



Anoka County Community Action Program Anoka/Washington County Head Start-Early Head Start Application

9574 Foley Boulevard, Coon Rapids, MN 55433
Enrollment Hotline: 763-783-4314 Fax: 763-783-4333

Website: www.accap.org

Facebook: @AnokaWashingtonCountyHeadStart

Quality Preschool, Infant and Toddler Care.

Serving families at no cost in Anoka and Washington Counties.

Ways to Submit Application:

- Mail or drop off in our secure drop boxes (located at each main entrance) at 9574 Foley Boulevard, Coon Rapids MN 55433
- Email at recruitment@accap.org
- Fax to 763-783-4333

Our Centers and Locations:

ANOKA COUNTY

- Cedar – Lifelong Learning Center – 18900 Cedar Dr NW. Cedar, MN 55011
- Crayon Box – 7751 East River Rd. Fridley, MN 55432
- Family Development Center – 9574 Foley Blvd. Coon Rapids, MN 55433
- Columbia Heights – Crest View Senior Living – 1515 44th Ave NE. Columbia Heights, MN 55421

WASHINGTON COUNTY

- Forest Lake – Forest Hills United Methodist Church – 1790 11th St SE. Forest Lake, MN 55025
- Newport – Newport United Methodist Church – 1596 11th Ave. Newport, MN 55055
- Oakdale – Holy Cross Lutheran Church – 6355 10th St N. Oakdale, MN 55128
- Stillwater – Ascension Episcopal Church – 214 3rd St N. Stillwater MN 55082

EHS-CCP Partnership Sites:

- CAPE Childcare (ISD 11 Teen Parent Program) – 2727 N. Ferry St. Anoka, MN 55303 (Ages 6 weeks-36 months only)
- Crayon Box – 7751 East River Rd. Fridley, MN 55432 (Ages 6 weeks-36 months only)
- Little Hawari – 1455 80th Ave NW. Spring Lake Park, MN 55432 (Ages 6 weeks-48 months only)
- Little Uta – 3701 Jackson St NE. Columbia Heights, MN 55421 (Ages 6 weeks-48 months only)
- New Horizon Academy – Columbia Heights – 4079 Central Ave. Columbia Heights, MN 55421 (Ages 6 weeks-36 months only)
- New Horizon Academy – Coon Rapids – 13130 Riverdale Dr. Coon Rapids, MN 55448 (Ages 6 weeks-36 months only)
- New Horizon Academy – Coon Rapids – 11441 Hanson Blvd. Coon Rapids, MN 55433 (Ages 6 weeks-36 months only)
- New Horizon Academy – Fridley – 999 East Moore Lake Dr. Fridley, MN 55432 (Ages 6 weeks-36 months only)
- New Horizon Academy – Stillwater – 5903 Neal Ave N. Stillwater, MN 55082 (Ages 6 weeks-36 months only)

Completed application should include: Proof of Income (see reverse) Immunization Record Physical Record Dental Record

SECTION 1: PROGRAM OPTIONS (Please check the program option you are interested in)				
<input type="checkbox"/> Head Start/Early Head Start: Home Visiting	<input type="checkbox"/> Head Start: Part Day, Part Year	<input type="checkbox"/> Head Start: Full Day, Part Year	<input type="checkbox"/> Head Start: Full Day, Full Year	<input type="checkbox"/> Early Head Start Child Care Partnership
(Pregnant mothers & Children zero – 5 years) Weekly home visiting services with opportunities for child socializations and family events	(Ages 3 – 5 years) Monday – Thursday 3.5 hours/day; September – May (Limited transportation provided)	(Ages 3 – 5 years) Monday – Thursday 6.5 hours/day; September - May	(Ages 3 – 5 years) Monday – Thursday 6.5 hours/day; September – July (No transportation provided)	(Ages 6 weeks – 48 months) Varying Days Up to 50 hours/week; Year Round
Are you able to self-transport? <input type="checkbox"/> Yes <input type="checkbox"/> No				WASHINGTON COUNTY Ages 6 weeks – 36 months
If yes, what is your preferred location?				
How did you hear about us? <input type="checkbox"/> Agency Referral <input type="checkbox"/> Billboard <input type="checkbox"/> Community Festival <input type="checkbox"/> Current Employee <input type="checkbox"/> Friend/Family <input type="checkbox"/> Currently Enrolled Child Care Center <input type="checkbox"/> Lawn Sign <input type="checkbox"/> City Newspaper <input type="checkbox"/> Social Media				

Applications available in other languages, please call the Enrollment Hotline at 763-783-4314

HEAD START-EARLY HEAD START

IS FOR LOWER INCOME FAMILIES IN ANOKA AND WASHINGTON COUNTIES

ENROLLMENT IS BASED ON ELIGIBILITY GUIDELINES

FAMILIES RECEIVING MFIP CASH/DWP BENEFITS, SSI BENEFITS AND FOSTER CHILDREN ARE ELIGIBLE

Even if the family's income exceeds the guidelines.

Please include proof(s) of income for each parent/guardian providing financial support for the applicant:

- **Public Assistance** – Provide 12 months of CASH benefits (MFIP/DWP)
- **Foster Care** – Provide placement letter
- **Supplemental Security Income (SSI)** – Provide award letter
- **Homeless** – Provide 3rd party verification

Per the McKinney-Vento Homeless Assistance Act, the term “homeless children and youth” –

(A) means individuals who lack a fixed, regular, and adequate nighttime residence...; and

(B) includes –

- (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;*
 - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...*
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and*
 - (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).*
- **Income Tax Return or W2** – Provide a copy of the most recent year (all W2s from the previous year)
 - **Pay Stubs** – Provide the last 12 months
 - **Unemployment** – Provide the last 12 months of Unemployment benefits
 - *Please send a detailed weekly payment printout instead of your 1099-G if possible*
 - **Child Support/Alimony**– Provide the last 12 months of payments from all sources
 - **Social Security/Pension/Veteran's Benefits/Disability** – Provide 12 months of payments
 - **Self-Employment** – Provide 12 months of documentation
 - **No Financial Resources** – Provide a personal, written letter that is signed and dated from each adult who is supporting the applicant, stating they have no income & explain how the family is being supported

If applying for the Early Head Start Child Care Partnership program, please also include a copy of your most recent Child Care Assistance letter of decision.

The application process can take up to 4 weeks after all necessary documents are received and an interview with the parent/guardian has been completed. Completing an application does not guarantee placement in our program. Once your application is processed, you will receive a letter notifying you of your eligibility. Thank you for applying.

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"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		<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"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		<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"/> < Grade 9	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Seasonal	<input type="checkbox"/> In School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Job Training	<input type="checkbox"/> Foster		
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> HS Graduate		<input type="checkbox"/> Retired or Disabled			
	<input type="checkbox"/> GED					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"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		<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"/> < Grade 9	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Seasonal	<input type="checkbox"/> In School	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Job Training	<input type="checkbox"/> Foster		
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> HS Graduate		<input type="checkbox"/> Retired or Disabled			
	<input type="checkbox"/> GED					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"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		<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"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	

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

Family Information, Income & Contacts

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

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 (MFIP/DWP) 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.

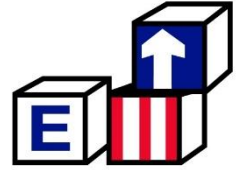
Certification: *I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible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