



Community **Action**

Head Start/Early Head Start Application

Community Action Partnership of Ramsey and Washington Counties

450 N Syndicate St., Suite 5, St. Paul, MN 55104

Phone: 651-603-5977 Fax: 651-603-5986

Email: hs-apps@caprw.org

Website: www.caprw.org

Facebook: [@caprwheadstart](https://www.facebook.com/caprwheadstart)

We offer quality Education, Health, and Family Services for families with the greatest need.

Our Head Start children are known to do 90% better in school than their peers.

Peb muaj kev pab zoo rau kev kawm ntawv, kev noj qab haus huv, thiab tsev yim neeg uas xav tau kev pab. Muaj ntaub ntawv teev tseg tias cuaj caum feem pua (90%) ntawm cov menyuam kawm Head Start yuav kawm tau ntawv zoo dua lwm tus menyuam.

Ways to Submit Application: /Kev Xa daim ntawv saunpe:

- Mail or drop off at the address above /Xa los sis nqa tuaj rau qhov chawnyob saum no
- Mail or drop off at a center nearest to you/ Xa los sis nqa tuaj rau lub tsev kawm ntawv nyob ze koj
- Email at hs-apps@caprw.org/ Email rau hs-apps@caprw.org
- Application can also be completed at the nearest center or main office at 450 N Syndicate St. St Paul, MN 55104
Koj tuaj sau npe tau nyob rau cov tsev kawm ntawv ze koj los sis peb qhov chaw loj nyob 450 N. Syndicate St. St. Paul, MN 55104

Our Centers and Locations/ PEB COV TSEV KAWM NTAUV THIAB CHAWNYOB :

- Battle Creek - 2181 Suburban Ave. St Paul, MN 55119
- Community Child Care Center - 1250 Fifield Ave. St Paul, MN 55108
- McDonough - 1544 Timberlake Rd. St. St Paul, MN 55117
- Midway - 775 Lexington Pkwy N. St Paul, MN 55104
- Mounds View - 2101 14th Street NW. New Brighton, MN 55112
- Mt. Airy - 91 Arch Street E. St Paul, MN 55101
- North St. Paul - 2499 Helen St N. North St Paul, MN 55109
- Roosevelt - 1575 Ames Ave. St Paul, MN 55106
- Ruth Benner - 586 Fuller Ave. St. Paul, MN 55103
- Skyline Towers - 1247 St. Anthony Ave. St Paul, MN 55104
- University - 450 N Syndicate St. St Paul, MN 55104
- West Side - 271 Belvidere St. E. St Paul, MN 55107
- Wilder - 911 Lafond Ave. St Paul, MN 55104



SECTION 1: PROGRAM OPTIONS (Please select the program you are applying for)

| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Head Start: Part day, Part year | <input type="checkbox"/> Head Start: Extended Hours | <input type="checkbox"/> Head Start: Full day, Full year |
|---|---|---|--|
| (Cov niam xeeb tub & cov menyuam yug kias mus txog 3 xyos) Muaj kev pab xws lis tuaj ntsib menyuam thiab niam txiv tom tsev txhua lub liam tiam thiab coj tsev neeg mus ua si. | (Cov menyuam muaj 3-5 xyos) Monday - Thursday 3.5 teev ib hnub; Pib lub 9 hli- 5 hlis | (Menyuam muaj 3-5 xyos) Kawm Monday-Friday Tsi muaj tsheb (Bus) tos | (Menyuam 3-5 xyos) Yuav tsum tau txais nyiaj pub dawb pab zov menyuam los ntawv tseem fww. Muaj kawm tas hnub thiab tas xyoo |
| Koj thauj puas tau menyuam tuaj kawm ntawv? <input type="checkbox"/> Tau <input type="checkbox"/> Tsi tau | | Koj thauj tau deb li cas? _____ | |
| Koj hnov thiab paub txog peb li cas? | | | |

SECTION 2: CHILD'S INFORMATION

| | | | | |
|--|---------------|------------------|-----------------------------|---|
| Child's First Name | Middle | Last Name | Date of Birth / / | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Child's Home Address (include apartment/unit number) | | Zip | City | State MN |
| Mailing Address (if different from home address) | | | | State MN |
| Child's Pick-up/Drop-off Address (if different from home address) | | | | State MN |

| | | |
|---|---------------------------------------|--|
| Child's Race | <input type="checkbox"/> Asian | Child's First/Home Language: |
| <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> White | Child's Secondary Language: |
| <input type="checkbox"/> Black/ African American | <input type="checkbox"/> Multi-racial | Do you consider yourself Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other: _____ | |

SECTION 3: FAMILY INFORMATION

| | | | | | |
|---------------------------------------|----------------------------------|--|---|---|--|
| 1st Parent/Guardian First Name | Parent/Guardian Last Name | Date of Birth / / | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Language Primary: _____ Secondary: _____ | Living with Child? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent's Race | | Parent's Ethnicity - Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Relationship to Child | |

| | | | | | |
|---------------------------------------|-----------------------------------|--|---|--|--|
| 2nd Parent/Guardian First Name | Parent/Guardians Last Name | Date of Birth / / | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Language Primary: _____ Secondary: _____ Proficiency: _____ | Living with Child? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent's Race | | Parent's Ethnicity—Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Relationship to Child | |

CHILD CUSTODY STATUS (Please include legal documentation from Social Worker, court papers or other documentation as appropriate)

| | | |
|--|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother or Father has sole custody | <input type="checkbox"/> Parents appointed guardianship |
| <input type="checkbox"/> Joint Custody (but lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father) | <input type="checkbox"/> Other custody between parents | <input type="checkbox"/> Court ordered guardianship/Foster/DHS |

| | |
|---|---|
| Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell of: _____ | Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell of: _____ |
| Email address of primary adult: | Other email address: |
| Ok to text/email <input type="checkbox"/> Yes <input type="checkbox"/> No | Ok to text/email <input type="checkbox"/> Yes <input type="checkbox"/> No |

EMERGENCY CONTACT (Please list a person that does not live in your home that we can contact if we cannot reach you)

| | |
|---------------------------------|-----------------------------|
| First Name: _____ | Address: _____ |
| Last Name: _____ | _____ |
| Relationship to Child: _____ | _____ |
| | Primary Phone Number: _____ |
| Emergency Contact Notes: | |

| Total number of family members: _____ | List all other family members who are living in the home. (Attach another sheet if there are more members than the space allocated) | | | | | |
|---|---|-----------|---------------------------|--|------|---|
| Is mom pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Relationship to Child | First Name | Last Name | Date of Birth MM/DD/YY | Gender | Race | Hispanic/ Latino |
| | | | / / | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | / / | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | / / | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | / / | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | / / | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | / / | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | / / | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

EARNED INCOME OF PARENTS/ GUARDIANS (living in the Home) IF TWO PARENTS IN THE HOME BOTH MUST BE LISTED

List all Income for the last 12 months; attach another sheet if more jobs, also attach proofs of income. (W-2 or Paystubs for all jobs) Or self-signed statement indicating income for the last 12 months

| | |
|---|---|
| Name of Parent/Guardian: | Name of 2nd Parent/Guardian: |
| Did this person work in the last 12 months ? <input type="checkbox"/> Yes <input type="checkbox"/> No | Did this person work in the last 12 months ? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Employer Name | Start Date | Finish Date | Employer Name | Start Date | Finish Date |
|---------------|------------|-------------|---------------|------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

OTHER SOURCES OF INCOME FOR BOTH PARENTS/ GUARDIANS LIVING IN THE HOME

| | | |
|---|--|--|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Social Security, Retirement, SSI, Veterans or Disability Benefits |
| <input type="checkbox"/> School grants/Scholarships | <input type="checkbox"/> TANF/MFIP | <input type="checkbox"/> Other Sources |
| <input type="checkbox"/> No income | | |

If you checked any of the boxes above, then please include proof of amount you received in last 12 months

STAFF USE ONLY

| | | |
|---------------|-----------------|-----------------|
| Interview by: | Interview Date: | Interview Type: |
|---------------|-----------------|-----------------|

Enrollment Notes

We respect your privacy. The following questions are used for prioritizing enrollment. The information you provide will not be shared outside the agency without your permission.

SECTION 4: ENVIRONMENTAL FACTORS

Do you or someone else suspect your child needs support in any of the following areas? (If YES please check)

| | | |
|---|--|--|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Mental Health Diagnosis |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Developmental Delays |
| <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Behavioral Concerns |
| <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Does your child has a current IEP/IFSP ☐ Yes ☐ No If YES please attach a copy

By signing here _____, I authorize CAPRW HS/EHS to request IEP/IFSP and all related information about my child _____ (from specified school district).

IT IS VERY IMPORTANT THAT YOU CHECK ALL THAT APPLY

| | |
|---|--|
| <input type="checkbox"/> Child born prematurely | <input type="checkbox"/> Parental substance abuse (alcohol or chemical dependency) |
| <input type="checkbox"/> Child has a medical condition | <input type="checkbox"/> Single parent |
| <input type="checkbox"/> Household member with special needs | <input type="checkbox"/> Incarcerated parent |
| <input type="checkbox"/> Household member with mental health issues | <input type="checkbox"/> Death of immediate family member |
| <input type="checkbox"/> Household member with medical Condition | <input type="checkbox"/> Parent/s are/were less than 20 years old on date of DOB of child |
| <input type="checkbox"/> No health insurance for Child | <input type="checkbox"/> Parent education less than HS diploma or GED |
| <input type="checkbox"/> No health insurance for family | <input type="checkbox"/> Family has limited English |
| <input type="checkbox"/> Family is currently homeless | <input type="checkbox"/> Family is new to the US (less than 2years) |
| <input type="checkbox"/> Family has been homeless in last 24 months (including transitional housing and shelter) | <input type="checkbox"/> Child is a transfer of custody child (not foster child eligible) |
| <input type="checkbox"/> Family is receiving public assistance | <input type="checkbox"/> Documented or suspected Child abuse/neglect |
| <input type="checkbox"/> Another family member is currently Accepted/Enrolled in Early Head Start/Head Start | <input type="checkbox"/> Previously enrolled in Early Head Start/ Head Start either at CAPRW or other agency |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Family address is Roseville, Lauderdale, Shoreview, Vadnais Heights, White Bear Lake |

SECTION 5: CONSENTS AND AUTHORIZATIONS

| | |
|---|--|
| Initials | I understand that Community Action Head Start may share the data on or included with this application with other human service programs operated by Community Action Partnership of Ramsey and Washington Counties. I understand that Community Action Head Start may share the data on or included with this application with the local school district. |
| Initials | To the best of my knowledge, the information I have provided is accurate and true. I acknowledge that I have received a copy of the Notice of Privacy Practices. In accordance with the Minnesota Government Data Practices and the federal Health Insurance Portability and Accountability Act (HIPAA), I have been informed and understand my rights. |
| DATE : _____ Signature of Parent/ Guardian: _____ | |