

**BISHOP INDIAN HEAD START**  
Mailing Address: 50 Tu Su Lane  
Physical Address: 405 N Barlow Lane  
Bishop, CA 93514  
Office: 760-872-3911 Fax: 760-582-4291

## **BIHS Re-Enrollment 2020-2021**

This year's re-enrollment will be a little different due to current circumstances. You will be able to fill out the forms we need for re-enrollment online from your email.

Please download this document, fill in the available boxes on each of the pages, and save it. Then attach the edited version to an email and send it back to Paige Sills, the Family Advocate, at: [paige.sills@bishoppaiute.org](mailto:paige.sills@bishoppaiute.org)

If you have *Adobe Acrobat* or *Adobe Acrobat Reader* you can sign the document in all the signature boxes. Adobe Acrobat Reader is available for free in the Apple App Store, Google Play Store, and Galaxy App Store.

If you do not have either of those computer programs then you may not be able to sign the documents. If that is the case then we will make it available for you to sign the signature boxes in person at meal pick up Monday - Friday from 8:00 am - 9:30 am.

If you are able to scan or take a clear photo of your income and proof of residency, then please attach those to the email as well. If you are not able to do that then you can bring a copy of your income and proof of residency at meal pick up or if we schedule a different time for you to come sign your documents, then you can bring paper copies at that time.

Thank you,  
BIHS Staff

**BISHOP INDIAN HEAD START**

Mailing Address: 50 Tu Su Lane

Physical Address: 405 N Barlow Lane

Bishop, CA 93514

Office: 760-872-3911 Fax: 760-582-4291

**Re-Enrollment Checklist**

<b>Child:</b>	<b>Parent(s)/Guardian(s):</b>	<b>Phone:</b>
		<b>Email:</b>
Inyo County Eligibility Verification Authorization		
BIHS Third Party Verification		
Tribal Membership Declaration		
Child Support Declaration		
Student Residency Questionnaire		
Proof of Income (Past 3 months)		
Proof of Residency (Current Utility Bill)		
Additional Documents Needed:		

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BIHS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Inyo County Eligibility Verification Authorization

I authorize Inyo County State Preschool to verify information regarding income eligibility for my Head Start/State Preschool application.

\_\_\_\_\_  
**Parent A - Name and Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent B - Name and Signature**

\_\_\_\_\_  
**Date**

**Parent A:**

**Employer Information:**

Employer Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Hours: \_\_\_\_\_

**Employer Information:**

Employer Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Hours: \_\_\_\_\_

**Parent B:**

**Employer Information:**

Employer Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Hours: \_\_\_\_\_

**Employer Information:**

Employer Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Hours: \_\_\_\_\_

# BIHS THIRD PARTY VERIFICATION

PARENT NAME: \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_

The individual named above is an applicant for Head Start. Federal regulations require that in order for the family to be eligible, Head Start must verify the family's income information related to eligibility. The individual signing this form has given authorized consent of the verification information listed below. The information you provide will be used only for the purpose of determining the family's eligibility for the program.

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

**Verification Information:**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

**Verification Results:**

I certify that the above information is true and correct.

**PARENT NAME** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_

**STAFF SIGNATURE** \_\_\_\_\_ **Title:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Child Care Connection**  
Inyo County Superintendent of Schools  
164 Grandview Drive  
Bishop, CA 93514  
(760) 873-5123

**ALL APPLICANTS MUST COMPLETE THIS FORM**

***Tribal Member Declaration Form***

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

- I declare under penalty of perjury that I am not a member of any Native American Tribe.
- I declare under penalty of perjury that I am a member of the Native American Tribe listed below.

Name of Native American Tribe: \_\_\_\_\_

I currently receive \$ \_\_\_\_\_ as a tribal distribution. This amount is paid to me  
a. monthly \_\_\_\_\_ b. quarterly \_\_\_\_\_ c. semi-monthly \_\_\_\_\_ d. annually \_\_\_\_\_

I currently receive \$ \_\_\_\_\_ as a per capita distribution. This amount is paid to me  
a. monthly \_\_\_\_\_ b. quarterly \_\_\_\_\_ c. semi-monthly \_\_\_\_\_ d. annually \_\_\_\_\_

Other adults living within my home that are tribal members:

Name: \_\_\_\_\_ Tribe: \_\_\_\_\_

Amount of allotments received: \$ \_\_\_\_\_ / month quarter semi-annually annually  
(circle one choice)

Name: \_\_\_\_\_ Tribe: \_\_\_\_\_

Amount of allotments received: \$ \_\_\_\_\_ / month quarter semi-annually annually  
(circle one choice)

***I certify under penalty of perjury that the above information is true and correct.***

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

**Parent or Guardian**

## Child Care Connection

Inyo County Superintendent of Schools

164 Grandview Drive

Bishop, CA 93514

(760) 873-5123

## *Child Support Declaration*

Parent's/Guardian Name \_\_\_\_\_

Child's Name \_\_\_\_\_

I currently receive \$ \_\_\_\_\_ Child Support and/or \$ \_\_\_\_\_ Spousal Support per month

---

Parent's/Guardian Name \_\_\_\_\_

Child's Name \_\_\_\_\_

I currently receive \$ \_\_\_\_\_ Child Support and/or \$ \_\_\_\_\_ Spousal Support per month

**I certify under penalty of perjury that the above information is true and correct.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian**

