



## 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](mailto:hs-apps@caprw.org)

Website: [www.caprw.org](http://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.*

#### Ways to Submit Application:

- Mail or drop off at the address above
- Mail or drop off at a center nearest to you
- Email at [hs-apps@caprw.org](mailto:hs-apps@caprw.org)
- Application can also be completed at the nearest center or main office at 450 N Syndicate Suite 5. St. St Paul, MN 55104. For help completing the application, staff is available every 2nd Wednesday of the month from 4pm - 7pm.
- Fax to 651-603-5986

#### Our Centers and Locations:

- 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



#### Checklist of items to send with application

- ☐ Proof of birth/immunization record
- ☐ Proof of Income
- ☐ Child's most recent physical and copy of health insurance card

#### **SECTION 1: PROGRAM OPTIONS (Please check the program option you are interested in)**

<input type="checkbox"/> <b>Early Head Start</b>	<input type="checkbox"/> <b>Head Start: Part day, Part year</b>	<input type="checkbox"/> <b>Head Start: Extended Hours</b>	<input type="checkbox"/> <b>Head Start: Full day, Full year</b>
(Pregnant mothers & Children zero –3 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	(Ages 3 – 5 years) Monday – Thursday Minimum 7.5 hours/day; September - May <b>(No transportation provided)</b>	(Ages 3- 5 years) Must have CCAP (Child Care Assistance Program funding) Hours vary; <b>(No transportation is offered.)</b> Year round services
<b>Are you able to self-transport?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, how far?</b> _____
<b>How did you hear about us?</b>			

**SECTION 2: CHILD'S INFORMATION (Please include proof of birth and immunization records)**

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)		Zip	City	State MN
Child's Pick-up/Drop-off Address (if different from home address)		Zip	City	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**

Parent/Guardian First Name	Parent/Guardian 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	
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
2nd 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:	

<b>Total number of family members:</b> _____			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
<b>EARNED INCOME OF PARENTS/ GUARDIANS (in the home); IF TWO PARENTS IN THE HOME, BOTH MUST BE LISTED.</b>						
List all family income for the last 12 months; attach another sheet if needed; also attach proof of income for each. (2017 income taxes, W-2 or Paystubs for all jobs) Or self-signed statement indicating income for the last 12 months						
<b>Name of Parent/Guardian:</b>			<b>Name of 2nd Parent/Guardian:</b>			
Did this person work in the last 12 months? <input type="checkbox"/> Yes, How many jobs? _____ <input type="checkbox"/> No			Did this person work in the last 12 months? <input type="checkbox"/> Yes, How many jobs? _____ <input type="checkbox"/> No			
<b>Employer Name</b>	<b>Start Date</b>	<b>End Date</b>	<b>Employer Name</b>	<b>Start Date</b>	<b>End Date</b>	
<b>OTHER SOURCES OF INCOME FOR BOTH PARENTS/ GUARDIANS LIVING IN THE HOME</b>						
<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, please include proof of amount you received in the last 12 months						
<b>ENROLLMENT NOTES (FOR STAFF USE ONLY)</b>						
<b>Interview by:</b>		<b>Interview Date:</b>		<b>Interview Type:</b>		
<b>Notes:</b>						

**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"/> Down's Syndrome	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Does your child currently have an IEP/IFSP? ☐ Yes ☐ No If YES, please attach a copy

By signing and dating here, I authorize Community Action HS/EHS to request and share information about my child with \_\_\_\_\_ (specified school district).

\_\_\_\_\_  
(Parent/Guardian's signature)

\_\_\_\_\_  
(Date)

#### **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 2 years)
<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 Abuse	<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: \_\_\_\_\_