

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 866-644-4510

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

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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



## Application 2008-2009

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 800-277-8418 ext. 153.

### Section 1 CHILD INFORMATION

Child's Name: \_\_\_\_\_ / \_\_\_\_\_  
First Middle Initial Last Nickname

Date of Birth: \_\_\_\_\_ month / day / year Sex:  Male  Female

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

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: \_\_\_\_\_

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.

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: \_\_\_\_\_