



HEAD START & EARLY HEAD START APPLICATION

1414 North Star Dr, Zumbrota, MN 55992
 Phone: 800-277-8418
 Fax: 507-933-4481
 Email: cklein@threeriverscap.org



Head Start/Early Head Start Participant						
First Name		Middle Name			Last Name	
Date of Birth		Gender	Male Female	Language(s)		
Race	Asian Hawaiian/Pacific Islander	American Indian/Alaska Native White	Black/African American Multi-Racial	Other: _____	Ethnicity	Hispanic/Latino Non-Hispanic/Latino
Disability	Has your child ever had an evaluation of their developmental skills through your local school district? (Preschool Screening) Yes No			Does your child have an IEP or IFSP? Yes No If yes, what district? _____		
	Does your child have a diagnosed disability or serious medical condition? Yes No			Do you have any concerns about your child's development? Yes No If yes, please explain: _____		

Primary Parent/Guardian						
First Name		Last Name			Relationship to Child:	
Date of Birth		Gender	Male Female	Language(s)		
Race	Asian Hawaiian/Pacific Islander	American Indian/Alaska Native White	Black/African American Multi-Racial	Other: _____	Ethnicity	Hispanic/Latino Non-Hispanic/Latino
Contact	Cell phone: Can we send you text messages? Yes No			Email: _____		
				Preferred method(s) of communication: Email Text Call		
Income	Do you receive income? Yes No					

Additional people living in the home <small>please attach another piece of paper if you need more space</small>						
Full Name	Relationship to Child	Gender	Date of Birth	Race <small>See legend below</small>	Hispanic or Latino	Does this person receive 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
Is anyone in the home pregnant? Yes No If yes, who? _____						
Race AN=American Indian or Alaska Native A=Asian B=Black or African American M=Multiracial or Biracial N=Native Hawaiian or other Pacific Islander O=Other W=White						

Household Information			
Home Address	Home Address		Apt or Lot #
	City, State, Zip		County
Mailing Address	(if different from home address)		
Parental Status	One Parent		How did you hear about us?
	Two Parent		

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
- Child is a foster child
- Child is in custody of non-parent family member

Income Information		<i>you must provide ALL income for the past 12 months or the previous calendar year</i>			
Please circle sources of income for you or anyone else in your household	<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> Social Security (SSDI, RSDI, SSA)	<input type="checkbox"/> Self Employment/Farm	<input type="checkbox"/> Child Support	
	<input type="checkbox"/> Cash Assistance (MFIP)	<input type="checkbox"/> DWP (Divisionary Work Program)	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> SSI (Supplemental Security)		<input type="checkbox"/> Long/Short Term Disability	<input type="checkbox"/> Other: _____	
				<input type="checkbox"/> No Income	

Program Option					
<input type="checkbox"/> Early Head Start Home Visiting <i>For ages 0-3 and expectant mothers Includes weekly home visit and bi-monthly socialization activities</i>	Faribault <input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	Northfield <input type="checkbox"/> Full Day	Red Wing <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	Wabasha <input type="checkbox"/> Morning	Zumbrota <input type="checkbox"/> Morning

DATA PRIVACY, RELEASE OF INFORMATION, SIGNATURE	
<p>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. However, failure to provide requested documentation or information could mean that your family cannot receive Head Start services.</p> <p><i>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 in my interview.</i></p> <p><i>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.</i></p>	
Signature: _____	Date: _____

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

Please keep this page for your reference

Your application is not complete until we receive all the items listed below. You may complete the application online at threeriverscap.org/head-start. Call **507-696-1970** with questions. Please email completed application to cklein@threeriverscap.org or visit threeriverscap.org to find a Three Rivers location near you to drop off completed forms.

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** or in custody of a family member? If so, please provide documentation of the foster care reimbursement you receive. Foster children are categorically eligible for Head Start and Early Head Start.
- Do you receive **CASH ASSISTANCE** from the county? If so, please provide a printout of how much your grant will be for the month. If you do not have this, you can contact the County for a copy. 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 2021 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 2021. We can also accept 12 months of paystubs or a signed letter from your employer that states all income earned in 2021 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 2021. If you do not have access to your online account, please ask your case worker to provide you with a printout of all child support received in 2021.
- If you have received **SOCIAL SECURITY**, **UNEMPLOYMENT**, or **DISABILITY** in the past year, we will need documentation of that.

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 in the classroom to best meet their needs.