

2019-2020 Prairie Five Head Start/Early Head Start Application

Thank you for your recent interest in our Prairie Five Head Start and Early Head Start Programs. Head Start and Early Head Start provides free early childhood education to qualified children. In addition, we also provide prenatal and post-natal services for pregnant women. To qualify for Head Start services your child must be 3 or 4 years old on or before September 1st of the year you are applying. If a child turns 3 years old during the program year, they are still eligible to apply but must turn 3 years old before enrolling in a classroom. Family incomes should not exceed the amounts listed below on the federal income guidelines. However, we can still take your application and we may still consider your child for enrollment if you do not fall under the federal income guideline as we have limited over income spots available.

2019-2020 Income Guidelines (Before Taxes)	
Size of Family	Yearly Income
2	\$21,983
3	\$27,729
4	\$33,475
5	\$39,221
6	\$44,967
7	\$50,713
8	\$56,459
*Add \$4,420 for each family member over 8	

Center location options for Head Start:

- Appleton ●Benson ●Canby●
- Clinton ●Granite Falls ●KMS●
- Madison ●Montevideo ●Ortonville●

How to apply for Head Start/Early Head Start:

Please read this application carefully and fill it out completely and accurately and provide us with the following information:

- ✓ **General information:** The information you provide will help us determine your child’s eligibility for Head Start or Early Head Start and will help us prioritize your application. We must also be able to reach you in order to enroll your child. If you move or change your phone number after completing this application, please notify us.
- ✓ **Income:** All family income for the last 12 months or calendar year must be reported. Please see examples on page 4.

Additional information you will be asked for:

- ✓ Any custody papers/parenting plans/orders of protection
- ✓ Well child exam that is due **PRIOR** to the first day of school that must include:
 - A total body checkup
 - A blood test for lead and hemoglobin
 - A blood pressure reading
 - An up-to-date immunization record-your child must have a minimum of one of each in order to attend: DTaP, PCV, MMR, Varicella, Hib, Hep A, and Hep B
- ✓ Dental exam that is due **PRIOR** to the first day of school (If unable to complete this requirement before the first day of school, please contact our Health Coordinator)

Physical and dental forms will be provided by Prairie Five Head Start

If you need help completing the application, please call us at 1-800-443-4283 or 320-598-3118

What happens next?

As soon as we receive the completed application, including proof of income, we will review your application and schedule a time to meet with you in person or via phone to verify information on your application. All applicants are placed on a waiting list. Once we have received your child’s completed physical and dental exam and immunization record, we will contact you and let you know what the next step is. Our programs do not operate on a first-come first serve basis. When an opening becomes available in the option you requested, all individuals on the waiting list for that option are considered.

This application packet can either be:			
Mailed:	OR	Brought In:	OR
Prairie Five Head Start P.O Box 166 Madison, MN 56256		Your local Prairie Five Office or Head Start Center	Faxed: 844-273-2299

For more information on Prairie Five Head Start/Early Head Start please visit the following social media/sites:
Prairie Five Head Start and Early Head Start Facebook page, www.prairiefive.com, or www.parentaware.org

How did you hear about Prairie Five Head Start? Returning family Family/friend Newspaper Facebook Radio
Prairie Five website Other: _____

Applicant (child applying for services) Has the applicant been in Head Start or Early Head Start before? Head Start Early Head Start

First Name	Middle	Last Name	Birthday	Gender	Social Security # (REQUIRED)
			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	

Hispanic/Latino	Race	Primary Language	Foster Child
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi/Bi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chuukese <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child's Custody Status (*Must include legal documentation from the social worker, court papers, or other documentation as appropriate)
Both Parents Mother Only Father Only Parent Appointed Guardianship* Foster Care*
Court Ordered Guardianship/Department of Human Services* Other: _____

Parent/Guardian 1 (Primary) Lives with family? Yes No

First Name	Middle	Last Name

Birthday	Gender	Social Security # (REQUIRED)	Marital Status	Hispanic/Latino
/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Yes <input type="checkbox"/> No

Race	Highest Grade Completed
<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi/Bi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> No Education <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's

Current Employment Status	Currently Enrolled In School	Relationship To Child	Custody	Provide Financial Support
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Typical work/school schedule
Monday Tuesday Wednesday Thursday Friday Saturday Sunday Usual hours at work/school: _____

Parent/Guardian 2 (Secondary) Lives with family? Yes No

First Name	Middle	Last Name

Birthday	Gender	Social Security # (REQUIRED)	Marital Status	Hispanic/Latino
/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Yes <input type="checkbox"/> No

Race	Highest Grade Completed
<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi/Bi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> No Education <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's

Current Employment Status	Currently Enrolled In School	Relationship To Child	Custody	Provide Financial Support
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Typical work/school schedule
Monday Tuesday Wednesday Thursday Friday Saturday Sunday Usual hours at work/school: _____

ADDITIONAL Family & Household Members Living With Child (Do Not List Applicant, Parent 1 & Parent 2)

Is mom currently pregnant? Yes No If YES, please indicate the mother's expectant due date: _____

First & Last Name	Birthday	Social Security (REQUIRED)	Gender	Race	Hispanic	Relationship To Child
	/ /		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Family Information

Living Address	Apt or Lot #	City	State	Zip
Mailing Address (If Different Than Living)	Apt or Lot #	City	State	Zip

Primary Adult Cell _____ - _____ - _____ Home _____ - _____ - _____ Work _____ - _____ - _____

e-mail address: _____ I give Prairie Five Head Start permission to contact me via: Text message E-mail

Secondary Adult Cell _____ - _____ - _____ Home _____ - _____ - _____ Work _____ - _____ - _____

e-mail address: _____ I give Prairie Five Head Start permission to contact me via: Text message E-mail

Homeless Family?	Active Military Family?	Military Veteran?	Referred by Child Welfare Agency?	Receiving SNAP?	Receiving WIC?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health & Wellness

Child's Primary Medical Home Clinic Name	Clinic Phone Number	Child's Primary Dental Home Dental Office Name	Dental Office Phone Number

Child's Health Insurance:	<input type="checkbox"/> Private <input type="checkbox"/> Blue Plus <input type="checkbox"/> Medical Assistance <input type="checkbox"/> No Insurance	Child's Dental Insurance:	<input type="checkbox"/> Private <input type="checkbox"/> Blue Plus <input type="checkbox"/> Medical Assistance <input type="checkbox"/> No Insurance
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Does your child have any current or chronic medical conditions? (Ex: Seizures, diabetes, asthma, heart problems, etc.?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list: _____ _____ _____
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Does your child have any health or developmental problems? (Ex: Speech, social, emotional, hearing, vision, behavior)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list: _____ _____ _____
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Do you have any concerns about your child's physical, mental, or emotional development?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list: _____ _____ _____
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Does your child have a current/active IEP or IFSP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who provides your child with services? _____ What is your child's primary disability or special need area? _____ Does your child have other disabilities/special needs areas? _____
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Does your child have any allergies to food or medications? <i>*If your child has any known allergies you are required to have an allergy documentation form completed by your health care provider*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list: _____ _____ _____
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Are you concerned about celebrating any holidays due to religious or ethnic beliefs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list: _____ _____ _____
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What is your primary source of water?	<input type="checkbox"/> City <input type="checkbox"/> Private Well <input type="checkbox"/> Rural Water <input type="checkbox"/> Other <input type="checkbox"/> Unknown
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Does your child receive fluoride from any of the following sources:	<input type="checkbox"/> Tablets <input type="checkbox"/> Drops <input type="checkbox"/> Vitamins <input type="checkbox"/> Toothpaste <input type="checkbox"/> Mouth rinse <input type="checkbox"/> Topical Treatment From Dentist
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In Case Of An Emergency List Two Local Contacts In The AREA If Parents Are Not Available. MUST List Two People Who Are NOT the Child's Parents (REQUIRED-CANNOT BE LEFT BLANK)

	Name	Address	Phone Number	Relation To Child
Contact #1				
Contact #2				

Income Verification

(Please check all that apply to you and your household)

- Salary/Wages
 Unemployment/Worker's Comp
 Self Employed
 Retirement/Pension
 Veteran's Benefits
 Child Care Assistance
 Student Grant(s)
 Foster Care/Adoption Subsidy
 Energy Assistance
 SSD/Social Security
 TANF/MFIP
 Housing
 SSI (Supplemental Security Income)
 Child Support
 No Income

Attach any of the following documents that you have received for the previous calendar year Your application is incomplete without income verification and your child will not be placed on our wait list without income verification.

- ✓ Tax return/W-2 for the past year completed and signed (1040, 1040A)
- ✓ TANF Award letter
- ✓ SSI Award letter (Supplemental Security Income)
- ✓ Unemployment/Worker's Comp Statement
- ✓ Child Support
- ✓ Student Grant Award Letter(s)
- ✓ Foster Placement Form (Legal Documentation)
- ✓ Adoption Stipend
- ✓ Retirement/Pension
- ✓ Social Security (Disability) Award Letter

You will be required to fill out our self-declaration of no income form if your family has no income

PROOF OF INCOME MUST ACCOMPANY THIS APPLICATION!

I give permission to Prairie Five Head Start to verify my income and any materials related to my eligibility. **To the best of my knowledge the information I have given is accurate and true. If any part of it is false, my participation in the Prairie Five Head Start program may be terminated.**

Parent/Guardian Signature

Date

OFFICE USE ONLY	Date Application Received:	Gross Annual Income:	Income Source:	Date Verified:	Number in household:
This family is: <input type="checkbox"/> Income Eligible <100% <input type="checkbox"/> TANF (MFIP) <input type="checkbox"/> Foster Care <input type="checkbox"/> Homeless <input type="checkbox"/> SSI <input type="checkbox"/> <101-130% <input type="checkbox"/> Over Income					Date entered into ChildPlus:
ERSEA Signature:					Date:

Head Start Child/Family Housing Questionnaire

Please answer the questions below that best describes your living situation. The purpose of this information is to ensure the rights of your child under the McKinney Vento Assistance Act.

Do you or your family live in any of these situations? (Check all that apply)

- In a shelter (family shelter, domestic violence, youth or temporary housing)
 - Which shelter are you staying at? _____
 - Can we call to confirm? Yes No
- In a motel, hotel, or weekly rate housing
- Doubled up with friends or relatives because you cannot find or afford housing
 - How long have you been staying there? _____
 - Why are you staying there (what caused you to move in?) _____
 - How long can you stay there? _____
- In an abandoned building, in cars, trailers, campgrounds, public places, or other inadequate accommodations
 - Please describe where you are living _____
- On the street
- Awaiting foster care placement
- With friends or relatives because you are an unaccompanied youth
- None of the above apply

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

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

The child(ren) named qualify for the Head Start/State program and they should be given the rights listed below.

Based on the McKinney Vento Homeless Education Assistance Act, your children have the right to:

- Be found income eligible for participation in Head Start programs if families/children are defined as homeless.
- Enroll in program without giving a permanent address and attend programs while the agency arranges for copies of immunization records or other documents required for enrollment.
- Receive the same special programs and services, if needed, as provided to all other children served in Head Start/State programs.
- Have enrollment disputes quickly addressed

Parent/Guardian Signature

Date

This information is confidential and shall be kept for the current school year only

For Applicants of Prairie Five CAC, Inc. Programs

The purpose of this information is to tell about your rights and responsibilities.
It also tells you what to do if you have any problems.

Your privacy rights: Information That Is Shared

Why does Prairie Five need this information?

- To decide if you can get service or assistance
- To tell us how much assistance to give you

What happens if I do not give Prairie Five all the facts?

- You might not be able to get services or assistance

Who else sees this information?

- We may share this information with:
 - state and local welfare agencies
 - community based organizations
 - local and state public and private human service agencies
 - Minnesota Department of Jobs and Training
 - United States Department of Labor
 - United States Department of Health and Human Services
 - State and local educational programs (as allowed by law)
- This information may be used for research, experimental procedures, or public relations activities

How long does Prairie Five keep this information?

- We keep your file for as long as the law says we should

Can I see my file?

- You may see all the things in your file.

What if I think the facts in my file are wrong?

- Talk to the Program Manager about what you think is wrong in your file

Where do I get more facts about my privacy rights?

- Ask the Program Manager or the Executive Director of Prairie Five

What happens if I give false information?

• If you give false information on any of these forms and know it is false, we can charge you with fraud
The agency may check out any of the information you give. The only way the agency can get some information is with your signed consent. If you do not sign a consent form, you may not get services or help.

For more information, please see Minnesota Statutes Chapter 13.04, Rights of subjects of data.

By signing below, I acknowledge that I have read, understand, and agree to these terms

Parent/Guardian Signature

Date

Upon request this application can be made available in an alternate format such as Braille, large print, etc.

Authorization

Child's full legal name: _____

*I give Prairie Five Head Start permission to release and obtain information to/from the following:
(Please initial the following)*

- _____ 1. School district; preschool screening that is mandated by the state of Minnesota
- _____ 2. School district; Special Education services (If applicable)
- _____ 3. Countryside Public Health
- _____ 4. Medical and dental offices regarding records that are required for enrollment
- _____ 5. Greater Minnesota
- _____ 6. Family Services (please list county & social worker): _____
- _____ 7. Prairie Five Outreach services (housing, energy assistance, food, clothing, etc.)
- _____ 8. Other (please list): _____

*I give my child permission to participate in the following:
(Please initial the following)*

- _____ 1. Any incomplete preschool screenings such as hearing, vision, ESI-R/DIAL that is mandated by the state of Minnesota
- _____ 2. Be present in the classroom while a mental health professional is providing teacher support
- _____ 3. May participate in the physical requirement of the program (height, weight, temperature)
* Tape measurer for height, digital scale for weight, thermometer for temperature
- _____ 4. First aid and/or CPR by certified personnel if needed
*If not initialed, Prairie Five Head Start Health Coordinator will contact you regarding alternative actions
- _____ 5. Have 911 called in a life threatening situation such as air way, breathing, circulation, and/or altered level of consciousness complications
*If not initialed, Prairie Five Head Start Health Coordinator will contact you regarding alternative actions
- _____ 6. May have pictures and videos taken while participating in the program which may be used for documentation
- _____ 7. May have pictures published in local newspapers
- _____ 8. May have pictures published in classroom/program newsletters
Pictures or videos may be produced by school districts, please notify school district to refuse permission to publish

This permission is granted only for the child's current enrollment year in the Head Start program and will need to be signed yearly

Parent/Guardian Signature

Date:

Reviewed By (Office Staff)

Date

Child Enrollment Form—Standard Child and Adult Care Food Program

Dear Parents,

Your child care center participates in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA's CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA's CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your child care center.

Name of the Child Care Center: Prairie Five Head Start

Beginning Date of Child Care: _____

Child's First Name _____	Child's Last Name _____	Child's Date of Birth _____
Enter the normal hours your child is in care. For example, 7:30 AM – 5:00 _____ to _____		
PM or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM. _____ to _____		
Check the days your child normally attends:		
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Check the meals your child normally receives while in care:		
<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack		

Beginning Date of Child Care: _____

Child's First Name _____	Child's Last Name _____	Child's Date of Birth _____
Enter the normal hours your child is in care. For example, 7:30 AM – 5:00 _____ to _____		
PM or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM. _____ to _____		
Check the days your child normally attends:		
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Check the meals your child normally receives while in care:		
<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack		

If there are other children in care, please complete additional forms as needed.

Parent's Signature

Date Signed (form must be completed annually)

Parent's Name (please print): _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

For questions please contact:

Sponsoring Organization:
[insert Name, Address, Phone]

State Contact Information:
Minnesota Department of Education- Food and Nutrition Service
1500 Highway 36 West, Roseville, MN 55113
651-582-8526 or 1-800-368-8922 - mde.fns@state.mn.us

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) [found online](#) at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.