

## Providing Free or Low Cost Quality Early Learning Services in Freeborn County

**Please fill out the front and back page of the application in black or blue ink, and please PRINT CLEARLY. Sign and date the application and attach proof of all income.**

**Applications also available at [www.familiesfirstmn.org](http://www.familiesfirstmn.org).**

**Mail to:** Families First Head Start

126 Woodlake DR SE, Rochester, MN 55904

**Or drop off at:** Brookside Education Center, Head Start Office Room 122, office hours Monday through Friday 8 a.m. to 5 p.m.

Email Proof of income to: [andreap@familiesfirstmn.org](mailto:andreap@familiesfirstmn.org)

**Please keep this page for your reference.**

Income qualifying children and families with the greatest need have the highest priority for enrollment. Placements are made according to child and family needs, parent choice, and available openings. Head Start will do its best to enroll your child, but space is limited.

**IMPORTANT:** We will contact every family who applies for Head Start. Please tell us if your phone number or address changes.

### **Early Head Start is:**

- **For pregnant mothers infants and toddlers up to age 3**
- If accepted, this program will be no cost to your family
- Early Head Start is an all year program
- Weekly home visits
- Services provided for children with special needs

### **Head Start is:**

- **For children who are 3 or 4 on or before September 1, 2018**
- If accepted, this program will be no cost to your family
- Busses are available to SOME areas
- Classes runs 4 days per week
- Services provided for children with special needs

### **If you need help or have questions, call us.**

For English call 507-287-2009

For Español call 507-287-2009

For Arabic and (Soomaaliga) Somali call 507-287-2009

For Toll Free call 1-800-462-1660

## **DATA PRIVACY RIGHTS OF APPLICANTS OF CHILD CARE RESOURCE & REFERRAL, INC.**

### **RIGHT TO KEEP INFORMATION ABOUT YOU PRIVATE (DATA PRIVACY)**

Most of the information we collect about you will be classified as private. That means you and the agency collecting the data can see it; others cannot. Occasionally, statistics and other anonymous data will be taken from the information we collect about you or your family. This is public and open to anyone, but it will not identify you in any way.

In a few cases, information we collect is classified confidential. Confidential data is not open to anyone (not even you) except the government agencies that need it. Data in this category deals with civil or criminal investigation, some medical data, and the names of persons who report child or vulnerable adult abuse.

#### **Purpose of Information**

The information you are asked to provide will be used to determine program eligibility, to coordinate services between programs, to verify program services being provided, and to provide us with a mailing list. This list will be used to update you on upcoming programs and program changes and to inform you of eligibility for programs within Families First of Minnesota. Only Head Start or School Readiness Families First staff and funding source employees whose jobs require access to this information, as well as Federal or State Auditors, may have access to your information.

### **RIGHT TO ACCESS YOUR RECORDS**

**Access by you.** You can see all public and private records about yourself and your children. To see your file, call Families First of Minnesota during agency hours and make a request to review your files within five working days by contacting the program from which you are receiving service. Review will take place on site during working hours.

**Access by agency.** Employees of this agency will have access to information about you any time their work requires it. By law, some other government and contractor agencies will also have access to certain information about you if they provide a service to you or if they provide a service to this agency that affects you and requires access to your records. They may include school districts, public health, social services and financial assistance.

**FAMILIES FIRST OF MINNESOTA**

Application for Early Head Start and Head Start

126 Woodlake DR SE, Rochester, MN 55904 • Phone (507) 287-2009 • 1 (800) 462-1660 • Fax (507) 287-2411

**PLEASE FILL OUT FRONT AND BACK OF THE APPLICATION; SIGN AND DATE. PLEASE PRINT CLEARLY.** If you need help, please call.

<b>Home Address for Family</b>				<b>Home Phone Number</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Cell Phone Number</b>	
<b>Email Address</b> (please print clearly)						<b>Phone Number of other person if we cannot contact you</b> _____	
<b>Do you speak English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>How well?</b> None Little Average Very Well		<b>Language spoken at home</b> _____		<b>Can you drive your child to and from school if a bus is not available?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Do you need an interpreter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is your family expecting a baby?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No → If yes, due date: _____		<b>Number of People living in your Home</b> _____		<b>Number of People in your Family</b> _____	
<b>Do you want to apply for Early Head Start Services as a pregnant mother?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Marital Status (choose one):</b> <input type="checkbox"/> Married <input type="checkbox"/> Married but living apart <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single Living with Partner <input type="checkbox"/> Single		<b>Type of medical insurance for each applicant:</b> <input type="checkbox"/> Blue Plus <input type="checkbox"/> Ucare <input type="checkbox"/> None <input type="checkbox"/> Other : _____			
<b>Parent/Guardian 1 -Employment status: (Check all that apply)</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/On-Call <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Military <input type="checkbox"/> Unemployed: <b>Date Last Worked:</b> _____ <b>Name of employer(s)</b> _____ <b>Date Started:</b> _____				<b>Parent/Guardian 2 -Employment status: (Check all that apply)</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/On-Call <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Military <input type="checkbox"/> Unemployed: <b>Date Last Worked:</b> _____ <b>Name of employer(s)</b> _____ <b>Date Started:</b> _____			
<b>Parent/Guardian 1 -Highest level of Education:</b> <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> No Education <input type="checkbox"/> Completed Grade _____ <input type="checkbox"/> Masters or higher				<b>Parent/Guardian 2 -Highest level of Education:</b> <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> No Education <input type="checkbox"/> Completed Grade _____ <input type="checkbox"/> Masters or higher			
<b>Fill out all information for EACH person living in your home. Please print clearly. CIRCLE the program each applicant is applying for.</b> Programs you can apply for: <b>EHS</b> = Early Head Start (for pregnant mothers and children up to age 3) <b>HS</b> = Head Start (for children age 3 or 4 on or before Sept. 1, 2018)							
FIRST NAME	LAST NAME	BIRTH DATE	SEX	RACE (use code below)	ETHNICITY (Circle ONE)	RELATIONSHIP TO APPLICANT(S)	Applicants only— circle ALL program(s) applying for:
Parent/Guardian 1 from above (If living in home)		/ /	M F		Hispanic Non Hispanic		
Parent/Guardian 2 from above (If living in home)		/ /	M F		Hispanic Non Hispanic		
3.		/ /	M F		Hispanic Non Hispanic		EHS HS
4.		/ /	M F		Hispanic Non Hispanic		EHS HS
5.		/ /	M F		Hispanic Non Hispanic		EHS HS
6.		/ /	M F		Hispanic Non Hispanic		EHS HS
7.		/ /	M F		Hispanic Non Hispanic		EHS HS
8.		/ /	M F		Hispanic Non Hispanic		EHS HS
9.		/ /	M F		Hispanic Non Hispanic		EHS HS
ENTER CODE FOR <b>RACE</b> : NA/AN= American Indian or Alaska Native A = Asian B = Black or African American NH/PI = Native Hawaiian or Other Pacific Islander W= White M = Multi-racial							

Please check below **ALL** items affecting your family. This helps us to understand your family's needs and priority for enrollment. Please explain items you check.

Foster child or child in custody of a relative	Family member(s) with no health insurance
Child with a special need, IFSP or IEP (child name) _____	Abuse of alcohol or drugs by either parent
Child separated from parent due to jail/prison, military deployment or deportation	Refugee status in last five years
Death of a child's parent or sibling	Family member with a mental health concern
Family violence or domestic abuse or order of protection	Moved many times
Serious medical condition or disability of child's parent or sibling	Other difficulties causing great stress (please explain):
Child Protection Involvement	
Significant decrease in family income within last 12 months	NONE of these items are affecting my family

**CHECK BELOW ALL CHILD SUPPORT & PUBLIC ASSISTANCE AND ALL INCOME THAT YOUR FAMILY RECEIVES.**

**PROOF OF ALL INCOME IS REQUIRED WITH YOUR APPLICATION TO DETERMINE ELIGIBILITY QUESTIONS ON INCOME CALL: 507-287-2009**

**Check any of the following your family received within the last 6 months:**

- MFIP (Cash Only)
- Child Care Assistance
- SSI (Supplemental Security Income)
- DWP (Diversionsary Work Program)
- Refugee Match Grant
- None of these

From what County do you receive these from?

\_\_\_\_\_

**Please answer the following:**

Total monthly income before taxes: \$ \_\_\_\_\_

Does anyone in your family receive child support?  Yes  No

If Yes, what county? \_\_\_\_\_

Has anyone filed for child support?  Yes  No

If Yes, what County? \_\_\_\_\_

Who has custody of the child applicant(s)? \_\_\_\_\_

Has anyone received Financial Aid Grants or any Scholarships in the last year?

Yes  No

Has anyone received payments from Unemployment, Workers Comp, or Social Security in the last year?  Yes  No

**What is your current living situation? (check ONE)**

Own, Rent or Share housing by choice	Living in a hotel, motel, campground, car, etc.
Sharing housing due to loss of housing or economic hardship	Home in foreclosure or getting evicted. Eviction date: _____
Staying at a shelter or Transitional Housing	Other (please explain) _____

**For families with children ages birth up to age 3**

I am interested in the Early Head Start weekly home visit program.  Yes  No

**For all families**

My child(ren) stay(s) home all day  Yes  No

My child(ren) stay(s) with a relative/neighbor/caretaker/daycare: Name and Address: \_\_\_\_\_

**Who referred you to our programs? (check All that apply)**

Adult Basic Education or other Adult Literacy Program	Early Childhood Special Education	Social or Human Service Agency
Child Care Program	Freeborn County Public Health	Friends or Family
Early Childhood Screening	Health Care Provider	Other (please specify)

I give permission to Families First of Minnesota Head Start to verify my income and any materials related to my eligibility or enrollment. This includes authorization to verify any public assistance or child support that I may receive from the county I'm working with.

I give permission to Families First of Minnesota to exchange my child's name, DOB, Parent name and Phone number with the Albert Lea School District 241 for purposes of finding a preschool placement.

To the best of my knowledge the information I have given is accurate and true.

Parent/Guardian Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Did someone help you fill out this application?  No  Yes → **If yes**, Name of person helping you: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ May we contact this person regarding your application?  Yes  No