

Providing Free or Low Cost Quality Early Learning Services in **Winona 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 or Bring Application and Proof of Income to:

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

Or, Email 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 infants and toddlers up to age 3 who are enrolled in participating childcare centers
- Services provided for children with special needs
- If accepted, this all-year program will be no cost to your family
- Monthly parent groups

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.

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):		
2022 INCOME IS 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: <input type="checkbox"/> MFIP (CASH Assistance) <input type="checkbox"/> SNAP (Food Benefits) <input type="checkbox"/> CCAP (Child Care Assistance) <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> DWP (Diversionary Work Program) <input type="checkbox"/> CASH Assistance from another state <input type="checkbox"/> Refugee Match Grant <input type="checkbox"/> NONE of these- See below for verification of income	Please answer the following: <ul style="list-style-type: none"> Who has custody of the child applicant? _____ If you receive MFIP (Cash Assistance), or Child Care Assistance, or SSI, or DWP, or Refugee Match, from which county do you receive this? _____ 	
What is your total monthly income before taxes? \$ Have you received any of these income types in the last year? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Pay Checks/Pay Stubs <input type="checkbox"/> Self Employment <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Social Security <input type="checkbox"/> Other:	I received paychecks/pay stubs and I will (check all that apply): <input type="checkbox"/> I have a 2022 tax return and I will bring it to the Main Office <input type="checkbox"/> I do NOT have a 2022 tax return, I will turn in ALL W-2's from 2022 <input type="checkbox"/> A job was started in 2023. I will turn in 3 recent pay stubs <input type="checkbox"/> I have a digital copy of my income - I will attach it here. <i>(File types for upload include PDF, DOC/DOCX, JPG/JPEG or PNG only)</i> For other incomes I will:
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):	
Childcare Information: Name of childcare center your child attends: _____ Please select the days of the week your child attends: <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY Please list hours during the week your child attends care:		
Who referred you to our program? (Check all that apply)		
<input type="checkbox"/> Adult Basic Education or other 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? <input type="checkbox"/> Yes <input type="checkbox"/> No My applicant child _____ (name) has completed an Early Childhood Screening at _____ (School District/location) on _____ (date)		
<i>I For the Early Head Start Partnership – I am giving permission to exchange my child/family information which may include health, school, work, attendance, parent share, developmental and enrollment information with the early childhood program my child may or currently attends. I give permission to Families First of Minnesota Head Start to verify my income and any materials related to my eligibility or enrollment. This includes authorization to verify any public assistance or child support that I may receive from the county I'm working with. 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 of signature.</i>		
Parent/Guardian Signature:	Print Name:	Today's Date:
Did someone help you complete this application? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, name of person helping you: May we contact this person regarding this application? YES <input type="checkbox"/> NO <input type="checkbox"/> Tel # of person helping you:		