

How to get your child enrolled in Head Start or Early Head Start

Your application is not complete until we receive all the items listed below

You may complete the application online at <http://threeriverscap.org/head-start>

Call 507-696-1970 with questions

How to determine if your family is eligible:

- Do you consider yourselves to be living in a **TEMPORARY LIVING SITUATION** or **HOMELESS**? Children experiencing homelessness or who are in a temporary living situation are categorically eligible. Please call 507-696-1970 for a separate form. We do not need income.
- Is your child currently in **FOSTER CARE**? If so, please include a copy of the court order placing the child into foster care. Foster children are categorically eligible for Head Start and Early Head Start.
- Do you receive **CASH ASSISTANCE** from the county? If so, please provide the letter you get in the mail telling you how much your grant will be for the month. If you got a cash grant either this month or last month, your child is automatically income eligible for Head Start and Early Head Start, and we do not need any other income information from you.
- Does anyone in your family get **SSI**? If so, please send proof of their most recent SSI payment. If someone in the family gets SSI, your child is automatically income eligible for Head Start and Early Head Start, and we do not need any other income information from you.
- Do you have a **JOB**? If so, please send in your 2019 Federal Tax Return. If both parents are living in the home and do not file taxes together, we need copies of both tax returns. If you do not file taxes, you may provide your W2s from 2019. We can also accept 12 months of paystubs or a signed letter from your employer that states all income earned in 2019 or in the past 12 months.
- Do you get **CHILD SUPPORT**? If so, please log in to your online account and print off the page showing all child support received by you in 2019. If you do not have access to your online account, please ask your worker to provide you with a printout of all child support received in 2019.
- If you have **NO INCOME**, please call 507-696-1970 and together we can figure out how to best complete your application.

We also need to verify your child's birthdate

- Please provide a copy of their birth certificate OR any other official document with their birthdate printed on it. If you do not have something with your child's birthdate one it AND they have received immunizations in Minnesota, we may be able to verify the birthdate.

Is your child on an **IEP or IFSP**? If so, please provide a copy of the IEP or IFSP so we can place the child

Timeline

- March 2020 – Returning students are accepted
- April 2020 – First group of eligible students is selected
- May 2020 – Second group of eligible students is selected
- June 2020 – First group of new over-income students is selected. If your child was determined to be over-income, they will NOT be accepted into a class until June. This is because we must serve all interested income-eligible students before offering enrollment to over-income students.
- June 2020 – Eligible students accepted on a first-come, first-served basis
- September 2020 – Teachers will contact you to complete paperwork. **Classes start!**

Keep this page for reference



HEAD START & EARLY HEAD START

Faribault: circle your preference
 Full day
 Morning
 Afternoon

Northfield: full day
 Red Wing: circle your preference
 Morning
 Afternoon

Wabasha: morning
 Zumbrota: morning
 Early Head Start home visiting

Tell us about YOUR CHILD

Your child's full legal name: _____

Your child's Birth Date: _____

Your child's Race: _____

Is your child Hispanic or Latino? YES NO

Your child's Gender: _____

What language or languages does your child speak at home? _____

Does your child have an IEP or IFSP through the school district? YES NO

If yes, please provide a copy of IEP or IFSP with the application.

Does your child have a diagnosed disability or serious medical condition? YES NO

If yes, please explain _____

Has your child ever had an evaluation of their developmental skills through your local school district? (Preschool Screening) YES NO

Tell us about YOU

Your full legal name: _____

Your Birth Date: _____

Your Race: _____

Are you Hispanic or Latino? YES NO

Your Gender: _____

How many people live in your home? _____

What is your English speaking level?
 Fluent Moderate Little None

Do you need an interpreter? YES NO

Written language _____

Phone number: _____

Can we send you text messages? YES NO

Email _____

Preferred methods of communication:
 EMAIL TEXT PHONE CALL MAIL

Do any of the following apply to your family?

- We are living in a motel, hotel, or campground because we cannot afford housing
- We are living in an emergency or transitional shelter
- We are sharing housing with another family because of loss of housing or economic hardship
- We are living in a vehicle (any kind of vehicle)
- We consider ourselves homeless
- We receive Cash Assistance from the County
- We receive SSI (for anyone in the family)
- My child is a foster child

Home Address: _____

City _____ State _____ Zip _____

Mailing Address: Same as home address

City _____ State _____ Zip _____

What county do you live in?
 GOODHUE RICE WABASHA _____

How did you hear about us? _____

ADMINISTRATIVE USE ONLY

Staff member completing application _____

Who lives in your home? **Please list everyone, including yourself.** If more space is needed, attach another sheet of paper.

Full Legal Name	Relationship to YOU	Gender	Date of Birth REQUIRED	Race	Hispanic?	Income?
1.		M F			Y N	Y N
2.		M F			Y N	Y N
3.		M F			Y N	Y N
4.		M F			Y N	Y N
5.		M F			Y N	Y N
6.		M F			Y N	Y N
7.		M F			Y N	Y N

If 2 adults living in the home, are you both the biological/adoptive parents of the Head Start child? YES NO NA

If there are 2 adults living in the home, are you legally married? YES NO NOT APPLICABLE

Do you receive child support? YES NO If yes, you must provide proof of payments received in 2019 or in past 12 months

Is anyone in the home pregnant? YES NO If so, who? _____

Has your child experienced any of the following situations? You do not have to answer this question, but it does allow us to better help your family.

- | | | |
|---|--|---|
| <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Home was foreclosed | <input type="checkbox"/> Child living with an adult who is not their biological parent |
| <input type="checkbox"/> Domestic Abuse | <input type="checkbox"/> Teen Parent | <input type="checkbox"/> Parent has limited English skills (unable to communicate without an interpreter) |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Death of Immediate Family Member (Relationship to Child _____) | <input type="checkbox"/> Refugee or Immigrant to the United States |
| <input type="checkbox"/> Mental Illness of Parent | <input type="checkbox"/> Recent Divorce or Separation of Parents (Date _____) | <input type="checkbox"/> Immediate family member with serious medical condition (explain):
_____ |
| <input type="checkbox"/> Disabled Parent | <input type="checkbox"/> Significant and Impacting decrease in family income Explain:
_____ | <input type="checkbox"/> Referral to Head Start by Social Service Agency |
| <input type="checkbox"/> Child is/has worked with an agency for Social/ Emotional Needs | <input type="checkbox"/> Incarceration of family member (Relationship to Child _____) | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Family Displaced from Home | <input type="checkbox"/> Parent military deployment | <input type="checkbox"/> Another child in our family attended Head Start (Child: _____) |
| <input type="checkbox"/> Have lived in an emergency or transitional shelter | <input type="checkbox"/> Foster Home Placement | |
| <input type="checkbox"/> Unable to pay rent/mortgage or utilities | | |

DATA PRIVACY, RELEASE OF INFORMATION, SIGNATURE

I give permission for Three Rivers Head Start to:

- Share and exchange information about my child or family, including but not limited to: IEP/IFSP information, evaluations, name(s), phone number(s), and address(es) with my local school district, Public Health, or other outside agency/provider that I have indicated on this application. I understand this may be helpful in the application process and to coordinate services for my child
- Obtain, assess, and share information regarding my child with the local school district so that appropriate referrals and resources may be suggested. I understand that the process is to assist me in preparing my child for kindergarten.
- Contact any or all of my income sources and to obtain information about my gross income. I understand this may assist in the application process and in determining my child's eligibility for the Head Start program.

Remember: this is an application ONLY and does not guarantee enrollment in the program. Please keep Three Rivers Head Start informed of any changes in your address or phone number. Your right to privacy is protected by the Minnesota Privacy Act. Private information on the Head Start application will be used to determine your eligibility and for program planning. You are not legally required to provide this information.

I certify that the information that I have provided is true and complete to the best of my knowledge. I understand that providing incorrect information may disqualify my family from the program, and in some cases may constitute fraud.



Parent Signature: _____ Date: _____

