

Anoka/Washington County Head Start-Early Head Start Application

9574 Foley Blvd. Coon Rapids, MN 55433 Phone (763) 783-4300 • TTY 711 • Fax (763) 783-4333

Child						
First	Middle	Last	Birthday	Gender	Applying for Head Start services?	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	

Primary Adult							
First	Middle	Last	Birthday	Gender			
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train		<input type="checkbox"/> < Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No

Email Address: _____

Secondary or Other Adult							
First	Middle	Last	Birthday	Gender			
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train		<input type="checkbox"/> < Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No

Email Address: _____

Additional Child						
First	Middle	Last	Birthday	Gender	Applying for Head Start services?	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	

Additional Child						
First	Middle	Last	Birthday	Gender	Applying for Head Start services?	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	

**** To add additional family members, please submit information listed for each additional family member on a separate sheet of paper.***

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

Family Information, Income & Contacts

Family Information							
Family Living Address		Line 2	ZIP	City	State	County	
Family Mailing Address							
Same as living?	Mailing Address	Address Line 2		ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)	Type (check one)	Name			Opt in for Text Messages		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	Are you willing to transport?
<input type="checkbox"/> One <input type="checkbox"/> Two		<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
Number of ADULTS in Household	Number of CHILDREN	TANF Status			SSI	Child Support	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child currently in childcare?		Child Care Name, Address, Phone			Do you receive Child Care Assistance?		
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No		

DATA PRIVACY RIGHTS

Under the Minnesota Data Privacy Act, you have the right to know that the information you provide on your application for agency programming is classified as private under Minnesota Law and cannot be disclosed without your permission, except as provided below.

The information on the application will be used to determine your eligibility for the program and level of assistance, if applicable. Information you provide will also be used for statistical and research purposes and will not reveal any personal identifying information about you or a member of your household. ACCAP may also use this information from time to time to inform you of other programs and activities in which you may be interested in participating. We may share this information with: state and local welfare agencies; community based organizations; local and state public and private human service agencies; the Minnesota Department of Jobs and Training; the United States Department of Labor; and the United States Department of Health and Human Services; and state and local educational programs, as allowed by law.

We encourage you to answer all questions because your correct answers will enable us to properly verify and prioritize your application. Emergency phone, language spoken in the home, county, number of persons employed, years of education, child's school district are optional. However, this information is requested for the purpose of determining compliance with Federal and State Civil Rights Law, and providing proper assistance to you. Your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in an effective, non-discriminatory manner. There are some blanks for office use only. We may not be able to properly process your application without all other information.

Anoka County Community Action staff and funding source and employees from funding source financial auditors, whose jobs require access to your application, may have access to your file. These people are all required not to disclose any personal information about you or your household. Funding source employees and auditors may review applications to ensure that the Anoka County Community Action Agency is serving people properly.

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

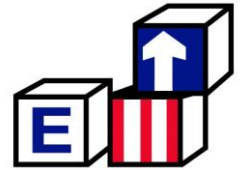
Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY	Gross Annual Income	Date Verified		Operation Year	County	Language
Income Source	ID#	IE OI1 OI2 NE	Rating	Month/Year	Date Application Received	
	Data Entry	Signature				

Child's Name: _____

Date of Birth: _____ CPID# _____

(Head Start will assign)



Has your child been diagnosed with any of the following?

- Autism
- Hearing Impairment / Deafness
- Learning Disabilities
- Orthopedic Impairment
- Visual Impairment / Blindness
- Developmental Delay
- Mental Health Diagnosis
- Behavior Concerns
- Speech / Language Concerns
- Other _____

Does your child have any of these Health Concerns?

- Asthma
- Anemia
- Diabetes
- Cerebral Palsy
- Epilepsy/Seizure Disorder
- Failure to thrive
- Feeding or swallowing issues
- Traumatic Brain Injury

Is your child involved with Early Childhood Special Education and/or on an IEP/IFSP?

Yes – with what school district? _____ No

Medical Clinic/Doctor's Office _____

Address _____

Phone _____

Dental Clinic/Dentist's Office _____

Address _____

Phone _____

Does your child have any allergies?

To Food? _____

To medication? _____

Other? _____

Will your child need to take medications at school? Yes No

Does your family receive WIC? Yes No