OK 74401
Muskogee County Head Start/Early Head Start
Applicant & Family Information

**Applicant (child applying for services)**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Birthday</th>
<th>Gender</th>
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</tbody>
</table>

**Race**
- Asian
- American Indian/Alaska Native
- Black
- Hawaiian/Pacific Islander
- White
- Multi Racial
- Other:

**Ethnicity**
- None
- Little
- Moderate
- Proficient

**English Proficiency**
- Other Language
- Other Language Proficiency
- Poor
- Moderate
- Proficient

**Primary Health Coverage**
- Other Health Coverage
- Insurance #
- Medicaid
- Medicaid 
- Doctor
- Dentist
- Not Eligible
- On Medicaid
- Potentially Eligible

**Primary Adult (Parent or Guardian)**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Birthday</th>
<th>Gender</th>
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</tbody>
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- Other:

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- Moderate
- Proficient

**English Proficiency**
- Other Language
- Other Language Proficiency
- Poor
- Moderate
- Proficient

**Employment Status**
- Full Time (35+ hours)
- Part Time
- Seasonal
- Disabled/Retired
- Full time + Training
- Part time + Training

**Relationship to child**
- Natural/Adopted/Step
- Grandparent
- Aunt/Uncle
- Foster
- Other:

**Custody**
- Yes
- No

**Check all that apply:**
- Lives with Family
- Provides Financial Support
- Teen Parent Subsidized?
- Yes
- No

**Highest Grade Completed**

**Secondary Adult**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
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<th>Birthday</th>
<th>Gender</th>
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- Full Time (35+ hours)
- Part Time
- Seasonal
- Disabled/Retired
- Full time + Training
- Part time + Training

**Relationship to child**
- Natural/Adopted/Step
- Grandparent
- Aunt/Uncle
- Foster
- Other:

**Custody**
- Yes
- No

**Check all that apply:**
- Lives with Family
- Provides Financial Support
- Teen Parent Subsidized?
- Yes
- No

**Highest Grade Completed**

**Additional Family Members**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Birthday</th>
<th>Gender</th>
<th>Also Applying?</th>
</tr>
</thead>
<tbody>
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<td>M F</td>
<td>Y N</td>
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<td></td>
<td>M F</td>
<td>Y N</td>
</tr>
</tbody>
</table>
**Muskogee County Head Start/Early Head Start**

**Family Information, Income & Contacts**

<table>
<thead>
<tr>
<th>Family Information</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Address</td>
<td>Zip</td>
<td>City</td>
<td>State</td>
<td>County</td>
</tr>
<tr>
<td>Mailing Address (if different)</td>
<td>Zip</td>
<td>City</td>
<td>State</td>
<td>County</td>
</tr>
<tr>
<td>Phone Numbers with Names</td>
<td>Type (check one)</td>
<td>Note (for example-extension or best time to call)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Cell</td>
<td>□ Home</td>
<td>□ Work</td>
<td>□ Other</td>
</tr>
<tr>
<td></td>
<td>□ Cell</td>
<td>□ Home</td>
<td>□ Work</td>
<td>□ Other</td>
</tr>
<tr>
<td></td>
<td>□ Cell</td>
<td>□ Home</td>
<td>□ Work</td>
<td>□ Other</td>
</tr>
<tr>
<td>Parental Status (Check one)</td>
<td>Homeless</td>
<td>Primary Language in Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ One Parent</td>
<td>□ Two Parent</td>
<td>□ Yes</td>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>Number in Household</td>
<td>Number in Family</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Family Income**

<table>
<thead>
<tr>
<th>TANF</th>
<th>Supplemental Security Income (SSI)</th>
<th>WIC</th>
<th>Receiving SNAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Amount Per</td>
<td>Verification (tax forms, pay stubs, etc.)</td>
<td>Income Notes</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Special Needs**

**Does your child have any special needs or disability?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe:</td>
<td>By: □ Physician</td>
</tr>
</tbody>
</table>

**Alternate Contacts (not living in your home)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cell</td>
<td>□ Home</td>
<td>□ Work</td>
<td>□ Cell</td>
</tr>
</tbody>
</table>

**Additional Information**

<table>
<thead>
<tr>
<th>Referred for services by Child Welfare</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child need transportation?</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Address your child will be picked up and dropped off daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent or Guardian a member of the US military</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
</tbody>
</table>

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in the application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent or Guardian Signature ___________________________ Date ___________________________
Muskogee County Head Start
Child Find

Child's Name: ____________________________  Gender: ___ Male ___ Female

Address: __________________________________  Date of Birth: ____________

City: ____________________________________  State: ______  Age: ______

Name of Parent completing this form: ________________________________

Phone: Work __________________ Home __________________ Cell ________________

___ My child currently participates in Sooner Start and has an IFSP

___ My child currently has an IEP

___ My child has been diagnosed, but does not have and IEP (diagnosis)

___ My child has never been identified with a disability

Current school district where you live: ____________________________________

Does your child have any medical problems? ____ Yes ____ No
If yes please describe: ____________________________________________________

_____________________________________________________________________

Does your child take any medication on a daily basis? ____ Yes ____ No
If yes, please list medications: ____________________________________________

Has your child ever received any special services? (speech, physical or occupational therapy, counseling) ____ Yes ____ No

I understand that by signing this form, Muskogee County Head Start may share this information with the school district listed above for educational and/or special services collaboration.

_________________________ _______________________
Parent/Guardian Signature  Date

***Staff-Please forward this immediately to the Disability/Mental Health Manager

_________________________
Office Use Only:

Date Received: ___________  Date Notified District: _____________

Documentation received: __________________________
Muskogee County Head Start Oral Health Form

Patient Information

Date of Service

Child's name

This practice is the child's dental home: □ Yes □ No

Child's date of birth

Current Oral Health Status
1. Does the child have any teeth with untreated decay? □ Yes (decay) □ No (decay free)
2. Does the child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions? □ Yes □ No
3. Are there treatment needs? □ Yes, urgent □ Yes, not urgent □ No treatment needs

Oral Health Care Services Delivered During Visit

Diagnostic/Preventive Services Counseling/Anticipatory Guidance
Examination: □ Yes □ No □ Yes □ No
X-rays: □ Yes □ No
Risk assessment: □ Yes □ No
Cleaning: □ Yes □ No
Fluoride varnish: □ Yes □ No
Dental sealants: □ Yes □ No
(Please specify specialist)

Restorative/Emergency Care
Fillings: □ Yes □ No
Crowns: □ Yes □ No
Extractions: □ Yes □ No
Emergency care: □ Yes □ No
Other: □ Yes □ No
(Please specify)

Future Oral Health Care Services
All treatment completed: □ Yes □ No
Next recall date: __/____/(month/year)
More appointments needed for treatment? □ Yes □ No
If yes: Approximate number of appointments needed: ________
Next appointment: Date: __________ Time: ________

Additional Information for Parents, Head Start Staff, and Medical Providers

Oral Health Provider's Contact Information and Signature

Provider name (please print)

Phone number
Fax number

Practice name

Address

Provider signature

Date

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<table>
<thead>
<tr>
<th>Screen/Test</th>
<th>Results</th>
<th>Screen/Test</th>
<th>Results</th>
<th>Screen/Test</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Blood Pressure</td>
<td>Lead Screening</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Weight</td>
<td>Pulse</td>
<td>Hemoglobin / Hematocrit</td>
<td></td>
<td>Dental Referral</td>
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<tr>
<td>Speech</td>
<td>Development/Behavioral</td>
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<tr>
<td>Vision</td>
<td>Left______</td>
<td>Hearing</td>
<td>Left______</td>
<td>TYMP</td>
<td>Left________</td>
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<tr>
<td></td>
<td>Right______</td>
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<td>Right________</td>
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</table>

**Physical Exam**

<table>
<thead>
<tr>
<th></th>
<th>Not Examined</th>
<th>WNL</th>
<th>Abnormal</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Head</td>
<td></td>
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<td></td>
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<tr>
<td>Fontanel</td>
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<tr>
<td>Eyes</td>
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<tr>
<td>Ears</td>
<td></td>
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<tr>
<td>Nose, Mouth</td>
<td></td>
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<tr>
<td>Throat, Neck</td>
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<tr>
<td>Glands (Lymphatic/Thyroid)</td>
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<tr>
<td>Chest / Breast</td>
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<tr>
<td>Lungs</td>
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<tr>
<td>Heart</td>
<td></td>
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<tr>
<td>Abdomen (Include Hernia)</td>
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<tr>
<td>Genitalia, Rectum</td>
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<tr>
<td>Skin</td>
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<tr>
<td>Neurological / Social</td>
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<tr>
<td>Muscular Coordination</td>
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<tr>
<td>Other</td>
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</table>

**Assessment:**

Please note significant concerns (emphasis on nutrition, elimination, sleep patterns, accidents, safety, neurological and environmental factors):

**Plan:**

Please note services not completed at this visit (not covered by patient's insurance, not part of standard physical exam, other):

This child **IS** **IS NOT** up to date on a schedule of well child care.

---

**Physician's Name/Address/Phone Number**

**Signature**

**Date**

06/2013; 03/2014
Muskogee County Head Start & Early Head Start
SoonerCare Provider Listing for Muskogee County

Please request your child to have an EPSDT check. Please take the physical and dental forms provided by Muskogee County Head Start to the physician and/or dentist completing the exam on the date of the visit. IN ORDER FOR THE CHILD TO BEGIN SCHOOL, the physical and dental form must be completed and returned to Muskogee County Head Start.

**PHYSICALS**

**CCOM Pediatrics**
Jo Ann Sturgeon, NP-C
350 S. 40th St.
Muskogee, OK 74401
918-683-0753

**Muskogee Health Center**
619 North Main
Muskogee, Oklahoma 74401
918-682-0222

**Premier Pediatric and Adolescent Care**
Tracy Hoos, DO, FAAP
Ryan Mundy, MD, FAAP
Jennifer Denton, ARNP
2009 North Main
Muskogee, Oklahoma 74401
918-816-4024

**Children’s Clinic**
Michael Stratton, DO, FAAP, FACOP
David Whatley, MD
Phyllis Peace, APRN-CNP
3101 Chandler Rd. #101
Muskogee, Oklahoma 74403
918-687-4411

**Wade Pediatrics**
3505 W. Broadway St.
Muskogee, Oklahoma 74401
918-683-8442

Children may also be seen at the Muskogee County Health Department for a Well Child Check (EPSDT). Call 918-683-0921 to schedule an appointment. The fee for the exam is based on income.

**DENTALS**

**Eric Massad, DDS**
Muskogee Family Dentistry
2404 Old Shawnee Rd
918-684-3277

**Frank J. Evans DDS**
General Dentistry
802 S. Lee Street
Fort Gibson, Oklahoma 74434
Phone: 918-478-2341

**Ocean Dental of Muskogee**
930 West Shawnee
Muskogee, Oklahoma 74401
918-682-6060

**Barry J. Farmer, DDS INC**
Pediatric Dentistry
806 N. York Street
Muskogee, Oklahoma 74403
918-683-3451

**Walker Family Dentistry**
106 Lone Oak Circle
Fort Gibson, Oklahoma 74434
918-478-8400

If you need assistance, please call Muskogee County Head Start MAIN OFFICE at 918-687-6611
FAX: 918-687-8750
Muskogee County Head Start and Early Head Start

Campus Listing

Main Office @ Youth Central • 301 North 6th Street • Muskogee, OK 74401
All Mail Goes to 619 N. Main St. • Muskogee, OK 74401
Phone: 918-687-6611 • Fax: 918-687-8750

Jamie Banks Robertson
Head Start & Early Head Start
540 S. 3rd Street
Muskogee, OK 74401
Phone: 918-682-5899
Fax: 918-682-1559

Youth Central
Head Start & Early Head Start
301 N. 6th Street
Muskogee, OK 74401
Phone: 918-687-6611
Fax: 918-687-8750

East Campus
Head Start & Early Head Start
3900 Eufaula Street
Muskogee, OK 74403
Phone: 918-683-9245
Fax: 918-684-7223

Ft. Gibson Campus
Head Start & Early Head Start
500 S. Ross (North of Education Bldg.)
Ft. Gibson, OK 74434
Phone: 918-478-4073
Fax: 918-478-4819

Cherokee Elementary
Head Start-4 Yrs
2400 Estelle Avenue
Muskogee, OK 74401
Phone: 918-684-3890

Haskell Campus
Head Start
313 Chickasaw Road
Haskell, OK 74436
Phone: 918-482-5441

Warner Campus
Head Start & Early Head Start
Warner, OK 74469
Phone: 918-463-5860
Fax: 918-463-5936

Shawnee Campus
Early Head Start
2719 Old Shawnee
Muskogee, OK 74403
Phone: 918-682-5437
Fax: 918-684-7206

Grant Foreman Elementary
Head Start-4Yrs
800 Bacone St.
Muskogee, OK 74403
Phone: 918-684-3860

Little Okies Academy
Early Head Start
1313 N Main Street
Muskogee, OK 74401
Phone: 918-360-2355