

# HEAD START AND EARLY HEAD START

## Application Instructions

- You may complete the application online at <http://threeriverscap.org/head-start>
- Fill out the application completely. Be sure to sign and date the application.
- 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.
- Are you **HOMELESS**? Homeless children are categorically eligible for Head Start and Early Head Start. Please call 1-800-277-8418 ext. 156 and you will be asked to complete another form.
- 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 2017 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 2017. We can also accept 12 months of paystubs or a signed letter from your employer that states all income earned in 2017 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 2017. 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 2017.
- If you have **NO INCOME**, please call 1-800-277-8418 ext. 156, and we can figure out together how to best complete your application.
- If you are a young parent, and live with your own parents, we do NOT count your parents' income.
- We need proof of your child's birthdate. This could be a copy of their birth certificate OR any other official document with their birthdate printed on it.
- Where do you **LIVE**? Please provide a copy of your driver's license, a piece of mail, or any document that has your current living address on it so we can determine where to best serve your family.
- Are you **PREGNANT**? EHS is available to pregnant moms. Please complete the Pregnant Mom application found on our website and in Three Rivers offices.

## TIMELINE FOR HEAD START ACCEPTANCE

- APRIL 2018—Returning students are accepted
- MAY 2018—First group of eligible students is selected
- JUNE 2018—Second group of eligible students is selected
- JULY 2018—Third group of eligible students is selected
- AUGUST 13, 2018—First group of over-income students is selected. If your child was determined to be over-income, they will NOT be accepted into a class until August 13th. This is because we must serve all interested income-eligible students before offering enrollment to over-income students.
- SEPTEMBER 2018—Teachers will contact you to complete paperwork. **Classes start!**

**Enrollment for the 2018-2019 school year will open in February 2018. Applications for the 2017-2018 school year will continue to be accepted until May 2018.**

# HEAD START & EARLY HEAD START



**Please read the application instructions carefully.**

**Call 507-732-8556 if you have any questions about the application or application process.**

## **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 does your child speak at home? \_\_\_\_\_

Where will your child attend Kindergarten? \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address:  Same as home address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What county do you live in?

GOODHUE  RICE  WABASHA  \_\_\_\_\_

Does your child go to daycare?  YES  NO

What days?  Monday  Tuesday  Wednesday  Thursday

Where? \_\_\_\_\_

## **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

What language do you speak at home? \_\_\_\_\_

In what language would you prefer to receive written materials?  
\_\_\_\_\_

What is your phone number? \_\_\_\_\_

Can we send you text messages?  YES  NO

What is your 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 receive Cash Assistance from the County
- We receive SSI (for anyone in the family)
- My child is a foster child
- We consider ourselves homeless

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

If there are 2 adults living in the home, are you legally married?  YES  NO

Do you receive child support?  YES  NO If yes, please provide proof of all payments received in 2017 or in the past 12 months

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

**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:** \_\_\_\_\_

