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.**

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:** anitah@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 by phone or email. Please tell us if your phone number. 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 3 years old. Monthly Home Visits
- Child Care Partnerships: Monday through Friday with monthly home visits
  - Family Circle Learning Center
  - Good News Children's Center
  - First Steps Academy
  - Rochester Alternative Learning Center
- Services provided for children with special needs

Head Start is:

- **For children who are 3 or 4 on or before September 1, 2022**
- 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, 2022**
- 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 in other languages or have any questions, call us at:

507-287-2009 Or Toll Free call 1-800-462-1660

Families First OF MINNESOTA

"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

EARLY HEAD START, HEAD START AND SCHOOL READINESS

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.**

Home Address for Family	**City**	**State**	**Zip Code**	**Parent/Guardian 1 Phone Number**
Mailing Address if different than home address				**Parent/Guardian 2 Phone Number**

Name of Person if we cannot contact you: _____

Phone Number :_____

Your Email Address *(please print clearly):*

_____

Do you speak English? ☐ Yes ☐ No

How well? None Little Average Very Well

Language spoken at home _____

Do you need an interpreter? ☐ Yes ☐ No

Can you drive your child to and from school if a bus is not available? ☐ Yes ☐ No

Is your family expecting a baby? ☐ Yes ☐ No ➡If yes, due date: _____

Do you want to apply for Early Head Start Services as a pregnant mother? ☐ Yes ☐ No

Number of People living in your Home _____

Number of People in your Family _____

Marital Status (choose one): ☐ Married ☐ Married but living apart ☐ Divorced ☐ Widowed ☐ Single Living with Partner ☐ Single

Type of medical insurance for <u>each applicant</u>:

☐Blue Plus ☐Ucare ☐None ☐Other _____

Parent/Guardian 1 -Employment status: (Check all that apply)

☐ Full Time ☐ Part Time ☐ Seasonal/On-Call

Name of employer(s)_____**Date Started**:_____

☐ Retired/Disabled ☐ Training or School ☐ Military

☐ If Unemployed date last worked: _____

Parent/Guardian 2 -Employment status: (Check all that apply)

☐ Full Time ☐ Part Time ☐ Seasonal/On-Call

Name of employer(s)_____**Date Started**:_____

☐ Retired/Disabled ☐ Training or School ☐ Military

☐ If Unemployed date last worked: _____

<u>Parent/Guardian 1 -Highest level of Education</u>:

☐ High School Diploma/GED ☐ Associates ☐ Bachelors

☐ No Education ☐ Completed Grade _____ ☐ Masters or higher

<u>Parent/Guardian 2 -Highest level of Education</u>:

☐ High School Diploma/GED ☐ Associates ☐ Bachelors

☐ No Education ☐ Completed Grade _____ ☐ Masters or higher

<u>Fill out all information for EACH person living in your home</u>. <u>Please print clearly</u>. <u>CIRCLE the program each applicant is applying for</u>. 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, 2022)

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

ENTER CODE FOR **<u>RACE</u>**:

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

Rev. 1.7.2022

(continued on back)

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	☐	**NONE of these items are affecting my family**

2021 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)
☐ SNAP (Food Benefits)
☐ WIC
☐ Cash Assistance from another state
☐ Child Care Assistance
☐ SSI (Supplemental Security Income)
☐ DWP (Diversionary Work Program)
☐ Refugee Match Grant

From what County? _____

Please answer the following:

Total monthly income before taxes: $_____

Who has custody of the child applicant(s)? _____

Has anyone received payments from either of these sources in the last year?

☐ Unemployment: Name _____

☐ Social Security: Name _____

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 applying for Early Head Start

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

I would like my child to attend class Monday– Thursday 8-3:30. ☐ Yes ☐ No

I would like my child to attend child care while I work or go to school. ☐ Yes ☐ No

-If choosing this option, **you must apply for Child Care Assistance .**

Please Apply online at mnbenefits.mn.gov.

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 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