

## 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, office hours Monday through Friday 8 a.m. to 4:30 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 under 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, 2021**
- 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 FAMILIES FIRST OF MINNESOTA, INC.**  
**EARLY HEAD START AND HEAD START**

**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, 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.

| Home Address for Family   |           |   | City | State   | Zip Code                  | Home Phone Number            |  |
|---|-----------|---|------|---|---------------------------|------------------------------|--|
| Mailing Address if different than home address  |           |   |      |   |                           | Cell Phone Number            |  |
| Name of Person if we cannot contact you: _____<br>Phone Number : _____  |           |   |      | Your Email Address (please print clearly): _____  |                           |                              |  |
| Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>How well? None Little Average Very Well   |           | Language spoken at home _____<br>Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No |      | Can you drive your child to and from school if a bus is not available? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                           |                              |  |
| Is your family expecting a baby? <input type="checkbox"/> Yes <input type="checkbox"/> No → If yes, due date: _____   |           |   |      | Number of People living in your Home _____  |                           |                              |  |
| Do you want to apply for Early Head Start Services as a pregnant mother? <input type="checkbox"/> Yes <input type="checkbox"/> No   |           |   |      | Number of People in your Family _____   |                           |                              |  |
| Marital Status (choose one): <input type="checkbox"/> Married <input type="checkbox"/> Married but living apart<br><input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single Living with Partner <input type="checkbox"/> Single   |           |   |      | Type of medical insurance for <u>each applicant</u> :<br><input type="checkbox"/> Blue Plus <input type="checkbox"/> Ucare <input type="checkbox"/> None <input type="checkbox"/> Other _____   |                           |                              |  |
| Parent/Guardian 1 -Employment status: (Check all that apply)<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/On-Call<br>Name of employer(s) _____ Date Started: _____<br><input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Military<br><input type="checkbox"/> If Unemployed date last worked: _____ |           |   |      | Parent/Guardian 2 -Employment status: (Check all that apply)<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/On-Call<br>Name of employer(s) _____ Date Started: _____<br><input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Military<br><input type="checkbox"/> If Unemployed date last worked: _____ |                           |                              |  |
| Parent/Guardian 1 -Highest level of Education:<br><input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors<br><input type="checkbox"/> No Education <input type="checkbox"/> Completed Grade _____ <input type="checkbox"/> Masters or higher  |           |   |      | Parent/Guardian 2 -Highest level of Education:<br><input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors<br><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 under age 3)<br><b>HS</b> = Head Start (HS is for children age 3 or 4 on or before Sept. 1, 2021)  |           |   |      |   |                           |                              |  |
| FIRST NAME  | LAST NAME | BIRTH DATE  | SEX  | RACE<br>(use code below)  | ETHNICITY<br>(Circle ONE) | RELATIONSHIP TO APPLICANT(S) | Applicants only—<br>circle <u>ALL</u><br>program(s)<br>applying for: |
| Parent/Guardian 1 from above (if living in home)  |           | / /   | M F  |   | Hispanic<br>Non Hispanic  |                              |  |
| Parent/Guardian 2 from above (if living in home)  |           | / /   | M F  |   | Hispanic<br>Non Hispanic  |                              |  |
| 3.  |           | / /   | M F  |   | Hispanic<br>Non Hispanic  |                              | EHS HS   |
| 4.  |           | / /   | M F  |   | Hispanic<br>Non Hispanic  |                              | EHS HS   |
| 5.  |           | / /   | M F  |   | Hispanic<br>Non Hispanic  |                              | EHS HS   |
| 6.  |           | / /   | M F  |   | Hispanic<br>Non Hispanic  |                              | EHS HS   |
| 7.  |           | / /   | M F  |   | Hispanic<br>Non Hispanic  |                              | EHS HS   |
| 8.  |           | / /   | M F  |   | Hispanic<br>Non Hispanic  |                              | EHS HS   |
| ENTER CODE FOR <b>RACE</b> :<br>NA/AN= American Indian / Alaska Native    A = Asian    B = Black or African American    NH/PI = Native Hawaiian / 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.

|  |   |
|--|---|
| 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                        | <b>NONE of these items are affecting my family</b>        |

**2020 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 Assistance)
- Cash Assistance from another state
- Child Care Assistance
- SSI (Supplemental Security Income)
- DWP (Diversionary 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 hardship | Home in foreclosure or getting evicted. Eviction date: _____ |
| Staying at a shelter or Transitional Housing       | Other (please explain) _____                                 |

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

**For families with children Under 3**

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

**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                                    | Olmsted County Public Health      | Friends or Family              |
| Early Childhood Screening                             | Health Care Provider              | Other (please specify)         |

My applicant child \_\_\_\_\_ has completed an Early Childhood Screening at \_\_\_\_\_ on \_\_\_\_\_.  
 (Name) (School District/location) (Date)

I give permission to exchange information with Early Childhood Screening. I give permission to Families First of Minnesota, Head Start to verify any county public assistance and/or child support that I may receive. I give permission to exchange my child/family information which may include health, school, work, attendance, parent share, developmental and enrollment information with Families First of MN partner programs.

To the best of my knowledge the information I have given is accurate and true. Authorization is valid for one calendar year from the date it is signed.

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