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

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

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

Mail to: Families First Head Start
126 Woodlake DR SE, Rochester, MN 55904

Or drop off at:
Brookside Education Center, Head Start Office
211 W Richway Dr., Albert Lea, MN
Office hours: Monday through Friday 8 a.m. to 4:30 p.m.

Additionally, proof of income can be emailed to: patriciar@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 let us know if your phone number or address changes.

Early Head Start is:
• For pregnant mothers infants and toddlers under age 3
• Services provided for children with special needs
• If accepted, this all-year program will be no cost to your family
  – Available options include:
    Home Based option: Weekly home visits and 2 times per month Family Engagement Hour
    Child Care Partnerships: Monday through Friday with monthly home visits
    - The Children’s Center -605 James Ave
    -801 Luther Place

Head Start is:
• For children who are 3 or 4 on or before September 1, 2023
• If accepted, this program will be no cost to your family
• Buses 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, please call us.
• For English call 507-287-2009
• For Espanol 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.
Family Home Address:

Parent Guardian 1 Phone Number

Mailing address Different than Home Address:

Parent Guardian 2 Phone Number

Contact Person if we Cannot Reach You: Name:                  Contact Person Tel # if we cannot Reach You:    Your Email Address:

Do you speak English? YES[ ] NO[ ] Do you need an Interpreter? YES[ ] NO[ ] How well do you speak English?

Language Spoken at Home: Number of people living in your home: Number of people in your family: 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: Would you like monthly prenatal home visits and weekly home visits after the baby is born? YES[ ] NO[ ]

Who has custody of the child applicant?

Parent/Guardian #1 – Employment Status (check all that apply)

- FULL TIME[ ]
- PART TIME[ ]
- UNEMPLOYED[ ]
- RETIRED/DISABLED[ ]
- SEASONAL / ON-CALL[ ]
- TRAINING or SCHOOL[ ]
- MILITARY[ ]

Marital status (choose one):

- MARRIED[ ]
- MARRIED BUT LIVING APART[ ]
- DIVORCED[ ]
- WIDOWED[ ]
- SINGLE[ ]
- SINGLE LIVING WITH PARTNER[ ]

Type of medical insurance for each applicant:

- Blue Plus[ ]
- U Care[ ]
- None[ ]
- Other - please specify:

Is there a 2nd Parent/Guardian living in the home? YES[ ] NO[ ] Complete these questions within this area only if 2nd Parent/Guardian living in the home:

Parent/Guardian #2 - Employment Status (check all that apply)

- FULL TIME[ ]
- PART TIME[ ]
- UNEMPLOYED[ ]
- RETIRED/DISABLED[ ]
- SEASONAL / ON-CALL[ ]
- TRAINING or SCHOOL[ ]
- MILITARY[ ]

Parent/Guardian #1 – Employment Date Started:

Parent/Guardian #2 – Employment Date Started:

Employer Name:

If Unemployed – date last worked: Explain why:

Parent/Guardian #1 – Highest Level of Education

- HIGH SCHOOL/GED[ ]
- ASSOCIATES[ ]
- BACHELORS[ ]
- NO EDUCATION[ ]
- MASTERS or HIGHER[ ]
- COMPLETED GRADE: ___

Parent/Guardian #2 – Highest Level of Education

- HIGH SCHOOL/GED[ ]
- ASSOCIATES[ ]
- BACHELORS[ ]
- NO EDUCATION[ ]
- MASTERS or HIGHER[ ]
- COMPLETED GRADE: ___

I AM ATTENDING SCHOOL: YES[ ] NO[ ] MY SCHOOLING and/or TRAINING IS AS FOLLOWS: (give specific details of your schooling/training):

Are more adults living in the home? YES[ ] NO[ ] If yes, please explain:

Fill out all information for each person living in your home. Please print clearly. Check 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 (HS is for children age 3 or 4 on or before Sept. 1, 2023)
- Other:

<table>
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<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>BIRTH DATE</th>
<th>SEX</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>RELATIONSHIP</th>
<th>APPLICANTS ONLY</th>
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<tbody>
<tr>
<td>Parent/Guardian #1</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>HISPANIC</td>
<td>NON-HISPANIC</td>
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<td>NON-HISPANIC</td>
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RACE: NA/AN = American Indian / Alaska Native  A = Asian  B = Black/African American  M = Multi-racial  NH/PI = Native Hawaiian / Pacific Islander  W = White
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
- Child with a special need, IFSP or IEP (child name)
- Child separated from parent due to jail/prison, military deployment, deportation
- Death of a child’s parent or sibling
- Family violence or domestic abuse or order of protection
- Serious medical condition or disability of child’s parent or sibling
- Significant decrease in family income within last 12 months
- Other difficulties causing great stress (please explain):

2022 INCOME IS REQUIRED WITH YOUR APPLICATION TO DETERMINE ELIGIBILITY.

ANY QUESTIONS ON INCOME, PLEASE CALL: 507-287-2009

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| Check any of the following your family received within the last 6 months:  
- MFIP (CASH Assistance)  
- SNAP (Food Benefits)  
- CCAP (Child Care Assistance)  
- SSI (Supplemental Security Income)  
- DWP (Diversiory Work Program)  
- CASH Assistance from another state  
- Refugee Match Grant  
- NONE of these – Please See Income Options Below | I received pay checks/pay stubs and I will (check all that apply):  
- I have a 2022 tax return and I will bring it to the Main Office  
- I do NOT have a 2022 tax return – Submit ALL W-2’s from 2022  
- A job was started in 2023. I will turn in 3 recent pay stubs |

What is your total monthly income before taxes? $ ____________

Check all income types received by parent / guardians in the last year ➔

- Pay Checks/Stubs
- Self Employment
- Unemployment
- Retirement/Pension
- Veterans Benefits
- Social Security
- None of these
- Other:

For Families with Children Under Age 3:

I am interested in the weekly home visit program: YES □ NO □

I would like my child to attend child care while I go to work or school: YES □ NO □

My preference for Children’s Center location:

Main Site: 605 James Ave □ St. John’s Site: 801 Luther Place □

NOTE: IF CHOOSING THIS CHILD CARE OPTION, YOU MUST APPLY FOR CHILD CARE ASSISTANCE (online at mnbenefits.mn.gov)

What is your current living situation? (choose one)

- Own, rent or share housing by choice
- Sharing housing due to loss of housing or hardship
- Home in foreclosure or getting evicted. Eviction date: □ Other (please explain):

Who referred you to our program? (Check all that apply)

- Adult Basic Education or Adult Literacy Program
- Early Childhood Special Education
- Social or Human Service Agency
- Child Care Program
- County Public Health
- Friends or Family
- Early Childhood Screening
- Health Care Provider
- Other:

Has your child applicant completed an Early Childhood Screening? □ Yes □ No

My applicant child has completed an Early Childhood Screening at (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 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 my knowledge, the information I have given is accurate and true. Authorization is valid for one calendar year from the date of signature.

Parent/Guardian Signature: ____________________________

Print Name: ____________________________

Today’s Date: ________________

Did someone help you complete this application? YES □ NO □

If yes, name of person helping you:

May we contact this person regarding this application? YES □ NO □

Tel # of person helping you: ____________________________