



# 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 6<sup>th</sup> 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

☐ Head Start      Program Year \_\_\_\_\_  
☐ Early Head Start      Data Entry \_\_\_\_\_  
 Preferred Site/Classroom \_\_\_\_\_

**Applicant (child applying for services)**

First		Middle		Last		Birthday		Gender M F					
<b>Race</b>		<b>Ethnicity</b>		<b>English Proficiency</b>		<b>Other Language</b>		<b>Other Language Proficiency</b>					
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi Racial		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		_____ _____ _____		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient					
<b>Primary Health Coverage</b>		<b>Other Health Coverage</b>		<b>Insurance#</b>		<b>Medicaid</b>		<b>Medicaid #</b>		<b>Doctor</b>		<b>Dentist</b>	
						<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially Eligible							

**Primary Adult (Parent or Guardian)**

First	Middle	Last	Birthday	Gender M F
<b>Race</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<b>Ethnicity</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi Racial		<b>English Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
		<b>Other Language</b> _____		<b>Other Language Proficiency</b> <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Employment Status</b> <input type="checkbox"/> Full Time (35+ hours) <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Disabled/Retired <input type="checkbox"/> Full time + Training <input type="checkbox"/> Part time + Training		<b>Relationship to child</b> <input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____		<b>Custody</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Check all that apply:</b> <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent Subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Highest Grade Completed</b> _____ Email Address _____

## Secondary Adult

First	Middle	Last	Birthday		Gender M F			
<b>Race</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<b>Ethnicity</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi Racial		<b>English Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<b>Other Language</b> _____	<b>Other Language Proficiency</b> <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
<b>Employment Status</b> <input type="checkbox"/> Full Time (35+ hours) <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Disabled/Retired <input type="checkbox"/> Full time + Training <input type="checkbox"/> Part time + Training		<b>Relationship to child</b> <input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____		<b>Custody</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Check all that apply:</b> <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent Subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Highest Grade Completed</b> _____
						Email Address _____		

### Additional Family Members

[illegible]



**Muskogee County Head Start/Early Head Start**  
**Family Information, Income & Contacts**

Agency Use Only:

Applicant Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Family Information**

Living Address	Zip	City	State	County
Mailing Address (if different)	Zip	City	State	County
Phone Numbers with Names	Type (check one) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		Note (for example-extension or best time to call)	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			
Parental Status (Check one) <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent	Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language in Home Number in Household _____	Number in Family _____	

**Family Income**

<b>TANF</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Amount Per _____ \$ _____ \$ _____ \$ _____	<b>Supplemental Security Income (SSI)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Verification (tax forms, pay stubs, etc.)	<b>WIC</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Receiving SNAP</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Income Notes
---	--	--	---

**Special Needs**

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

☐ Yes ☐ No Describe: \_\_\_\_\_ By: ☐ Physician ☐ Health Department ☐ Other \_\_\_\_\_

**Please circle any of the following that have happened to your family in the last year and provide documentation:**

Death in Immediate family	Incarcerated Parent
Homeless	No Medical Insurance/Home
Recent loss of employment	Natural Disaster
Living with someone other than parent	Divorce/Separation

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

Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

**Additional Information**

Referred for services by Child Welfare <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child need transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address your child will be picked up and dropped off daily _____	
Parent or Guardian a member of the US military <input type="checkbox"/> Yes <input type="checkbox"/> No	

*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 an 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: \_\_\_\_\_



National Center on  
**Health**

Muskogee County Head Start/EHS  
301 N. 6th Street  
Muskogee, OK 74401  
918-687-6611  
Fax: 918-687-8750

## Muskogee County Head Start Oral Health Form

### Patient Information

Date of Service \_\_\_\_\_

Child's name \_\_\_\_\_

Child's date of birth \_\_\_\_\_

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

### 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

Examination: ☐ Yes ☐ No  
X-rays: ☐ Yes ☐ No  
Risk assessment: ☐ Yes ☐ No  
Cleaning: ☐ Yes ☐ No  
Fluoride varnish: ☐ Yes ☐ No  
Dental sealants: ☐ Yes ☐ No

#### Counseling/Anticipatory Guidance

☐ Yes ☐ No

#### Referral to Specialty Care

☐ Yes ☐ No

\_\_\_\_\_  
(Please specify specialist)

#### Restorative/Emergency Care

Fillings: ☐ Yes ☐ No  
Crowns: ☐ Yes ☐ No  
Extractions: ☐ Yes ☐ No  
Emergency care: ☐ Yes ☐ No

Other: \_\_\_\_\_  
(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 \_\_\_\_\_



# Muskogee County Head Start PHYSICAL EXAMINATION

Fax 918-687-8750

Child's Name: (Last)	(First)	(MI)	Date of Birth	Age	Date of Visit
----------------------	---------	------	---------------	-----	---------------

SCREEN/TEST	RESULTS	SCREEN/TEST	RESULTS	SCREEN/TEST	RESULTS
Height		Blood Pressure		Lead Screening	
Weight		Pulse		Hemoglobin / Hematocrit	
Speech		Development/ Behavioral		Dental Referral	
Vision	Left _____ Right _____	Hearing	Left _____ Right _____	TYMP	Left _____ Right _____

## PHYSICAL EXAM

	Not Examined	WNL	Abnormal	Comments
Head				
Fontanel				
Eyes				
Ears				
Nose, Mouth				
Throat, Neck				
Glands (Lymphatic/Thyroid)				
Chest / Breast				
Lungs				
Heart				
Abdomen (include Hernia)				
Genitalia, Rectum				
Skin				
Neurological / Social				
Muscular Coordination				
Other				
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



## **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. 40<sup>th</sup> 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 918-683-0321 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 6<sup>th</sup> 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. 3<sup>rd</sup> Street  
Muskogee, OK 74401  
Phone: 918-682-5899  
Fax: 918-682-1559**

**Youth Central  
Head Start & Early Head Start  
301 N. 6<sup>th</sup> 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**