



www.wccaweb.com
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2017-2018

WCCA HEAD START APPLICATION
 Serving Wright & Western Hennepin Counties



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: _____
Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		Does this child have an IEP/IFSP? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, School District: _____

Parent/Guardian Information (Please complete for only the Parents/Guardians living with the child.)

Parent/Guardian 1			
First	Last	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to child: _____			
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			
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			
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			
Cell Phone ()		Work Phone ()	

Parent/Guardian 2			
First	Last	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to child: _____			
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			
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			
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			
Cell Phone ()		Work Phone ()	

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	Po Box	City	State	Zip	County	Primary Phone ()
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			Primary Language at Home		Parental Status (check one) <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents	

Family Information

Number of Adults in the Family _____ Is the Parent/Guardian an Active Military Member? Yes No
 Number of Children in the Family _____ Is the Parent/Guardian a US Military Veteran? Yes No
 Number of Family Members With Health Insurance _____ Is the Family Enrolled in the WIC Program? Yes No
 Number of Family Members With a Disability _____ Is the Family Receiving SNAP Benefits? Yes 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"/> MFIP/Public Assistance Verification | <input type="checkbox"/> Foster Care Reimbursement |
| <input type="checkbox"/> 2016 W-2 Form(s) | <input type="checkbox"/> Unemployment Verification | <input type="checkbox"/> SSI Verification |
| <input type="checkbox"/> Pay Stubs (past 12 months) | <input type="checkbox"/> Statement from Employer | <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 (Children ages birth to 3, expectant mothers)	<input type="checkbox"/> Home-Based Option: <i>In the home-based option, your family will participate in a weekly home visit for 1½ hours. You will also have the opportunity to attend socialization activities twice each month.</i>
Head Start (Children ages 3-5)	<input type="checkbox"/> 4 Hour Option: <input type="checkbox"/> Annandale <input type="checkbox"/> Buffalo <input type="checkbox"/> Monticello
	<input type="checkbox"/> 6 Hour Option: <input type="checkbox"/> Clearwater <input type="checkbox"/> Delano <input type="checkbox"/> Howard Lake <input type="checkbox"/> Montrose <input type="checkbox"/> Mound <input type="checkbox"/> Rogers
	<input type="checkbox"/> Extended-Day Option: <input type="checkbox"/> Buffalo <input type="checkbox"/> Monticello <i>The Extended Day options are reserved for children whose parents are working or attending school/job training, with no caregiver available during the Head Start day. You will be required to provide verification of your work/school status before an Extended-Day placement will be held for your child.</i>
	<input type="checkbox"/> Home-Based Option: <i>In the home-based option, your family will participate in a weekly home visit for 1½ hours. You will also have the opportunity to attend socialization activities twice each month.</i>

Please check the WCCA programs you are currently enrolled in:

<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

Please check the WCCA programs you would like additional information on:

<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