



"Preparing each child for success and inspiring each family to reach their full potential."

Providing Quality Early Learning Services for Olmsted County Children and Families

---

## CCRR Head Start of Freeborn County

- If your child is 3 or 4 years old on or before September 1, 2008
- If you are income eligible and reside in Freeborn County

**HEAD START is a family-centered child development program in Olmsted and Freeborn Counties. Children attend school 4 days per week for 3 ½ hours per day; one parent/child day is scheduled each month. A minimum of 7 home visits are scheduled each year.**

- Services available for children with special needs
- Transportation may be available
- Education for children and parents
- Opportunities for parent involvement
- Assistance to help meet needs of families
- Placements made according to child and family needs, parent choice, and available openings.

---

We will do our best to enroll your child in Head Start or School Readiness. However, funding and space is limited so we cannot guarantee enrollment. Placements are made according to child and family needs, parent choice, and available openings.

***"Ensuring positive beginnings for all young children and their families."***



Child Care Resource & Referral, Inc., is an equal opportunity provider and employer.

(Español por atrás) 2008/2009

## ***CCRR Head Start Freeborn County***

**PADRES—Usted y su hijo pueden calificar para HEAD START.**

- **Si su hijo tiene 3 ó 4 años para o antes de Septiembre 1, 2008**
- **Si el nivel de su ingreso familiar cumple con los requisitos y es residente del condado Freeborn.**

**HEAD START es un programa de familia en los condados de Olmsted y Freeborn. Los niños asisten a la escuela 4 días por semana por 3 horas y media al día. Un día de actividad de padres e hijos se programa cada mes. Un mínimo de 7 visitas a la familia por parte del personal de Head Start se planean cada año.**

- Servicios disponibles para niños con necesidades especiales.
- Puede haber transporte disponible.
- Educación para padres e hijos.
- Oportunidades para la participación de los padres en la escuela.
- Ayuda para las necesidades de las familias.
- La escogencia se hará de acuerdo a las necesidades del niño y de la familia, decisión de los padres y la disponibilidad de cupos.

Haremos lo posible para matricular a su hijo en Head Start. Sin embargo, los fondos y los cupos son limitados así que no podemos garantizar que su hijo sea matriculado. Los cupos son asignados de acuerdo a las necesidades del niño y de la familia, la decisión de los padres y los cupos disponibles.

Child Care Resource and Referral, Inc.  
126 Woodlake DR SE  
Rochester MN 55904-5533

Teléfono: 1-800-462-1660  
Fax: 507-287-2411

**Si desea hablar con un interprete por favor llame al 507-383-1683. Después de mayo 23.**

***“Asegurando un comienzo positivo para los niños en sus primeros años y sus familias.”***

Child Care Resource & Referral, Inc., Es una empresa que ofrece igualdad de oportunidades.

**Child Care Resource & Referral, Inc.  
Head Start of Freeborn County Application 2008-2009**

Please fill out this application completely using a blue or black ink pen. The application helps us determine your child's eligibility for Head Start or School Readiness. If you need help to complete this application, please call (507) 379-5160 or 1-800-462-1660 and ask for extension 221.

<b>Child Applicant's Legal First Name</b>		<b>Child Applicant's Legal Last Name</b>		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth
Home Address		Apt. #	City	State	Zip Code
Child lives with ( <i>check <b>one</b></i> ): <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> 50% with Mother—50% with Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Family <input type="checkbox"/> Grandparent or other relative <input type="checkbox"/> Other ( <i>explain</i> ) _____					
<b>Parent/Legal Guardian First Name</b>		<b>Parent/Legal Guardian Last Name</b>		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth
Home Address		Apt. #	City	State	Zip Code
Email address: _____					
Home phone _____ Cell phone _____ Message phone _____					
Employment Status ( <i>check <b>all</b> that apply</i> ): <input type="checkbox"/> Full Time (35 hours/week or more) <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time (under 35 hours a week) <input type="checkbox"/> Retired or Disabled					
Name of Employer(s) _____					
Work Schedule (times & days) _____					
<b>Parent/Legal Guardian First Name</b> (if listing no 2nd parent, go to next page)		<b>Parent/Legal Guardian Last Name</b>		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth
Home Address		Apt. #	City	State	Zip Code
Email address: _____					
Home phone _____ Cell phone _____ Message phone _____					
Employment Status ( <i>check <b>all</b> that apply</i> ): <input type="checkbox"/> Full Time (35 hours/week or more) <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time (under 35 hours a week) <input type="checkbox"/> Retired or Disabled					
Name of Employer(s) _____					
Work Schedule (times & days) _____					

Language spoken in your home (*check one*):

Arabic       Dinka       Lao       Sudanese  
 Bosnian       English       Somali       Vietnamese  
 Cambodian       Hmong       Spanish       Other (*please specify*): \_\_\_\_\_

Marital Status:  Married     Single, Divorced, or Widowed     Single Living with Partner     Separated

Other (*please explain*): \_\_\_\_\_

Who has legal custody of the child? \_\_\_\_\_

Is a baby expected?  Yes     No    If yes, when? \_\_\_\_\_

**LIST ALL ADULTS AND CHILDREN LIVING AT YOUR ADDRESS INCLUDING THE CHILD APPLICANT.**  
 USE THE NUMBER CODES BELOW TO ANSWER RELATIONSHIP TO THE CHILD APPLICANT, RACE, ETHNICITY AND EDUCATION.

First Name	Last Name	Relationship to the Head Start/School Readiness Child Applicant (fill in <u>one</u> number that applies)	Date of Birth	Gender	Race (fill in <u>all</u> number(s) that apply)	Ethnicity (fill in <u>all</u> number(s) that apply)	Education - highest level completed
1				M <input type="checkbox"/> F <input type="checkbox"/>			
2				M <input type="checkbox"/> F <input type="checkbox"/>			
3				M <input type="checkbox"/> F <input type="checkbox"/>			
4				M <input type="checkbox"/> F <input type="checkbox"/>			
5				M <input type="checkbox"/> F <input type="checkbox"/>			
6				M <input type="checkbox"/> F <input type="checkbox"/>			
7				M <input type="checkbox"/> F <input type="checkbox"/>			
8				M <input type="checkbox"/> F <input type="checkbox"/>			
9				M <input type="checkbox"/> F <input type="checkbox"/>			
10				M <input type="checkbox"/> F <input type="checkbox"/>			
11				M <input type="checkbox"/> F <input type="checkbox"/>			
12				M <input type="checkbox"/> F <input type="checkbox"/>			

**Number Codes**

<b>Relationship To The Child Applicant</b> 1—Mother 2—Father 3—Brother	4—Sister 5—Aunt 6—Uncle 7—Cousin 8—Niece	9—Nephew 10—Grandparent 11—Step Parent 12—Step Sibling 13—Half Brother	14—Half Sister 15—Self 16—Not related Other—please write in above
---	--	--	--

<b>Race</b> 1—Asian 2—Black or African American 3—American Indian or Alaska Native	4—Native Hawaiian or Pacific Islander 5—White 6—Hispanic Other—please write in above	<b>Education Level</b> 1—None 2—8th grade or less 3—9th grade 4—10th grade 5—11th grade	6—General Education Diploma 7—High School Diploma 8—Some College or Advanced Training	9—College Degree/ Training Certificate 10—Associate's Degree 11—Bachelor's Degree 12—Masters Degree or Higher
---	---	--	---	--

<b>Ethnicity</b> 1—Aleut 2—American Indian 3—Asian/Pacific Islander 4—Arabic 5—Asian Indian	6—Black 7—Central American 8—Chinese 9—Cuban 10—Eskimo 11—Filipino	12—Guamanian 13—Hawaiian 14—Hispanic 15—Japanese 16—Korean 17—Mexican/Chicano	18—Puerto Rican 19—Samoan 20—Somali 21—Vietnamese 22—White 23—Other
--	---	--	--

**HEALTH AND OTHER INFORMATION**

Does your child have medical insurance?  Yes  No —————> Dental insurance?  Yes  No  
 If yes, what kind?  Medical Assistance  Minnesota Care  Other (specify) \_\_\_\_\_

Do you or your child's doctor have any concerns about your child's hearing, vision, speech, language, development, or behavior?  
 Yes  No  
 If yes, what are those concerns? \_\_\_\_\_

Does your child currently have an IEP (*Individual Education Plan*) or has he/she been referred for assessment to the Public School District?  Yes  No

Is your child toilet trained during the day?  Yes  No (*Information needed for School Readiness only.*)

Please "X" **all** circumstances listed below that have affected your family. (*This information helps us to know a little more about your child's and family's needs so that we can determine your child's priority status.*)

- Child has a special need documented by a doctor or other professional, e.g., developmental delay, learning, hearing, vision, behavior, emotional, speech, language problems, autism, orthopedic or other impairments
- Child in foster care or custody of guardian/relative
- Parent in jail or prison
- Death of a parent or sibling
- Family violence or domestic abuse
- Serious or life threatening medical condition or disability of parent, child or sibling
- Child abuse or neglect
- One or more family members without health insurance
- Homeless or loss of housing due to economic or other hardship
- Abuse of alcohol and/or drugs
- Child is being tested for a special need or has an appointment to be tested
- Separation or divorce of parent in the past year
- Refugee status or moved to USA within the past three years
- Teen or single parent
- Three or more children age birth to 5 and/or expecting a baby
- Parent, child, or sibling in counseling or being treated for a mental health concern
- Military deployment of parent
- Job loss, long-term unemployment, bankruptcy, etc., resulting in an inability to provide your family with food, clothing, housing, and/or medical care (*please explain*): \_\_\_\_\_

- Moved four or more times during the child applicant's lifetime
- Parent is attending school at or below the four year degree or bachelors level
- One or both parents need an interpreter
- Child Applicant needs an interpreter
- Needs transportation so child can get to and from school
- No high school diploma or GED in home country or USA
- Moved to Minnesota from another state in the last year
- A parent is working two or more jobs
- Other (*please explain*): \_\_\_\_\_

Are any community workers assisting your family? (*check all that apply*)

- Social Worker  Counselor  Public Health Nurse  Child Protection Worker  Probation Officer
- Financial Worker  Other (*please specify*) \_\_\_\_\_

Has your child previously been in child care, preschool, or any other Early Learning Programs?  Yes  No

Is your child presently in child care?  Yes  No

If yes, please write the name & address of the child care provider: \_\_\_\_\_

Are you currently receiving Child Care Assistance to help you pay for child care?  Yes  No

If yes, what is the name of your Child Care Assistance Caseworker? \_\_\_\_\_

**FINANCIAL INFORMATION**

We consider the income of the child's parent(s) or legal guardian(s) to determine income eligibility for Head Start and School Readiness. Income earned by other family members is not counted. This information is confidential.

Please "X" **each** item listed below that has been a source of your family's income in the past 12 months.

- |   |   |
|---|---|
| <input type="checkbox"/> Employment Wages/Salary/Tips   | <input type="checkbox"/> Regular Support from someone not living in your home |
| <input type="checkbox"/> Self Employment (Net Income)   | <input type="checkbox"/> Veterans Benefits                                    |
| <input type="checkbox"/> SSI (Supplemental Security Income)   | <input type="checkbox"/> Net Rental or Royalty Income                         |
| <input type="checkbox"/> Social Security Income (Retirement/Disability/Survivors)   | <input type="checkbox"/> Strike Benefits from Union Funds                     |
| <input type="checkbox"/> DWP  | <input type="checkbox"/> Military Family Allotments                           |
| <input type="checkbox"/> Cash, Food, or Child Care Assistance through MFIP; Emergency or General Assistance Money; MN Supplemental Aid; Food Stamps | <input type="checkbox"/> Pensions/Military or Railroad Retirement             |
| <input type="checkbox"/> Out of state TANF Benefits/Food Stamps   | <input type="checkbox"/> Alimony  |
| <input type="checkbox"/> Child Support  | <input type="checkbox"/> Dividends/Interest                                   |
| <input type="checkbox"/> Unemployment   | <input type="checkbox"/> Periodic Receipts from Estates or Trusts             |
| <input type="checkbox"/> College or University Grants/ Fellowships/ Scholarships/Assistantships   | <input type="checkbox"/> Regular insurance or Annuity Payments                |
| <input type="checkbox"/> Training Stipends  | <input type="checkbox"/> Net Gambling or Lottery Winnings                     |
| <input type="checkbox"/> Workman's Compensation   | <input type="checkbox"/> Other (please explain) _____                         |
|   | <input type="checkbox"/> No Income _____                                      |

Total monthly income (before Taxes and other Deductions): \$ \_\_\_\_\_

Sudden increase or decrease in family income in the past 12 months.  No  Yes (please explain) \_\_\_\_\_

We verify all sources of your family's total gross income at your Intake Appointment. **Please include proof of all sources of family income with this application.**

Income Can Be Verified in Any of the Following Ways:

**Employment:**

- A copy of your 2007 Income Tax Return or W-2 Forms from all employers
- Two check stubs from your present employer not more than 12 months old with no overtime, bonuses, etc.
- Written Statement from employer(s) verifying your income
- If you have unusual employment circumstances, please discuss with Intake Worker

**Self-Employed:** The first two pages of your 2007 U.S. Individual Tax Form 1040 and Schedule C or a monthly ledger report

**MFIP, DWP, SSI, Food Stamps, MN Supplemental Aid, General Assistance:** A Printout or Statement from the Financial Worker at the Funding Agency

**Child Support:** Monthly statement or printout if support is court ordered and is regular and consistent. (Discuss your circumstances with the Intake Worker if the child support is not regularly received, if payments are just starting, or if support is by parental agreement.)

**Social Security Income (Retirement/Survivors/Disability); Veterans Benefits; Workman's Compensation;**

**Unemployment:** a copy of a statement, check stub, or letter from the funding agency

**Foster Child:** Documentation from the County verifying that the applicant is in Foster Care

**Other Income:** U.S. Individual Tax Form 1040 or discuss with Intake Worker

**No Income:** Discuss circumstances with your Intake Worker

\*\*\*\*\* **IMPORTANT: We cannot consider your child for Head Start or School Readiness enrollment until income information is complete.** \*\*\*\*\*

Has the applicant child been enrolled in Head Start in a county other than Olmsted or Freeborn?  Yes  No

If yes, what months and years was he/she enrolled? From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
month year month year

County \_\_\_\_\_ State \_\_\_\_\_

Can you transport your child to and from school during school hours?  Yes  No

●●● Head Start Transportation Statement: In most cases, Head Start Transportation for Center Base, Home Base Combo, and Home Base will be provided unless the family's residence would put existing transportation routes over the one-hour limit.

How did you find out about our programs? (*check **all** that apply*)

<input type="checkbox"/> Social or Human Service Agency	<input type="checkbox"/> Early Childhood Special Education
<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> Child Care Program
<input type="checkbox"/> Early Childhood Screening	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Adult Basic Education and/or Adult Literacy Program	<input type="checkbox"/> Family or Friends
<input type="checkbox"/> Other ( <i>please specify</i> ) _____	

Do you need voter registration information?  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 my copy of the Data Privacy Rights of Applicants for Child Care Resource & Referral Early Learning Programs to retain for my records.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please answer the questions below if someone helped you fill out this application.*

Name of person that helped you fill out this application: \_\_\_\_\_

Phone number of person that helped you: \_\_\_\_\_

Relative?  Yes  No ———> If yes, specify relationship: \_\_\_\_\_

May we contact the above person regarding this application and/or to assist your family in the intake process?  
 Yes  No ———> If yes, *please sign below.*

I give permission to CCR&R to contact the person listed above.

\_\_\_\_\_ (Signature of Parent/Guardian) \_\_\_\_\_ (Date)

**(Please return proof of all sources 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

*Thank you for your interest in Head Start and School Readiness.*

Child Care Resource & Referral, Inc., is an equal opportunity provider and employer.



## **\* PLEASE REMOVE AND KEEP FOR YOUR OWN RECORDS \***

### **DATA PRIVACY RIGHTS OF APPLICANTS 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, Inc. Only 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.

If you are enrolled in a CCRR program and want to receive services from another program, the needed family information and income eligibility needed may be shared.

If you are enrolled in 2 or more CCRR programs, data may be shared which could change the status of your eligibility.

- ◆ You are not legally required to provide any information and may refuse to do so.
- ◆ If you choose to give information, it will be used for the purposes listed above.
- ◆ If you choose not to give information, you will probably not be able to receive the services for which you are applying.

#### **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.