

Head Start
Three Rivers Community Action, Inc.
1414 North Star Drive
Zumbrota, MN 55992
(800) 277-8418



HEAD START



 Three Rivers Community Action, Inc.

A Preschool Program Focusing on Parent and Child Development for Families with Children Ages 3-5

Return this application promptly with the following information:

- documentation of household income (12 months)
- written documentation of your child's disability (if applicable)

Your application will not be processed without this documentation

QUESTIONS???? Call 1-800-277-8418 (Or contact an office near you)

¿Habla español? Llame 1-800-277-8418 Ext.156

201 South Lyndale Avenue
Faribault, MN
507-333-6450
866-644-4510

611 Broadway Avenue
Wabasha, MN
507-732-8515
800-277-8418

1414 North Star Drive
Zumbrota, MN
507-732-7391
800-277-8418

TTY callers use MN RELAY SERVICE
800-627-3529

Return Address

PLACE
STAMP
HERE

Head Start
Three Rivers Community Action, Inc.
1414 North Star Drive
Zumbrota, MN 55992

PLEASE TAPE OR STAPLE SHUT TO PROTECT YOUR PRIVACY



Three Rivers Head Start



Application 2010-2011

The following information will help to determine your child's eligibility for Head Start. The information given is confidential. You are not required to provide this information. However, incomplete or inaccurate information may prevent us from determining your eligibility for the Head Start program. If you need assistance completing the application, please call 1-800-277-8418 ext. 156.

Section 1

CHILD INFORMATION

Child's Name: _____ / _____
First Middle Initial Last Nickname

Date of Birth: _____ Sex: Male Female
Month / day / year

Parent / Legal Guardian Name(s): _____

Child lives with: Mother Father Both Foster Parent Legal Guardian Grandparent

Home Address: _____
Street

City State Zip Code County

Mailing Address: _____
(If different) Street

City State Zip Code County

Telephone: _____ / _____ / _____
Home Work Cell or Message

Email Address: _____

What language(s) does the child speak at home? _____

What language(s) do the parents speak at home? _____

In what language do you prefer to receive written materials? _____

Do you need an interpreter? Yes No

Does the child have a diagnosed disability or serious medical condition? Yes No

If yes, please describe the disability or condition: _____

- **please provide written documentation of your child's disability or condition**

What school district will this child attend when entering Kindergarten? _____

Is your child currently on an IEP (Individual Education Plan) through your local school district? Yes No

If yes, which district? _____

Is your child receiving services from another agency or provider? Yes No

If yes, please describe: _____

I give permission for Three Rivers Head Start to contact the above named school district or outside agency/provider to exchange information about my child. I understand this may assist in the application process and in coordinating services.

Parent Signature: _____ Date: _____

Section 2
FAMILY INFORMATION

Family household means:

All people living in the household who are:

- 1) related to the child's parent(s) or guardian(s) by blood, marriage or adoption
- AND**
- 2) supported by the income of the parent(s) or guardian(s) of the child

Number of people living in the family household: _____

Please list all people living in the family household:

Name	Relationship to Child	Date of Birth

If more room is needed, please attach a separate sheet

Family Type:

- Two parent family
- Single parent
- Single parent living with partner
- Foster Family
- Legal Guardian
- Teen Parent (under 18 years old)
- Other: _____

How many times have you and your children moved in the past 12 months? _____

Have the parents or guardians been employed in the past 12 months? Yes No

If yes, please list all employers in the past 12 months:

Parent / Guardian #1 name: _____

Name of Employer	Dates Employed

Parent / Guardian #2 name: _____

Name of Employer	Dates Employed

Please mark all sources of household income your family has had in the **past 12 months**:

- Employment (includes wages or salary before deductions, seasonal work, farm and non-farm self-employment)
- Public Assistance (includes MFIP, DWP and emergency assistance)
- SSI (Supplemental Security Income)
- Unemployment Compensation (Dates: _____ to _____)
- Workers Compensation
- Child Support
- Alimony
- Regular Financial Support from an Absent Family Member
- Military Family Allotments
- Veterans Benefits
- Private or Government Pensions (including military retirement pay)
- College or University Scholarships, Grants, Fellowships or Assistantships
- Foster Care Subsidy
- Insurance or Annuity Payments
- Social Security
- Gambling or Lottery Winnings
- Railroad Retirement
- Strike Benefits from Union Funds
- Dividend Income
- Interest Income
- Net Rental Income
- Net Royalty Income
- Periodic Receipts from Estates or Trusts
- Training Stipend
- Other: _____

Families must provide written documentation of all household income for 12 months to process the application.

Income documentation will be shredded once application is complete and eligibility is determined. Original documents will not be returned. Therefore, please provide photocopies or bring your documents to a Three Rivers office where staff can make photocopies for you. You may provide copies of your W-2, 1040, 1040A, paystubs, or written verification from employer from the last 12 months.

I give permission for Three Rivers Head Start to contact my income sources and obtain information about my household income. I understand this may assist in the application process and in determining eligibility for the Head Start program.

Parent Signature: _____ Date: _____

Section 3

OTHER INFORMATION

Has this child previously attended a Head Start program?

Yes No

Check all that apply:

Three Rivers Head Start: _____ Migrant Head Start: _____ Other Head Start Program: _____
(location) (location) (location)

Dates of attendance: _____

Have any other children in your family attended a Head Start program?

Yes No

Check all that apply:

Three Rivers Head Start: _____ Migrant Head Start: _____ Other Head Start Program: _____
(location) (location) (location)

Dates of attendance: _____ Name of child: _____ Relationship to Applicant: _____

Was your child on the waiting list for Three Rivers Head Start last year?

Yes No

In an effort to best serve your child and family, **please check any of the following conditions that currently affect or have affected the child's household within the past 12 months** (mark all that apply):

The information given is confidential. You are not required to provide this information, though it may be helpful in providing the best services to your family.

- Drug / Alcohol Abuse
- Domestic Abuse
- Child Abuse / Neglect
- Mental Illness of Parent
- Developmentally Disabled Parent
- Family Displaced from Home
- Death of Immediate Family Member (Mother, Father, Sibling) Relationship to child: _____
- Recent Divorce or Separation of Parents Date: _____
- Significant and Impacting Decrease in Family Income (ex: prolonged unemployment, lay off, etc.) Explain: _____
- Incarceration Relationship to child: _____
- Prolonged Military Deployment of Parent Dates of deployment: _____
- Parent has Limited English (unable to communicate without an interpreter)
- Diagnosed Serious Medical Condition of Immediate Family Member Explain: _____
- Referral to Head Start by Professional / Agency (ex: social services, ECSE, physician, mental health, etc.)
(Please provide documentation of written referral)
- Teen Parent (under 18 years of age on or by September 1 of current program year)
- Foster Home Placement
- Child is placed in legal custody of guardian or other relative
- Other: _____

Section 4

TRANSPORTATION

Transportation **MAY** be provided for families. This is dependent upon where you live and the time frame of the bus route.

Would you like transportation for your child if it is available?

Yes No

Address where your child would be picked up:

Street _____ City _____

Address where your child would be dropped off:

Street _____ City _____

Section 5

DATA PRIVACY, RELEASE OF INFORMATION, SIGNATURE

I understand this is an application ONLY and does not guarantee enrollment in the program. I also understand that I must keep Head Start informed of any changes of 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. Head Start staff, funding source employees, as well as state and federal auditors will have access to this information to ensure you are being served properly. Three Rivers Head Start will keep this information on file for three years from the last date it was updated or until the program audits are completed, and will then be destroyed. You may review your records by appointment during agency hours by contacting the Head Start Director at (800)-277-8418. I understand the data privacy information stated above.

I certify that the information I have provided is true and correct to the best of my knowledge. I understand that providing incorrect information may disqualify my family from the program.

Release of Information: I hereby authorize Head Start to 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.

Parent Signature: _____ Date: _____



Application 2010-2011
Head Start Child/Family Housing Questionnaire

Your child may qualify for services through McKinney-Vento Assistance Act.
Eligibility may be determined by completing this questionnaire

Child's Name: _____

Parent/Guardian Name(s): _____

1. Where are you and your family currently staying? (*Check one box*)

- Temporarily sharing the housing of another family (i.e., doubling-up) due to loss of housing, economic hardship or similar reason.
- Living in a motel, hotel, trailer park, or campground because we cannot afford or find affordable housing.
- Staying in an emergency or transitional shelter
- Living in a vehicle of any kind, in an abandoned building or substandard housing without running water/electricity; or in a park, bus or train station.
- None of the above. Living in my own apartment/home that I rent or own.

2. Please check all that apply.

- Child is living with an adult that is not a parent or legal guardian.
- Child is awaiting foster care placement.
- None of the above. Child is my own child.

The undersigned certifies that the information provided above is accurate.

Parent/Guardian or Adult Caring for Child Signature Date

(Area Code) Phone Number Street Address City State Zip

.....
Head Start Use Only

Head Start Staff and/or ERSEA Coordinator Date