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
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.**

<table>
<thead>
<tr>
<th>Full Legal Name</th>
<th>Relationship to YOU</th>
<th>Gender</th>
<th>Date of Birth REQUIRED</th>
<th>Race</th>
<th>Hispanic?</th>
<th>Income?</th>
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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.

- □ Drug/Alcohol Abuse
- □ Domestic Abuse
- □ Child Abuse/Neglect
- □ Mental Illness of Parent
- □ Disabled Parent
- □ Child is/has worked with an agency for Social/Emotional Needs
- □ Family Displaced from Home
- □ Have lived in an emergency or transitional shelter
- □ Unable to pay rent/mortgage or utilities

- □ Home was foreclosed
- □ Teen Parent
- □ Death of Immediate Family Member (Relationship to Child__________________)
- □ Recent Divorce or Separation of Parents (Date__________________________)
- □ Significant and Impacting decrease in family income Explain: __________________________________________
- □ Incarceration of family member (Relationship to Child__________________)
- □ Parent military deployment
- □ Foster Home Placement
- □ Child living with an adult who is not their biological parent
- □ Parent has limited English skills (unable to communicate without an interpreter)
- □ Refugee or Immigrant to the United States
- □ Immediate family member with serious medical condition (explain):
  __________________________________________

□ Referral to Head Start by Social Service Agency

□ Single Parent

□ Another child in our family attended Head Start (Child: __________________________)

**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: ________________