

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

Instructions:

- **Please fill out each page of the application, please PRINT clearly**
- **Sign and date**
- **Complete and sign the Release of Information on page 6**
- **Attach proof of all income**
- **Mail or bring to:** Child Care Resource & Referral Head Start
126 Woodlake DR SE, Rochester, MN 55904
A drop off box is available for you to drop off the application after work hours.
- **Please keep this page for your reference**

Head Start will do its best to enroll your child. However funding and space is limited so we cannot guarantee enrollment. 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.

IMPORTANT: We will contact every family who applies for Head Start. Keep us updated of any change to your address and/or phone number. We accept applications year round.



Head Start

Head Start is:

- **For eligible children age 3 or 4 on or before September 1, 2012**
- Programming runs September through May
- And you live in Freeborn County

Early Head Start is:

- **For eligible pregnant mothers and children up to age 3**
- Early Head Start has year-round programming
- And you live in the City of Albert Lea

Both Programs include:

- Home Visits (# depends on program option)
- Parent Child Activity Day or Socializations for Parents and Children
- Child Health Screenings
- Child Development Education
- Family Support
- Services available for children with special needs
- Transportation may be available



If you need help or have questions, call us.

For English call 507-424-1546 or 507-424-1545
For Somali call 507-251-6613

For Spanish call 507-424-1545
For Toll Free call 1-800-462-1660, ext. 1546 or 1545

***"Ensuring positive beginnings for all young children and their families."
Child Care Resource & Referral, Inc. is an equal opportunity provider and employer.***

PLEASE READ AND KEEP FOR YOUR RECORDS

Early Head Start and Head Start Annual Income Guidelines	
Size of Family Unit	Early Head Start and Head Start Annual Income Guideline
1	\$11,170 or less*
2	\$15,130 or less*
3	\$19,090 or less*
4	\$23,050 or less*
5	\$27,010 or less*
6	\$30,970 or less*
7	\$34,930 or less*
8	\$38,890 or less*
For family units with more than 8 members, add \$3,960 for each additional member to determine annual income.	

* Families who regularly receive MFIP, out of state TANF funding, DWP, SSI, Child Care Assistance, Emergency Assistance or General Assistance Money are eligible for services. Foster children or families meeting the McKinney Vento Act Definition of Homelessness are also eligible for services.

DATA PRIVACY RIGHTS OF APPLICANTS OF CHILD CARE RESOURCE & REFERRAL, INC.

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 Child Care Resource & Referral (CCRR), Inc. Only Head Start or School Readiness CCRR 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 Child Care Resource & Referral 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.

**Child Care Resource & Referral, Inc.
Application for Early Head Start & Head Start**

For Office Use Only
 EHS HS

FILL OUT ENTIRE APPLICATION, PLEASE PRINT CLEARLY. If you need help, please call (507) 287-2009 or 1-800-462-1660 and ask for extension 1546 or 1545.

Parent/Guardian First Name	Parent Guardian Last Name	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ <small>month day year</small>	Language most often spoken at home: <i>(please write in)</i> _____ How well do you speak English? <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Average <input type="checkbox"/> Very well	Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race <i>(mark ALL that apply)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Ethnicity: <i>(mark ONE)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	How much school have you completed: <input type="checkbox"/> Grade 11 or less <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Associate Degree/College Degree/ Training Certificate <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree or higher		Employment status <i>(mark ALL that apply)</i> <input type="checkbox"/> Full Time (35 hours/week or more) <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Full Time and Training <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Part Time (under 35 hours/week) <input type="checkbox"/> Training or School <input type="checkbox"/> Part Time and Training <input type="checkbox"/> Unemployed Did you work in 2011? <input type="checkbox"/> Y <input type="checkbox"/> N Your work hours _____ Name of your employer: _____	

Other Parent/Guardian First Name <i>(if living with you)</i>	Other Parent/Guardian Last Name <i>(if living with you)</i>	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ <small>month day year</small>	Language most often spoken at home: <i>(please write in)</i> _____ How well do you speak English? <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Average <input type="checkbox"/> Very well	Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race <i>(mark ALL that apply)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Ethnicity: <i>(mark ONE)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	How much school have you completed: <input type="checkbox"/> Grade 11 or less <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Associate Degree/College Degree/ Training Certificate <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree or higher		Employment status <i>(mark ALL that apply)</i> <input type="checkbox"/> Full Time (35 hours/week or more) <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Full Time and Training <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Part Time (under 35 hours/week) <input type="checkbox"/> Training or School <input type="checkbox"/> Part Time and Training <input type="checkbox"/> Unemployed Did he/she work in 2011? <input type="checkbox"/> Y <input type="checkbox"/> N His/her work hours _____ Name of his/her employer: _____	

Marital Status: Married Married, but living apart Divorced Widowed Single Single Living with Partner

Home Address <i>(please print clearly)</i>	Apt. #	City	State	Zip Code	Email Address <i>(please print clearly)</i>
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Home Phone (____) _____ - _____ **Cell** (____) _____ - _____ **Work** (____) _____ - _____ **Message** (____) _____ - _____

Best time to reach you:	Name and phone of one person that does not live in your household whom we can contact if we cannot reach you:
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A BUS MAY NOT BE AVAILABLE. Can you or someone you know take your child to and from school if a bus is not available? Yes No

Page 1

LIST ALL CHILDREN YOU ARE APPLYING FOR BIRTH TO AGE FOUR ON OR BEFORE SEPTEMBER 1, 2012.

Child Applicant

Child First Name	Child Last Name	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ month day year	Relationship to You <i>(fill in number code from below)</i> _____	Relationship to Other Parent <i>(fill in number code from below)</i> _____
Race (mark ALL that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Ethnicity (mark ONE) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Who has physical custody of this child? <input type="checkbox"/> Myself <input type="checkbox"/> Other Parent <input type="checkbox"/> Both Parents		List concerns you have about this child: _____	
	Does child need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Insurance: <input type="checkbox"/> MA <input type="checkbox"/> MN Care <input type="checkbox"/> Other _____ <input type="checkbox"/> None		Does this child have an IFSP or an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mark the program for which you are applying for this child: <input type="checkbox"/> Early Head Start <i>(for pregnant mothers and children birth to age 3)</i> <input type="checkbox"/> Head Start <i>(for children age 3 or 4 on or before September 1, 2012)</i>					

Child Applicant

Child First Name	Child Last Name	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ month day year	Relationship to You <i>(fill in number code from below)</i> _____	Relationship to Other Parent <i>(fill in number code from below)</i> _____
Race (mark ALL that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Ethnicity (mark ONE) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Who has physical custody of this child? <input type="checkbox"/> Myself <input type="checkbox"/> Other Parent <input type="checkbox"/> Both Parents		List concerns you have about this child: _____	
	Does child need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Insurance: <input type="checkbox"/> MA <input type="checkbox"/> MN Care <input type="checkbox"/> Other _____ <input type="checkbox"/> None		Does this child have an IFSP or an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mark the program for which you are applying for this child: <input type="checkbox"/> Early Head Start <i>(for pregnant mothers and children birth to age 3)</i> <input type="checkbox"/> Head Start <i>(for children age 3 or 4 on or before September 1, 2012)</i>					

Child Applicant

Child First Name	Child Last Name	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ month day year	Relationship to You <i>(fill in number code from below)</i> _____	Relationship to Other Parent <i>(fill in number code from below)</i> _____
Race (mark ALL that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Ethnicity (mark ONE) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Who has physical custody of this child? <input type="checkbox"/> Myself <input type="checkbox"/> Other Parent <input type="checkbox"/> Both Parents		List concerns you have about this child: _____	
	Does child need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Insurance: <input type="checkbox"/> MA <input type="checkbox"/> MN Care <input type="checkbox"/> Other _____ <input type="checkbox"/> None		Does this child have an IFSP or an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mark the program for which you are applying for this child: <input type="checkbox"/> Early Head Start <i>(for pregnant mothers and children birth to age 3)</i> <input type="checkbox"/> Head Start <i>(for children age 3 or 4 on or before September 1, 2012)</i>					

NUMBER CODES FOR RELATIONSHIP TO YOU/OTHER PARENT: 1—Birth Child, 2—Step Child, 3—Foster Child, 4—Adopted Child, 5—Grand Child, 6—Niece, 7—Nephew, 8—Other Relative, 9—Not Related

LIST ALL OTHER ADULTS AND CHILDREN NOT LISTED ON PAGES 1 AND 2 THAT ARE LIVING WITH YOU.

First Name	Last Name	Gender	Date of Birth	Relationship to You <i>(fill in a number code from below)</i>	Relationship to Other Parent <i>(fill in a number code from below)</i>
1		M <input type="checkbox"/> F <input type="checkbox"/>	____/____/____ month day year		
2		M <input type="checkbox"/> F <input type="checkbox"/>	____/____/____ month day year		
3		M <input type="checkbox"/> F <input type="checkbox"/>	____/____/____ month day year		
4		M <input type="checkbox"/> F <input type="checkbox"/>	____/____/____ month day year		
5		M <input type="checkbox"/> F <input type="checkbox"/>	____/____/____ month day year		
6		M <input type="checkbox"/> F <input type="checkbox"/>	____/____/____ month day year		

NUMBER CODES FOR RELATIONSHIP TO YOU/OTHER PARENT: 1—Birth Child, 2—Step Child, 3—Foster Child, 4—Adopted Child, 5—Grand Child, 6—Niece, 7—Nephew, 8—Sibling, 9—Parent, 10—Step Parent, 11—Mother/Father-in-Law, 12—Other Relative, 13—Not Related

Is your family expecting a baby? No Yes → If yes, due date: _____ Are you applying for Early Head Start as a pregnant mother? Yes No

Questions for Pregnant Mom: Do you have health insurance? No Yes → If yes, what kind? Medical Assistance MN Care Other (specify) _____

Check all that apply: High Risk Pregnancy Two or more miscarriages Less than one year since last delivery Previous post-partum depression

Do you have any health or pregnancy related concerns? No Yes → If yes, please explain _____

Please check below **ALL** items affecting your family. These questions help us understand your family's needs and priority for enrollment. **Please explain items you check.**

- | | |
|---|--|
| <input type="checkbox"/> Foster child or child in custody of a relative _____ | <input type="checkbox"/> Order of Protection _____ |
| <input type="checkbox"/> Child with a special need (<i>write child's name</i>) _____ | <input type="checkbox"/> No health insurance _____ |
| _____ | <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 _____ |
| _____ | <input type="checkbox"/> Family member with a mental health concern _____ |
| <input type="checkbox"/> Death of a child's parent or sibling _____ | <input type="checkbox"/> Moved many times _____ |
| <input type="checkbox"/> Family violence or domestic abuse _____ | <input type="checkbox"/> Other difficulties causing great stress _____ |
| <input type="checkbox"/> Serious medical condition or disability of child's parent or sibling _____ | _____ |
| _____ | _____ |
| <input type="checkbox"/> Child Protection Involvement _____ | <input type="checkbox"/> NONE of these items are affecting my family. |

INCOME

<u>Check (✓) below any assistance you receive.</u>	<u>Check (✓) to the right who receives the assistance →</u> <u>You, the Other Parent Living With You, or Both Of You.</u>	<u>You</u>	<u>Other Parent Living With You</u>	<u>Both of You</u>
<input type="checkbox"/> MFIP or TANF Cash or Food				
<input type="checkbox"/> Child Care Assistance				
<input type="checkbox"/> DWP				
<input type="checkbox"/> SSI (Supplemental Security Income)				
<input type="checkbox"/> Emergency or General Assistance Money				
<input type="checkbox"/> Food Support Only				
<input type="checkbox"/> Refugee Grant/Match Grant				
<input type="checkbox"/> Child support/Alimony: <i>circle 1 or 2 and list county</i> → 1. Court Ordered 2. By Agreement List County _____				

**Verification of any assistance you receive is required. You can either
1) attach a statement from the funding agency or 2) sign the Verification Form on Page 6.**

<u>Check (✓) below ALL income received in the last 12 months by each parent listed on Page 1, and SUBMIT PROOF OF THE INCOME.</u>	<u>Check (✓) to the right who receives the income →</u> <u>You, the Other Parent Living With You, or Both Of You.</u>	<u>You</u>	<u>Other Parent Living With You</u>	<u>Both of You</u>
<input type="checkbox"/> Money/Income (attach a copy of all 2011 W-2 forms <u>or</u> the first two pages of your 2011 form 1040 tax return. If available, submit a month's worth of paycheck stubs)				
<input type="checkbox"/> Self-Employment Income (attach the first two pages of your 2011 form 1040 tax return <u>or</u> a monthly ledger report)				
<input type="checkbox"/> Social Security Benefits: <i>circle all that apply</i> — 1. Disability 2. Retirement 3. Survivors (attach a letter from the funding agency)				
<input type="checkbox"/> Veterans Benefits (attach a letter from the funding agency)				
<input type="checkbox"/> Unemployment Benefits (attach a printout from the benefit account showing <u>all</u> weekly benefits received)				
<input type="checkbox"/> Financial Aid (Not Student Loans) (attach verification of all grants, scholarships, etc., received in 2011)				
<input type="checkbox"/> Other Income, <i>please explain</i> _____				
<input type="checkbox"/> None of the above received in 2011. Please call 507-424-1546 or 507-424-1545.				

**You must submit PROOF OF INCOME for EACH Parent/Guardian living in your home.
Failure to provide this information will delay the processing of your application.**

What is your current living situation? Mark ONE.

- Own or Rent
- Sharing housing by choice to save money and expenses
- Sharing housing because we have no other place to stay
- Staying at a Shelter or Transitional Housing
- Living in temporary housing such as a hotel, motel, vehicle, or other
- Other (please explain) _____

Is your child in child care?

- No Yes —→ If yes, write in your provider's name and address below and fill in specific child care hours.

Provider's name & address: _____
Child Care Center or Child Care Provider's Name Address City Zip

Specific child care hours: from _____ to _____

Who referred you to our programs? (mark All that apply)

- Adult Basic Education or other Adult Literacy Program
- Child Care Program
- Early Childhood Screening
- Early Childhood Special Education
- Family or Friends
- Health Care Provider
- Social or Human Service Agency
- Word of Mouth
- Other (please specify) _____

Did someone help you fill out this application? No Yes → If yes, Name of person helping you: _____ Phone # (_____) _____ - _____
Their relationship to you (e.g., friend, Social Worker, sister, neighbor, etc.) _____ May we contact this person regarding your application? Yes No

I hereby certify that all the information provided in this application is true and correct to the best of my knowledge. Agency officials may verify the information. I have read and removed the Data Privacy Rights of Applicants on front cover of this application to retain for my records.

Print & sign your name below & fill in date.

Parent/Guardian name _____
*Please **PRINT** your name clearly on this line Please **SIGN** your name on this line Date*

Please return proof of family income and this application to: Child Care Resource & Referral, Inc., 126 Woodlake DR SE, Rochester MN 55904-5533

507-287-2009 • 1-800-462-1660 • Fax 507-287-2411
Child Care Resource & Referral, Inc., is an equal opportunity provider and employer.

IF YOU RECEIVE PUBLIC ASSISTANCE OR COURT ORDERED CHILD SUPPORT, PLEASE COMPLETE THE UPPER PORTION OF PAGE 6 IF YOU HAVE NOT ALREADY DONE SO.



RELEASE OF INFORMATION FOR VERIFICATION OF PUBLIC ASSISTANCE, RSDI, and CHILD SUPPORT

Name of Parent/Guardian _____ Parent/Guardian Date of Birth _____ / _____ / _____
Please Print Clearly month day year

I give you permission to release **all** listed applicable information to Child Care Resource and Referral, Inc. Head Start or School Readiness. I understand that this information will be used to determine my family's income eligibility for the programs.

Using your full name please **sign** and **date** this release. Thank you.

Signature of Parent/Guardian _____ Today's Date _____ / _____ / _____
Signature month day year



This section is to be completed ONLY by the Financial Worker or Case Manager.

Directions for Verifier:

Please indicate the monthly amount of income received by your client for **all applicable** sources of income listed below. **If** monthly amounts are irregular or inconsistent please attach appropriate documentation.

●●● Your prompt attention is greatly appreciated because we are unable to consider this child for enrollment until income information is complete.●●●

Case pending <input type="checkbox"/>	Application date _____	
MFIP/TANF \$ _____	DWP/Work Benefit \$ _____	Child Support \$ _____ <i>(PRISM Report for C.S. received from 1/2011 to present)</i>
MFIP Food <input type="checkbox"/> Yes <input type="checkbox"/> No	Kinship Care \$ _____	Child Care Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No
Food Support (SNAP) <input type="checkbox"/> Yes <input type="checkbox"/> No	SSI \$ _____ <i>List each recipient</i> _____	General or Emergency Assistance <i>(date received)</i> _____
	RSDI \$ _____ <i>List each recipient</i> _____	Refugee Match Grant \$ _____
Verifier's Signature _____		Today's Date _____ / _____ / _____ <i>Signature</i> month day year