

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:
Families First of Minnesota Head Start
411 South 1st AVE Suite F., 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, 2024
- 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.

FAMILIES FIRST OF MINNESOTA Freeborn County
Application for Early Head Start (EHS) and Head Start (HS)

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

PLEASE FILL OUT FRONT AND BACK OF THE APPLICATION - BE SURE TO SIGN AND DATE - If you need help, please call us!

Family Home Address:		Parent Guardian 1 Phone Number
Mailing Address if Different than Home Address:		Parent Guardian 2 Phone Number
Contact Person Name if we Cannot Reach You:	Contact Person Tel # if we Cannot Reach You:	Your Email Address:
Does Parent Guardian #1 need an interpreter? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how well do you speak English? NONE <input type="checkbox"/> LITTLE <input type="checkbox"/> AVERAGE <input type="checkbox"/> VERY WELL <input type="checkbox"/>	Are there more adults living in the home? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:
Does Parent Guardian #2 need an interpreter? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how well do you speak English? NONE <input type="checkbox"/> LITTLE <input type="checkbox"/> AVERAGE <input type="checkbox"/> VERY WELL <input type="checkbox"/>	
Languages 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 <input type="checkbox"/> NO <input type="checkbox"/>
Is your family expecting a baby? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, due date: _____ Would you like to receive monthly prenatal home visits and weekly home visits after the baby is born? YES <input type="checkbox"/> NO <input type="checkbox"/>	Marital Status (choose one): <input type="checkbox"/> MARRIED <input type="checkbox"/> MARRIED BUT LIVING APART <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SINGLE <input type="checkbox"/> SINGLE LIVING WITH PARTNER	
Who has custody of the child applicant?	Type of medical insurance for each applicant : <input type="checkbox"/> Blue Plus <input type="checkbox"/> U Care <input type="checkbox"/> None <input type="checkbox"/> Other - please specify:	
Parent/Guardian #1 – Employment Status (check all that apply) FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED/DISABLED <input type="checkbox"/> SEASONAL / ON-CALL <input type="checkbox"/> TRAINING or SCHOOL <input type="checkbox"/> MILITARY <input type="checkbox"/>	→ Is there a 2nd Parent/Guardian living in the home? YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED/DISABLED <input type="checkbox"/> SEASONAL / ON-CALL <input type="checkbox"/> TRAINING or SCHOOL <input type="checkbox"/> MILITARY <input type="checkbox"/>	
Parent/Guardian #1 – Employment Date Started: Employer Name:	Parent/Guardian #2 – Employment Date Started: Employer Name:	
Parent/Guardian #1 - If Unemployed – date last worked: Explain why:	Parent/Guardian #2 - If Unemployed – date last worked: Explain why:	
Parent/Guardian #1 – Highest Level of Education HIGH SCHOOL/GED <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> NO EDUCATION <input type="checkbox"/> MASTERS or HIGHER <input type="checkbox"/> COMPLETED GRADE: I AM ATTENDING SCHOOL: YES <input type="checkbox"/> NO <input type="checkbox"/> MY SCHOOLING and/or TRAINING IS AS FOLLOWS: (give specific details of your schooling/training):	Parent/Guardian #2 – Highest Level of Education HIGH SCHOOL/GED <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> NO EDUCATION <input type="checkbox"/> MASTERS or HIGHER <input type="checkbox"/> COMPLETED GRADE: I AM ATTENDING SCHOOL: YES <input type="checkbox"/> NO <input type="checkbox"/> MY SCHOOLING and/or TRAINING IS AS FOLLOWS: (give specific details of your schooling/training):	

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 (for children age 3 or 4 on or before Sept. 1, 2024)

FIRST NAME	LAST NAME	BIRTH DATE MM-DD-YYYY	SEX M or F	RACE (See Below)	ETHNICITY Check One	RELATIONSHIP TO APPLICANT(S)	APPLICANTS ONLY – Check all program(s) applying for
Parent/Guardian #1			M <input type="checkbox"/> F <input type="checkbox"/>		HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/>		
Parent/Guardian #2			M <input type="checkbox"/> F <input type="checkbox"/>		HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/>		
			M <input type="checkbox"/> F <input type="checkbox"/>		HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/>		EHS <input type="checkbox"/> HS <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/>		EHS <input type="checkbox"/> HS <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/>		EHS <input type="checkbox"/> HS <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/>		EHS <input type="checkbox"/> HS <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/>		EHS <input type="checkbox"/> HS <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/>		EHS <input type="checkbox"/> HS <input type="checkbox"/>

RACE: NA/AN= American Indian / Alaska Native **A** = Asian **B** = Black/African American **M** = Multi-racial **NH/PI** = Native Hawaiian / Pacific Islander **W**= White

2023 INCOME MAY BE REQUIRED WITH YOUR APPLICATION TO DETERMINE ELIGIBILITY.

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

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

- MFIP (CASH Assistance)
- SNAP (Food Benefits)
- Child Care Assistance
- SSI (Supplemental Security Income)
- DWP (Diversionary Work Program)
- CASH Assistance from another state
- Refugee Match Grant
- NONE of these – Please See Income Options Below

Please answer the following:

- **If you receive MFIP (Cash Assistance), SNAP, Child Care Assistance, SSI, DWP, or Refugee Match, from which county do you receive this?**

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
- Veterans Benefits
- Social Security
- None of these
- Other:

I received paychecks/pay stubs, and I will (check all that apply):

- I have a 2023 tax return and I will bring it to the Main Office
 - I do NOT have a 2023 tax return - Submit ALL W-2's from 2023
 - A job was started in 2024. I will turn in 3 recent pay stubs
 - I have a digital copy of my income - I will attach it here.
- (File types for upload include PDF, DOC/DOCX, JPG/JPEG or PNG only)*
- For other incomes, I will:

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

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

What is your current living situation? (Choose one)

- | | |
|---|--|
| <input type="checkbox"/> Own, rent or share housing by choice | <input type="checkbox"/> Living in a hotel, motel, campground, car, etc. |
| <input type="checkbox"/> Sharing housing due to loss of housing or hardship | <input type="checkbox"/> Staying at a shelter or Transitional Housing |
| <input type="checkbox"/> Home in foreclosure or getting evicted
Eviction date: | <input type="checkbox"/> Other (please explain): |

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

My child(ren) stay(s) with a relative/friend/neighbor/caretaker/ or daycare center while I go to work or school. Yes No
If yes, name and address of center or care provider:

If yes, what hours during the week is your child in care?

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 Monday-Thursday 7:45am-3:45pm
YES NO

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

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Basic Education or Adult Literacy Program | <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> Social or Human Service Agency |
| <input type="checkbox"/> Child Care Program | <input type="checkbox"/> County Public Health | <input type="checkbox"/> Friends or Family |
| <input type="checkbox"/> Early Childhood Screening | <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> Other: |

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

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 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: