



Program you are applying for: **Early Head Start** (expectant mothers, infants, toddlers up to age 3) **Head Start** (children ages 3-5)

Head Start/Early Head Start Child Applicant

First:	Last:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____			Special Needs: Does this child have a diagnosed Special Need? Diagnosis: _____ Does this child have an IEP/IFSP? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, School District: _____
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			

Parent/Guardian Information

Please complete for only the Parents/Guardians living with the child.

Parent/Guardian (Primary)

First	Last	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to child:			
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____			
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			
Highest Level of Education <input type="checkbox"/> 0-9 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 12 th grade <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's +			
Employment Status (Check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Attending School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled			
Insurance <input type="checkbox"/> Medical Assistance <input type="checkbox"/> MN Care <input type="checkbox"/> Military <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> None			
Cell Phone: ()	Opt in for Text Messages		<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone: ()			
E-mail:			

Parent/Guardian (Secondary)

First	Last	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to child:			
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____			
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			
Highest Level of Education <input type="checkbox"/> 0-9 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 12 th grade <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's +			
Employment Status (Check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Attending School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled			
Insurance <input type="checkbox"/> Medical Assistance <input type="checkbox"/> MN Care <input type="checkbox"/> Military <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> None			
Cell Phone: ()	Opt in for Text Messages		<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone: ()			
E-mail:			

Additional Family Member Information

Additional Family Members Living in the Home	Gender	Date of Birth	Ethnicity Hispanic	Race
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____
4.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____
5.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____

Family Information

Address		Apt. or Lot #	PO Box
City		State	Zip
County			
Primary Phone	()	Opt in For Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Message and Data Rates May Apply)</small>	
Parental Status (check one)		Primary Language at Home	
<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents			
		Do You Need a Translator <input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Own Home/Rent Lot
		<input type="checkbox"/> Living with Family/Friends	<input type="checkbox"/> Homeless
Number of Adults in the Family _____		Is the Parent/Guardian an Active Military Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Children in the Family _____		Is the Parent/Guardian a US Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Family Members With Health Insurance _____		Is the Family Receiving SNAP Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Family Members With a Disability _____		Is the Family Enrolled in the WIC Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Family Receive a Childcare Subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the Family Receiving Energy Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Income Information

You must provide ALL income for the ***past 12 months or previous calendar year.***

Please indicate which form(s) of income verification you are submitting with this application:

<input type="checkbox"/> 2016 Income Tax Form	<input type="checkbox"/> 2016 W-2 Form(s)	<input type="checkbox"/> Pay Stubs (past 12 months)	<input type="checkbox"/> Statement from Employer
<input type="checkbox"/> Foster Care Reimbursement	<input type="checkbox"/> MFIP Verification	<input type="checkbox"/> SSI Verification	<input type="checkbox"/> Unemployment Verification
<input type="checkbox"/> Child Support	<input type="checkbox"/> School Grants/Scholarships	<input type="checkbox"/> Documentation of No Income	<input type="checkbox"/> Other _____

Program Option

Please indicate which program option and which location would best meet your family's needs:

Early Head Start <small>(Children ages birth to 3, expectant mothers)</small>	<input type="checkbox"/> Home-Based Option: <i>In the home-based option, your family will participate in a weekly 90-minute home visit. You will also have the opportunity to attend socialization activities twice each month.</i>		
	<input type="checkbox"/> 4-Hour Option, 4 Days a Week	<input type="checkbox"/> Annandale	
	<input type="checkbox"/> 6-Hour Option, 4 Days a Week	<input type="checkbox"/> Buffalo	<input type="checkbox"/> Delano
		<input type="checkbox"/> Montrose	<input type="checkbox"/> Howard Lake
Head Start <small>(Children ages 3-5)</small>	<input type="checkbox"/> 6-Hour Option, 5 days a week	<input type="checkbox"/> Mound	
	<input type="checkbox"/> Extended-Day 5 days a week	<input type="checkbox"/> Monticello	<input type="checkbox"/> Rogers
	<i>The Extended Day option is for children whose parents are working or attending school, with no caregiver available during the Head Start day. You will be required to provide verification of your work/school status before we hold an Extended-Day placement for your child.</i>		

Please check the WCCA programs for which you would like additional information:

<input type="checkbox"/> WIC	<input type="checkbox"/> Home Weatherization	<input type="checkbox"/> Home Rehab Loans	<input type="checkbox"/> Family Budgeting
<input type="checkbox"/> Home Buyer Training	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> Tax Preparation
<input type="checkbox"/> MNsure Navigator	<input type="checkbox"/> WCCA Food Shelf	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Clothing Center

Signature

By signing below, you are certifying that the information you are providing with this application is true.

TENNESSEN WARNING

This data is being collected to verify program eligibility and to provide Wright County Community Action (WCCA) information needed to complete state and federal reports as well as agency needs and demographic studies. You are legally required to provide this information to certify program eligibility. WCCA may share some of this information with government agencies and public organizations as allowed by law under State and Federal Data Practices Act.

My signature certifies that the documents and information I have provided concerning eligibility are accurate to the best of my knowledge. If it is determined that any eligibility information has been deliberately falsified, this application will be null and void.

Signature _____

Date _____