



# ICCC Head Start Application



Please fill out this application to the best of your ability in **BLUE or BLACK** ink. All information on this application is confidential. You are not required to fill out all information, but incomplete or inaccurate information may prevent us from determining your eligibility. If you have questions or need assistance, please call 1-888-778-4008 ext. 1029.

## Applicant (Child) Information

First Name:	Middle Name:	Last Name:	Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____	Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language(s) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Does your child have a medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	When do you want services to start? <input type="checkbox"/> Immediately <input type="checkbox"/> Fall
Service Preference:				
<input type="checkbox"/> Home Based (Ages 0-5) <input type="checkbox"/> Clubhouse Combination (3 year olds, 5 mornings a week, McIntosh) <input type="checkbox"/> Combination Classroom (4 year olds, 2 days a week, Oklee, Fosston, Win-E-Mac (WEM is 2 days & every other Friday) <input type="checkbox"/> Center Classroom (4 year olds, 4 days a week, Bagley, Thief River Falls)				
Living Address			Mailing Address (If Different):	
Line 1: _____			Line 1: _____	
Line 2: _____			Line 2: _____	
City: _____ Zip Code: _____			City: _____ Zip Code: _____	
Directions to your home:			Does your family:	
			<input type="checkbox"/> Own your home <input type="checkbox"/> Rent your home <input type="checkbox"/> Live with family/friends <input type="checkbox"/> Live in a shelter	
			County:	School District:

## Parent/Guardian 1 Information

First Name:	Last Name:	Lives with Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Child: <input type="checkbox"/> Biological/Step Parent <input type="checkbox"/> Legal Guardian <input type="radio"/> Foster Parent <input type="radio"/> Court Ordered <input type="radio"/> Parent Appointed <input type="checkbox"/> No relation	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____	Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language(s): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	

### Parent/Guardian 1 Information Continued:

<b>Employment Status:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student/Returning for GED <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Stay at Home Parent <input type="checkbox"/> Retired/Disabled	<b>Place of Work:</b> _____ _____	<b>Military Status:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Is deployed or will be deployed soon <input type="checkbox"/> Veteran <input type="checkbox"/> Not applicable	<b>Highest Education Level:</b> <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> High School Graduated <input type="checkbox"/> GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Master's Degree
<b>Work Phone:</b> _____ _____			
<b>Preferred Contact Method:</b> <input type="checkbox"/> Phone Number: _____ <input type="checkbox"/> Can Text <input type="checkbox"/> Email: _____		<b>Alternate Contact Information:</b> Phone Number: _____	

### Parent/Guardian 2 Information

<b>First Name:</b>	<b>Last Name:</b>	<b>Lives with Child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Birth:</b> ____/____/____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Relationship to Child:</b> <input type="checkbox"/> Biological/Step Parent <input type="checkbox"/> Legal Guardian <input type="radio"/> Foster Parent <input type="radio"/> Court Ordered <input type="radio"/> Parent Appointed <input type="checkbox"/> No relation	<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____	<b>Hispanic/Latino:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Language(s):</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
<b>Employment Status:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student/Returning for GED <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Stay at Home Parent <input type="checkbox"/> Retired/Disabled	<b>Place of Work:</b> _____ _____	<b>Military Status:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Is deployed or will be deployed soon <input type="checkbox"/> Veteran <input type="checkbox"/> Not applicable	<b>Highest Education Level:</b> <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> High School Graduated <input type="checkbox"/> GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Master's Degree	
<b>Work Phone:</b> _____ _____				
<b>Preferred Contact Method:</b> <input type="checkbox"/> Phone Number: _____ <input type="checkbox"/> Can Text <input type="checkbox"/> Email: _____		<b>Living Address (if different from above):</b> Line 1: _____ Line 2: _____ City: _____ Zip Code: _____		

## Emergency Contact Information (Not a Parent/Guardian)

Name: _____	Name: _____
Phone Number: _____	Phone Number: _____
Relationship to Child: _____	Relationship to Child: _____

### Other People in the Home Not Already Listed

First Name:	Last Name:	Relationship to Child:	Date of Birth:	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

### Environmental Factors

In an effort to best serve your child/family, **please check** any of the following conditions or situations that currently affect or have affected the child’s household. The information is confidential. You are not required to provide any information, but the information helps us provide the best services to your family.

- Child receives Special Education Services or has an IEP/IFSP.
- Parent/Guardian has developmental concerns about child.
- Parent was a teen parent when the child was born.
- Household member with disability or health condition
- Domestic violence (past or present)
- Parent substance abuse
- Documented or suspected child abuse (past or present)
- Household member with mental health issues
- Death of immediate family member
- Parent/Guardian feels lack of social support system
- Homeless in last 12 months
- Decrease in family income
- One family member is out of the home for an extended period of time (deployment, hospitalization, job related, etc.)
- Other: \_\_\_\_\_

## Income Information

Because Head Start receives funding from the Department of Health and Human Services, we must verify your family's income. Please mark all forms of income you have received in the last 12 months or in 2019. Please attach income documentation for the last year such as a 1040 or W2 tax form.

- |  |   |
|--|---|
| <input type="checkbox"/> Salary or Wages<br><input type="checkbox"/> Child Support<br><input type="checkbox"/> MFIP/DWP (cash assistance)<br><input type="checkbox"/> Self-Employment<br><input type="checkbox"/> SSI/Disability<br><input type="checkbox"/> Unemployment Compensation<br><input type="checkbox"/> Social Security | <input type="checkbox"/> Veteran's Benefits<br><input type="checkbox"/> Retirement/Pension<br><input type="checkbox"/> College Grants/Scholarships<br><input type="checkbox"/> Interest/Other<br><input type="checkbox"/> No Income—Explain: _____<br>_____ |
|--|---|

If you receive Child Support, MFIP, or the child is in foster care, please complete the following release and we will fax for verification. **All other forms of income verification must be provided by you.**

ICCC Head Start has permission to request income information from:

- Social Services (for MFIP/cash assistance only): \_\_\_\_\_  
County
  
- Social Services (for foster care or kinship care placement): \_\_\_\_\_  
County
  
- Child Support Services: \_\_\_\_\_  
County

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To the best of my knowledge, the information I have given in the application is accurate and true. **ICCC has permission to request and receive information with the above identified agencies/organizations regarding income documentation.** I understand that ICCC Head Start may share the data included with this application (including income) with other programs/services provided by Inter-County Community Council.

Sign and Date Application

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**Return completed applications and income verification to:**

ICCC Head Start, PO 189, Oklee, MN, 56742

Or email: [headstart@intercountycc.org](mailto:headstart@intercountycc.org)

OFFICE USE: Staff Initials: _____ Interview Initials: _____ <input type="checkbox"/> Phone Int. <input type="checkbox"/> In Person Int.
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## RELEASE OF INFORMATION

Child's First Name	Middle Name	Child's Last Name	Date of Birth ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent Name (First and Last)			Relationship to Child	

To help your child complete the Head Start requirements, ICCC works with area agencies, clinics and providers to get records concerning your child so that completed services and screenings do not have to be repeated.

**PLEASE CHECK all agencies that we may contact for records:**

- Public School** - For Early Childhood screening results, IEP, IFSP, program registration

Name of School District \_\_\_\_\_

- Medical Provider – Entire medical record including but not limited to:**

well child check/physical exams, lab results, MN Risk Assessment, hearing and vision screening, immunizations, referrals, follow up treatment, dental exam results, height, weight, vitals, allergies

Name of Clinic \_\_\_\_\_ City \_\_\_\_\_

- WIC** - For hemoglobin, lead screen, nutrition assessment, recommendations

By signing this release you are stating the following:

- **This authorization is valid for existing records and those created after the date of signature/authorization.**
- I understand that the information to be accessed and/or exchanged regarding my child/family will be treated as private data under the Minnesota Government Data Practices Act, FERPA, and/or IDEA. This means that the information will be safeguarded as required by law. Information may be released/accessed/exchanged without my further signed consent unless I should revoke my consent.
- I understand that is information is being shared to meet program performance standards/requirements, to plan comprehensive services and coordinate service delivery.
- I AUTHORIZE ICCC Head Start to request, receive, and exchange individually identifiable information with the above agencies/entities that have information concerning my child/family, including written and verbal exchanges. I understand that the information by this consent cannot be released to anyone other than those listed above unless I give written permission. **I understand that I may revoke this consent in writing at any time**, except to the extent that action has already been taken in reliance on it, and that **the consent will automatically expire 24 months from the date of my signature.** I understand that once information is released pursuant to this authorization, the provider cannot present the re-disclosure of that information as it is no longer protected by federal privacy regulations. A photocopy or fax of this authorization will be treated in the same manner as the original. I understand that treatment, payment, enrollment or eligibility of benefits by a covered entity may not be conditioned on obtaining the individual authorization.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_