Instructions:

Complete form and email to smillner@nwcaa.org or print and mail to NWCA Head Start, PO Box 67, Badger, MN 56714

Please contact Sharon Millner, Family Services Manager, with any questions at (218) 528-3226 or 800-568-5319

Head Start/Early Head Start Application

School District Resident: Site Requested (if different):

Child Applicant Legal Name				
First Name	Middle	Last		
Birthday	Place of Birth (City & State)	Gender	Hispanic	Race

Parent/Guardian					
First Name	Last Name	Birthday	Gender	Relationship to Child	
Race	Hispanic	Lives w/Child	Allowed contact?	Has educational rights?	Has Custody?

Notes/Comments:				
Student Currently	Currently Employed	Active Military	Veteran	Highest Education/Grade Completed

Mailing Address	City	State	Zip
Living Address (If different than above)	City	State	Zip

Phone #	Type (work/cell/home)	Opt in for Texts	E-Mail

Parent/Guardian					
First Name	Last Name	Birthday	Gender	Relationship to Child	
Race	Hispanic	Lives w/Child	Allowed contact?	Has educational rights?	Has Custody?

Notes/Comments:				
Student Currently	Currently Employed	Active Military	Veteran	Highest Education/Grade Completed

Mailing Address	City	State	Zip
Living Address (If different than above)	City	State	Zip

Phone #	Type (work/cell/home)	Opt in for Texts	E-Mail

Other Family Members				
1.	First Name	Last Name	Gender	Birthday
	Birth Place (City & State)	Race	Hispanic	Relationship to Child
2.	First Name	Last Name	Gender	Birthday
	Birth Place (City & State)	Race	Hispanic	Relationship to Child
3.	First Name	Last Name	Gender	Birthday
	Birth Place (City & State)	Race	Hispanic	Relationship to Child
4.	First Name	Last Name	Gender	Birthday
	Birth Place (City & State)	Race	Hispanic	Relationship to Child
5.	First Name	Last Name	Gender	Birthday
	Birth Place (City & State)	Race	Hispanic	Relationship to Child
6.	First Name	Last Name	Gender	Birthday
	Birth Place (City & State)	Race	Hispanic	Relationship to Child

Family Information		
Family Type	Foster Family	Homeless Family
Teen Parent	Primary Language at Home	English Proficient

Please list two Emergency Contacts other than parent or guardian		
Emergency Contact #1	Relationship	Phone Number
Emergency Contact #2	Relationship	Phone Number

Family Income			
This information will be used to determine which funding sources, including scholarships, can be accessed for your child's preschool programming. Non-taxable income must be included. You are advised that the information requested on this form will be considered private.			
Number of persons in Family		**Gross Annual Family Income**	**$**

Income, Benefits and Other Assistance (Check all that apply and ATTACH PROOF)

- ☐ Salary or Wages
- ☐ Self-Employment
- ☐ Unemployment Compensation
- ☐ Veterans' Benefits
- ☐ MFIP (Minnesota Family Investment Program)
- ☐ DWP (Diversionary Work)
- ☐ Alimony or Spousal Support
- ☐ Child Support
- ☐ Long/Short-term Disability
- ☐ Supplemental Security Income (SSI)
- ☐ Social Security Benefits (SSDI, RSDI, SSA)
- ☐ Retirement/Pension

No proof required:

- ☐ Medical Assistance
- ☐ Housing
- ☐ SNAP (Food Support)
- ☐ Childcare Assistance
- ☐ WIC

Attach Income Proof Here

To the best of my knowledge, the above information is correct.

Parent/Guardian Signature: Date:

FOR HEAD START STAFF TO COMPLETE

☐ In-Person Interview ☐ Phone Interview Why? ☐ Parent Request ☐ Work Conflict ☐ Transportation

Application Interview Completed by: _____ Date: _____

The following documentation was used to verify family income/eligibility: ☐ Income Tax Form ☐ Paycheck Stub ☐ W-2 ☐ Residency Questionnaire ☐ MFIP/DWP letter ☐ Other _____

Staff Signature: _____ Date: _____

Program Year: 2020-2021

Health/Special Needs Information

Date:

CHILD APPLICANT

First Name	Middle Name	Last Name	Birthday	Gender

Medical Concerns/Restrictions/Limitations:	Medications child is taking:

MOTHER/GUARDIAN

First Name	Last Name	Mailing Address	City, State, Zip

Primary Phone	Phone Type	Secondary Phone	Phone Type

FATHER/GUARDIAN

First Name	Last Name	Mailing Address	City, State, Zip

Primary Phone	Phone Type	Secondary Phone	Phone Type

EMERGENCY CONTACT (other than parent)

First Name	Last Name	Relationship to Child	Phone

CHILDCARE

First Name	Last Name	Address	Phone

CHILD'S HEALTH COVERAGE: (please check all that apply)

☐	My child is not covered by any type of insurance		
☐	Health Insurance	Company:	
☐	Dental Insurance	Company:	
☐	MN State Health Insurance	Plan:	
☐	Other: (Military, Indian Health Services, etc.)		

CHILD'S HEALTH INFORMATION

Primary Doctor:	Clinic:	Primary Dentist:	Dental Office:

Has your child had a Health Screening (complete physical/Well-Child Check) within the past twelve months?				
	If yes, Date:		Where?	
Has your child had a dental exam within the past twelve months?				
	If yes, Date:		Where?	
Has your child had a Developmental Screening (language, cognitive, gross/fine motor testing) done by your local school district?				
	If yes, Date:		Where?	
Is your child on a school IEP (Individualized Education Plan)? This is a special program designed in conjunction with a school system for children with special needs.				
	If yes, Date:		Where?	

My child was born at		weeks	Any complications?	

Has your child been professionally diagnosed as having a special need in any of the following areas? (Check all that apply)

☐	Vision	☐	Developmental Disability	☐	ADD/ADHD	☐	Hearing
☐	Health	☐	Autism	☐	Orthopedic	☐	Mental Deficiency
☐	Traumatic Brain Injury	☐	Speech/Language	☐	Emotional/Behavior Disorder	☐	

List the agencies that have provided/are providing services for special needs, and dates of service:

Do you feel that your child has a special need that has not been professionally diagnosed or identified? If yes, please describe your concern:

YOUR PRIVACY RIGHTS
(UNDER THE MINNESOTA GOVERNMENT DATA PRACTICES ACT)

Applicant's Name:

The Minnesota Government Data Practices Act seeks to protect the privacy of the individuals about whom government agencies, their subdivisions, and agencies under contract with them collect data. The Minnesota Government Data Practices Act also facilitates the release of information which is public. The information on this sheet applies to your current and future contracts with this agency, whether the contract is in person, by mail, or by phone. This Act requires that whenever we ask you to provide us with private or confidential information about yourself or your child that you be told:

- The purpose and intended use of the data within this agency;
- The legal requirements, if any, of providing information;
- The consequences of providing or refusing to provide the information requested; and
- The identity of other persons or agencies authorized by statute to receive the information.

Purposes:

Details about the purposes of the information we collect from you are often listed on the forms you are asked to complete. The data we collect may be used for the following purposes:

- Determine your eligibility for services provided by this agency;
- Provide effective care and treatment of medical/social/psychological problems;
- Enable us to collect federal, state, and local funds for services and reimbursement;
- Prepare statistical reports and evaluations;
- Conduct program and financial audits, and
- Collect reimbursement from other agencies or individuals for the services or assistance we provide you.

Legal Requirements:

In most cases, you are not legally required to provide the information requested. If you are legally required, you will be informed of the law. If you do not provide information requested, you may not be able to determine your eligibility for services, and in some cases, providing you the services may be delayed.

Sharing Information:

The information you provide will be shared with other employees or agencies ONLY when programs require access. The information will also be shared under the following circumstances:

- To individuals, persons, agencies, institutions or organizations you authorize sharing via a valid consent for release of information;
- To court via a valid court order;
- To administer federal and state funds or programs;
- To appropriate law enforcement personnel who are acting in an investigation, prosecution, criminal or civil proceeding, and
- To appropriate parties in an emergency.

By law, some other government and contractor agencies have access to certain information about you if they provide a service to this agency which requires access to your records. The type of data released and to whom, depends upon the program effected. Details about how the information will be shared may be provided on the forms you will be asked to complete. Additional information is also available from the staff person assisting you.

You have the right to know and have access to information maintained about you and your child. You also have the right to have this information explained to you.

I have read this explanation of my privacy rights and understand the purposes of giving the information and who is authorized to use it.

Signature	Relationship to Applicant	Date