Providing Free or Low Cost Quality Early Learning Services in Olmsted 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 application pages 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 or Deliver completed Application and Proof of Income to:
Families First Head Start
126 Woodlake DR SE, Rochester, MN 55904

A drop box is available and located on the northwest corner of the building for use after office hours.
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
- 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
  - 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
    - Good News Children’s Center
    - First Steps Academy
    - Eureka Kids
    - 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, 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

School Readiness is:
- For children who are 3 or 4 on or before September 1, 2023
- 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, please 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 Olmsted County**

Application for Early Head Start (EHS) and Head Start (HS) and School Readiness (SR)

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!**

<table>
<thead>
<tr>
<th>Family Home Address:</th>
<th>Parent Guardian 1 Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address if Different than Home Address:</td>
<td>Parent Guardian 2 Phone Number</td>
</tr>
<tr>
<td>Contact Person Name if we Cannot Reach You:</td>
<td>Your Email Address:</td>
</tr>
<tr>
<td>Contact Person Tel # if we Cannot Reach You:</td>
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<tr>
<td>Do You Speak English? YES □ NO □</td>
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<tr>
<td>Do You Need an Interpreter? YES □ NO □</td>
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<tr>
<td>Language Spoken at Home:</td>
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<tr>
<td>Number of people living in your home:</td>
<td>Can you drive your child to and from school if a bus is not available? YES □ NO □</td>
</tr>
<tr>
<td>Number of people in your family:</td>
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<tr>
<td>Is your family expecting a baby? YES □ NO □</td>
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<tr>
<td>If yes, due date:</td>
<td></td>
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<tr>
<td>Would you like to receive monthly prenatal home visits and weekly home visits after the baby is born? YES □ NO □</td>
<td></td>
</tr>
<tr>
<td>Who has custody of the child applicant?</td>
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</tbody>
</table>

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

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

**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:**

Employer Name: ____________________________________________

I work seasonally/on-call and my schedule is: ________________________________

**Parent/Guardian #2 – Employment Date Started:**

Employer Name: ____________________________________________

I work seasonally/on-call and my schedule is: ________________________________

**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 □
- 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: _______________________________________

**Parent/Guardian #1 – Schooling and/or Training is as follows:**

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

**Parent/Guardian #2 – Schooling and/or Training is as follows:**

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

**Are there more adults living in the home? YES □ NO □**

If yes, please explain: ____________________________________________

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**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 and/or SR = School Readiness (for children age 3 or 4 on or before Sept. 1, 2023)

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>BIRTH DATE MM-DD-YYYY</th>
<th>SEX M or F</th>
<th>RACE (See Below)</th>
<th>ETHNICITY Check One</th>
<th>RELATIONSHIP TO APPLICANT(S)</th>
<th>APPLICANTS ONLY – Check all program(s) applying for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian #1</td>
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<tr>
<td>Parent/Guardian #2</td>
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</table>
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  ☐ Child Protection Involvement
☐ Significant decrease in family income within last 12 months  ☐ NONE of these items are affecting my family
☐ Other difficulties causing great stress (please explain):

2022 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 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
☐ 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:

What is your current living situation? (Choose 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
☐ Staying at a shelter or Transitional Housing
☐ Home in foreclosure or getting evicted
☐ Eviction date: 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 CHILD CARE OPTION, YOU MUST APPLY FOR CHILD CARE ASSISTANCE (online at mnbenefits.mn.gov)

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 __________________________ on __________________________ on (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: