



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

Providing Quality Early Learning Services for Freeborn County Children and Families

CCRR Head Start of Freeborn County

- If your child is 3 or 4 years old on or before September 1, 2009
- 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.

**Child Care Resource & Referral, Inc.
Freeborn County Head Start Application 2009-2010**

FILL OUT ENTIRE APPLICATION, PLEASE PRINT CLEARLY. If you need help to complete the application, please call (507) 379-5159, or 1-800-462-1660 and ask for extension 221.

Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child's First Name		Child's Last Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ <small>month day year</small>
Home Address		Apt. #	City	State	Zip Code
Race (check ALL that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander				For Office Use Only: Ethnicity _____	
Child lives with (check ONE): <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 <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other (explain) _____					
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>
Relationship to the Child (check ONE): <input type="checkbox"/> Biological parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other (explain) _____					
Home Address (if different from child's address)		Apt. #	City	State	Zip Code
Email address:					
Home phone (____)____-____ Cell phone (____)____-____ Message phone (____)____-____					
Employment Status (check ALL that apply): <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 <input type="checkbox"/> Stay at home Parent					
Name of Employer(s) _____			Work Phone _____		
Race (check ALL that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander				For Office Use Only: Ethnicity _____ Education _____	
Other Parent/Guardian First Name <small>(if listing no 2nd parent, go to next page)</small>		Other Parent/Guardian Last Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ <small>month day year</small>
Relationship to the Child (check ONE): <input type="checkbox"/> Biological parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other (explain) _____					
Home Address (if different from child's address)		Apt. #	City	State	Zip Code
Email address:					
Home phone (____)____-____ Cell phone (____)____-____ Message phone (____)____-____					
Employment Status (check ALL that apply): <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 <input type="checkbox"/> Stay at home Parent					
Name of Employer(s) _____			Work Phone _____		
Race (check ALL that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander				For Office Use Only: Ethnicity _____ Education _____	

Language most often spoken in your home (check **ONLY ONE**):

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

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

Who has legal custody of the child? _____

Is a baby expected? Yes No *If yes, when?* _____

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) with the Public School District? Yes No

LIST ALL OTHER ADULTS AND CHILDREN LIVING AT YOUR ADDRESS.
 USE THE NUMBER CODES AT THE BOTTOM OF THE PAGE TO EXPLAIN HOW EACH PERSON LISTED IS RELATED TO THE CHILD APPLICANT. IF A PERSON IS NOT RELATED, USE CODE 13—NOT RELATED.

First Name	Last Name	Relationship to the Child Applicant (fill in a number code from below)	Date of Birth	Gender
1			____/____/____ month day year	M <input type="checkbox"/> F <input type="checkbox"/>
2			____/____/____ month day year	M <input type="checkbox"/> F <input type="checkbox"/>
3			____/____/____ month day year	M <input type="checkbox"/> F <input type="checkbox"/>
4			____/____/____ month day year	M <input type="checkbox"/> F <input type="checkbox"/>
5			____/____/____ month day year	M <input type="checkbox"/> F <input type="checkbox"/>
6			____/____/____ month day year	M <input type="checkbox"/> F <input type="checkbox"/>
7			____/____/____ month day year	M <input type="checkbox"/> F <input type="checkbox"/>
8			____/____/____ month day year	M <input type="checkbox"/> F <input type="checkbox"/>
9			____/____/____ month day year	M <input type="checkbox"/> F <input type="checkbox"/>
10			____/____/____ month day year	M <input type="checkbox"/> F <input type="checkbox"/>

Number Codes			
Relationship To The Child Applicant	3—Step Brother	7—Aunt	11—Niece
1—Brother	4—Sister	8—Uncle	12—Nephew
2—Half Brother	5—Half Sister	9—Cousin	13—Not related
	6—Step Sister	10—Grandparent	Other—please write in above

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.)

- Homeless or loss of housing due to economic hardship
- Child in foster care or custody of guardian/relative in the past year
- Child applicant is age 4 or 5 on or before September 1, 2009
- Child was on the wait list or application pending list last year
- Child has a documented special need (i.e. developmental delay, autism, ADD, speech, language, hearing, vision, emotional, behavioral, orthopedic disorder, brain injury, or other serious health impairment, etc.)
- Parent in jail or prison
- Death of the child's mother, father or sibling
- Family violence OR abuse OR current Order of Protection in place
- Serious or life threatening medical condition or disability of child's parent(s) or sibling(s)
- Child protection involvement
- One or more family members without health insurance
- Abuse of alcohol and/or drugs by one or both parents
- Child is being tested for a special need or has an appointment for testing
- Married, but living apart
- Refugee status OR moved to USA within the child's lifetime
- Single OR Teen OR Divorced OR Widowed parent
- 3 or more children age five or below (count unborn children in this number)
- Parent/Child/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 necessary food, clothing, housing and/or medical care (please explain) _____
- Moved 4 or more times in the child's lifetime
- Parent is attending school to complete one of the following: a high school diploma, GED, associate or bachelors degree
- One or both parents and/or child need an interpreter
- Need transportation so child can get to and from school
- One or both parents have no high school diploma or GED in home country or USA
- Moved to Minnesota from another state in the last year
- Other (please explain): _____

Has your child attended Head Start in a county other than Olmsted or Freeborn? Yes No

If yes, list the dates of attendance → From _____ / _____ To _____ / _____
month year month year

Which County? _____ Which State? _____

How did you find out about our programs? (please "X" ALL that apply)

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

INCOME ELIGIBILITY

We verify your family's total annual gross income at your Intake Appointment to determine your child's eligibility for Head Start and School Readiness. If you have no income, discuss your situation with your Intake Worker. **PLEASE NOTE:** the *definition of family* and *how to prove income* is written at the bottom of the page.

Does your family receive any of the following? Yes No —————> *If yes, please "X" ALL that apply.*
 You or a family member receives **SSI** Child Care Assistance (**CCA**) from the county **WIC**
 MFIP/Out of State **TANF** Benefits/**DWP** Funding Emergency or General Assistance (**GA**)

Are any of the following sources of income for your family? Yes No —————> *If yes, please "X" ALL that apply.*
 Wages/Salary/Income from Employment Child Support
 Self Employment Income Financial Aid for school (Grants, Scholarships, etc., NOT Loans)
 Workman's Compensation Social Security Benefits (Retirement/Disability/Survivors)
 Veterans Benefits Unemployment Compensation
 Regular support from someone not living at home Spousal Maintenance or Alimony
 Retirement/Pensions Other Income (*please explain*) _____

What is your family's annual gross income before taxes and deductions? \$ _____

Has there been a significant change in your family's income in the past 12 months? Yes No *If yes, please explain*

IMPORTANT: WE CAN ASSIST YOU IN VERIFYING MFIP, DWP, CCA, AND COURT ORDERED CHILD SUPPORT. PROOF OF ALL OTHER INCOME IS REQUIRED WITH YOUR APPLICATION.

Did someone help you fill out this application? Yes No —————> *If yes, please answer the following:*

Name of person helping you: _____ Phone # (_____) _____ - _____

Relationship to Parent/Guardian: _____ (e.g., friend, Social Worker, sister, neighbor, daughter, etc.)

May we contact the above person regarding this 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 my copy of the Data Privacy Rights of Applicants for Child Care Resource & Referral Early Learning Programs to retain for my records. *Print & sign your name below & fill in date.*

Parent/Guardian name _____

Please PRINT your name clearly on this line

_____ **Date** _____

Please SIGN your name on this line

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

Thank you for your interest in Head Start.

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

Definition of Family: All persons in the same household who are: (1) supported by the income of the parent(s) or guardian(s) of the child(ren) applying to the program and (2) **related** to the parent by blood, marriage, or adoption.

The best proof of income to submit is a copy of pages 1 and 2 of your 2008 U.S. Individual Income Tax Return Form 1040. If you are self-employed submit pages 1 and 2 of your Tax Return along with Schedule C. Other ways to verify income include:

Employment—(1) submit all 2008 W-2 Forms, or (2) a written statement or printout from your employer(s), or (3) at least 2 consecutive pay stubs reflecting your average wages; **Social Security Benefits, Workman's Compensation, Veterans Benefits, Unemployment, SSI or similar benefits**—submit an official letter or copy of a check stub that shows your name, the name of the funding agency, and date of receipt.

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.