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Description automatically generated 23-24 New Enrollment Application Received by:\_\_\_\_\_\_\_\_\_\_ & Date:\_\_\_\_\_\_\_\_\_

White Earth Head Start Programs P.O Box 418 - 35966 Eagle View Road White Earth, MN 56591 (218) 983-3285

Center Base (Must be 3 yrs old by Sept. 01): SITE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Base Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s DOB:\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_

First MI Last

Due Date (Pre-natal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male / Female Ethnicity: Hispanic or Latino: \_\_\_\_\_Yes or \_\_\_\_No

RACE: \_\_\_\_\_ Native American \_\_\_\_\_ African American/Black \_\_\_\_\_\_ Bi-racial \_\_\_\_\_\_ White \_\_\_\_\_\_ Asian \_\_\_\_\_ Hawaiian

Mailing

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Physical

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st Phone: (\_\_\_\_ \_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY INFORMATION: (Check one): \_\_\_\_\_\_\_Parent(s) \_\_\_\_\_\_\_Foster Parents \_\_\_\_\_\_\_Relative/Guardians

Documentation for FC/Relative-Guardianship: ICW Letter/ Court Document or HS Consent Form must be submitted with application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary: First MI Last Secondary: First MI Last

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_High School Graduate \_\_\_\_\_Assoc Deg \_\_\_\_\_BA Degree \_\_\_\_High School Graduate \_\_\_\_\_Assoc Deg \_\_\_\_\_BA Degree

\_\_\_\_GED \_\_\_\_\_Some College \_\_\_\_Vo-Tech \_\_\_\_Job Training \_\_\_\_GED \_\_\_\_\_Some College \_\_\_\_Vo-Tech \_\_\_\_Job Training

\_\_\_\_Unemployed \_\_\_\_\_Retired/Disabled \_\_\_\_Seasonal Work \_\_\_\_Unemployed \_\_\_\_\_Retired/Disabled \_\_\_\_Seasonal Work

Employment Status: Full time:\_\_\_\_\_\_\_\_ Part-time:\_\_\_\_\_\_\_\_\_ Employer Status: Full time:\_\_\_\_\_\_\_\_\_ Part-time:\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Parent working: Yes \_\_\_\_ No\_\_\_\_\_ College/ Training: Yes\_\_\_\_ No\_\_\_\_\_ Child Care hours: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_  Name of Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Child lives with: \_\_\_\_\_\_Both parents \_\_\_\_\_Mother \_\_\_\_\_Father \_\_\_\_\_Relative/Guardian Language in Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a special need or disability? \_\_\_\_\_Yes \_\_\_\_\_No If yes, please indicate diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there an IEP or IFSP in place? \_\_\_\_\_No \_\_\_\_\_Yes: If yes, Name of Agency/School?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any concerns about your child’s development? If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Directions to home:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All others in the household not listed above:

Name: (First, MI, Last) Birthdate Race Sex Relationship to child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description automatically generated White Earth Head Start Programs

**Parent Privacy Rights**

The purpose of the information we collect from you is listed below. Details about the purpose 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 purpose:

* 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
* Determine your ability to pay for medical treatment or other aides and services provided to you or to other persons from whom you are responsible.
* Prepare statistical reports and evaluations.
* Conduct program and financial audits.
* Collect reimbursement from other agencies or individuals for services or assistance we give you.

**Legal Requirements**

In most cases, you are not legally required to provide the information requested. If you are legally required to supply the information requested, you will be informed of the law which requires it.

**Sharing Information**

The information you provide will be shared with other employees or agents of the statewide welfare system only when the programs require access.

The information will also be shared under the following consequences:

* To individuals, persons, agencies, institutions or organizations you authorize sharing via a valid consent for release of information.
* To court via a court order.
* To administer federal funds or programs.
* To appropriate law enforcement personnel who are acting in an investigation, prosecution, criminal, or civil proceeding relating to administration of a program.
* 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 release and to who depends upon the program affected.

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.

I have read this explanation of my Privacy Rights and understand the purpose of giving the information and who is authorized to use it.

Parent/Guardian-Relative/FC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Income Verification

Proof of income must be provided with application or at your Intake Appointment

Check ALL income sources: \_\_\_\_\_\_ Pay stubs \_\_\_\_\_\_ Verified by employer

\_\_\_\_\_\_ Tax form 1040A or 1040 \_\_\_\_\_\_ Alimony / Support \_\_\_\_\_\_ Social Security

\_\_\_\_\_\_ W-2 Form \_\_\_\_\_\_ Self-employment \_\_\_\_\_\_ Tribal Per Capita

\_\_\_\_\_\_ Unemployment document \_\_\_\_\_\_ General Assistance \_\_\_\_\_\_ VA Benefits

\_\_\_\_\_\_ Retirement / Pension \_\_\_\_\_\_ Seasonal income

\_\_\_\_\_\_ Disability- Whom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ SSI-Whom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your income changed drastically in the past few months? If yes, please explain: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check each item you receive:

\_\_\_\_\_ SNAP (Food Support) \_\_\_\_\_ MFIP/TANF \_\_\_\_\_ Medical Assistance \_\_\_\_\_ Minnesota Care \_\_\_\_\_ WIC \_\_\_\_\_ Child Care Assistance \_\_\_\_\_ Private Health Insurance \_\_\_\_\_ \_\_\_\_\_ If yes, list policy name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Tribal Enrollment

Is this child a Minnesota Chippewa Tribe Enrollee? Yes\_\_\_\_\_ No\_\_\_\_\_ Enrollment # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, is a parent or grandparent of this child enrolled in Minnesota Chippewa Tribe? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this child enrolled or a descendent of an enrolled member of another Tribe? Yes\_\_\_\_\_ No\_\_\_\_\_\_ Whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify that the information is true and correct and that it will be used in determining eligibility for enrollment in the White Earth Head Start Programs.

I understand that this application does not automatically “enroll” my child in the White Earth Head Start Programs.

By signing below, I agree to allow the White Earth Head Start Programs to verify information for program eligibility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent / Guardian-Relative / Foster Date

**Head Start Child/Family Questionnaire**

|  |
| --- |
| **Your child may be eligible for additional services through the federal McKinney-Vento Assistance Act, such as eligibility priority, which can be determined by completing this questionnaire.** |

1. Do you consider yourself with a fixed, regular or adequate residence/home? \_\_\_\_\_ Yes

If yes, go to the next page.

\_\_\_\_\_ No ***If your answer is “No”, please complete the information below.***

1. Where are you and your family currently staying? .

\_\_\_\_\_ Sharing the housing of another family (i.e., doubling up) due to loss of housing, economic

hardship or similar reason.

\_\_\_\_\_Living in a motel, hotel, trailer park, or campground because we cannot afford or find

affordable housing.

\_\_\_\_\_Staying in an emergency or transitional shelter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Living in a vehicle of any kind; in an abandoned building or substandard housing without

running water/electricity; or in a park, bus or train station.

1. Please check all that apply.

\_\_\_\_\_Child is living with an adult that is not a parent or legal guardian.

\_\_\_\_\_Child is awaiting foster care placement.

\_\_\_\_\_None of the Above. Child is my own child.

1. Please list the child(ren) who “lack a fixed, regular, and adequate nighttime residence.”

|  |  |  |
| --- | --- | --- |
| Name of Child(ren)  First Middle Last | Male/Female | Date of Birth |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The undersigned certifies that the information provided above is accurate.

**Print** Parent/Guardian Name/Adult Caring for Child **Signature**

Address (if available) City State Zip

***Head Start Use Only***

Head Start Official: Based on the information from the Intake interview with this family, I attest that to the best of my knowledge that the child is eligible for benefits under the McKinney-Vento Act.

**White Earth Head Start** **Programs**

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**PERMISSION FORM**

**Screenings/Exams**

All children in the White Earth Head Start Programs will undergo the following **MANDATED** screenings/exams or consultation so that the program may fully provide for the individual needs:

**Developmental**

**Speech and Language**

**Hearing and Vision**

**Dental**

**Health**

**Classroom observation**

**Mental health consultation services**

The White Earth Head Start Programs permission to complete the above screening/exam on my child

**Health records**

I give the White Earth Head Start Programs permission to share health records with the school system

**Field trips**

Head Start children participate in field trips and other special events. Your approval is needed for your child to participate on these field trips and/or events sponsored by our program.

**Newspaper articles**

Occasionally, the tribal paper and other local newspapers do feature stories on the children and their activities. We would like permission to have your child in these as the occasion arises.

**Video-taped/photographed**

The children are video-taped and photographed on various occasions. We would like your permission to have your child video-taped or photographed.

I request that my child not be photographed or video-taped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**Other**

Children’s names are occasionally included in lists that are sent home for special occasions (i.e., Valentine’s Day) and other printed information. We would like permission to include your child’s name.

**I approve my child’s participation in the areas indicated on this permission form**

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy 1 – Child file