

## Providing Free or Low Cost Quality Early Learning Services in Olmsted 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 bring in all household income.**

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

**Email, Mail or Bring Application and Proof of Income to:** Families First of Minnesota Head Start/School Readiness, **126 Woodlake DR SE, Rochester, MN 55904. Email to:** andreap@familiesfirstmn.org.

A drop box is available on the northwest corner of the building for you to drop off the application after office hours.

**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 and School Readiness will do their best to enroll your child, but space is limited.

**IMPORTANT:** We will contact every family who applies for Head Start and School Readiness. Please tell us if your phone number or address changes. We accept applications year round.

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

- **For pregnant mothers infants and toddlers under age 3**
- If accepted, this is an all year program that will be no cost to your family. Available options:
- Home Based option: Weekly home visits and 2 times per month Family Engagement Hour
- Center Based Option: Monday through Thursday for 6 weeks to 18 months old. Monthly Home Visits
- Center Based Option: Monday through Thursday for 18 months to 3 years old. Monthly Home Visits
- Child Care Partnerships: Monday through Friday with monthly home visits
- Services provided for children with special needs

### **Head Start is:**

- **For children who are 3 or 4 on or before September 1, 2019**
- If accepted, this program will be no cost to your family
- Busses are available to SOME areas
- Center Based Option: Monday through Thursday
- Services provided for children with special needs

### **School Readiness is:**

- **For children who are 3 or 4 on or before September 1, 2019**
- If accepted, School Readiness gives your child a scholarship to help pay for a preschool program
- You will decide which preschool program is right for your family
- Families drive their child to and from school
- Classes may run 2, 3, 4 or 5 days per week depending on the school you choose

**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



*"Ensuring positive beginnings for all young children and their families."  
Families First of Minnesota is an equal opportunity provider and employer.*

## **DATA PRIVACY RIGHTS OF APPLICANTS OF FAMILIES FIRST OF MINNESOTA**

### **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 & School Readiness

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>Name of Person if we cannot contact you:</b> _____ <b>Phone Number :</b> _____		<b>Your Email Address (please print clearly):</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>Do you need an interpreter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<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>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>Do you want to apply for Early Head Start Services as a pregnant mother?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Number of People in your Family</b> _____
<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 <u>each applicant</u>:</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 <b>Name of employer(s)</b> _____ <b>Date Started:</b> _____ <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>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 <b>Name of employer(s)</b> _____ <b>Date Started:</b> _____ <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>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

**Fill out all information for EACH person living in your home. Please print clearly. CIRCLE the program each applicant is applying for.** Programs you can apply for: **EHS** = Early Head Start (for pregnant mothers and children under age 3)  
**HS** = Head Start **SR** = School Readiness (HS and SR are for children age 3 or 4 on or before Sept. 1, 2019)

FIRST NAME	LAST NAME	BIRTH DATE	SEX	RACE <small>(use code below)</small>	ETHNICITY <small>(Circle ONE)</small>	RELATIONSHIP TO APPLICANT(S)	Applicants only— circle ALL program(s) applying for:		
							EHS	HS	SR
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				
4.		/ /	M F		Hispanic Non Hispanic				
5.		/ /	M F		Hispanic Non Hispanic				
6.		/ /	M F		Hispanic Non Hispanic				
7.		/ /	M F		Hispanic Non Hispanic				
8.		/ /	M F		Hispanic Non Hispanic				
9.		/ /	M F		Hispanic Non Hispanic				

ENTER CODE FOR **RACE**: 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.

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>

**2018 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
- 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

**For families with children ages 6 weeks to Under 3**

I would like my infant or toddler to attend child care while I work or go to school.

Yes  No

I would like my infant or toddler to attend class Monday - Thursday 8:00am-3:30pm

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 and School Readiness 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 my Early Childhood 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