



Program Year Applying For: 2025-2026 2026-2027

Classroom Applicant's Only: Site Preference #1 _____ Site Preference #2 _____

CHILD Information about the child applicant (skip if applying as a pregnant person)

First Name: _____ Last Name: _____ Birthday: ____/____/____

- | | | | |
|---------------------------------|------------------------------|---|--------------------------------|
| Gender: | Hispanic: | Race: | |
| ☐ Male | ☐ Yes | ☐ American Indian/Alaska Native | ☐ White |
| ☐ Female | ☐ No | ☐ Black/African American | ☐ Asian |
| | | ☐ Native Hawaiian/Pacific Islander | ☐ Other |

PRIMARY ADULT Information about the child's primary parent/guardian

First Name: _____ Last Name: _____ Birthday: ____/____/____

Pregnant Person ONLY-Due Date: ____/____/____

- | | | | |
|---------------------------------|------------------------------|---|---------------------------------|
| Gender: | Hispanic: | Race: | Active Military/Veteran: |
| ☐ Male | ☐ Yes | ☐ American Indian/Alaska Native | ☐ Yes |
| ☐ Female | ☐ No | ☐ Black/African American | ☐ No |
| | | ☐ Native Hawaiian/Pacific Islander | ☐ Other |

- | | |
|--|---|
| Employment Status: | Highest Grade/Education Completed: |
| ☐ Employed | ☐ ____ Grade |
| ☐ Unemployed | ☐ Some College |
| ☐ Retired or Disabled | ☐ MA Degree |
| ☐ In School | ☐ HS Diploma |
| ☐ Homemaker | ☐ AA Degree |
| | ☐ Other ____ |
| | ☐ GED |
| | ☐ BA Degree |

- | | | | |
|------------------------------|--|------------------------------|-------------------------------|
| Has Custody: | Relationship to Child: | Lives With Child: | Valid Drivers License? |
| ☐ Yes | ☐ Biological/ | ☐ Yes | ☐ Yes |
| ☐ No | ☐ Adopted/Stepchild | ☐ No | ☐ No |
| | ☐ Other Relative | | |
| | ☐ Foster parent | | |
| | ☐ Grandparent | | |
| | ☐ Other _____ | | |

Phone Number: _____ Type (Work/Cell/Home): _____

Phone Number: _____ Type (Work/Cell/Home): _____

Email: _____

SECONDARY ADULT Information about the child's secondary parent/guardian

First Name: _____ Last Name: _____ Birthday: ____/____/____

- | | | | |
|---------------------------------|------------------------------|---|---------------------------------|
| Gender: | Hispanic: | Race: | Active Military/Veteran: |
| ☐ Male | ☐ Yes | ☐ American Indian/Alaska Native | ☐ Yes |
| ☐ Female | ☐ No | ☐ Black/African American | ☐ No |
| | | ☐ Native Hawaiian/Pacific Islander | ☐ Other |

Employment Status:

- ☐ Employed ☐ In School
☐ Unemployed ☐ Homemaker
☐ Retired or Disabled

Highest Grade/Education Completed:

- ☐ ____ Grade ☐ Some College ☐ MA Degree
☐ HS Diploma ☐ AA Degree ☐ Other ____
☐ GED ☐ BA Degree

Has Custody:

- ☐ Yes
☐ No

Relationship to Child:

- ☐ Biological/
Adopted/Stepchild ☐ Other Relative
☐ Grandparent ☐ Foster parent
☐ Other _____

Lives With Child:

- ☐ Yes
☐ No

Valid Drivers License?

- ☐ Yes
☐ No

Phone Number: _____ Type (Work/Cell/Home): _____

Phone Number: _____ Type (Work/Cell/Home): _____

Email: _____

OTHER'S IN HOME**OTHER household members supported by the child's parent(s)/guardian(s) income**

First & Last Name	Birthday	Gender	Hispanic	Race	Relationship to Child
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

CHILD'S HOME**Information about the family's living situation**

Living Address: _____

Mailing Address (If Different): _____

City/State/Zip: _____ City/State/Zip: _____

Housing Status:

- ☐ Rent or own home/apartment ☐ In Hotel/Motel ☐ In Transitional Housing
☐ Living with relatives/friends ☐ In Homeless Shelter ☐ Other _____

Primary Language in Home: _____

English Proficiency:

- ☐ None ☐ Moderate
☐ A Little ☐ Proficient

FAMILY SERVICES**Information about benefits/services received by family**

Does your family receive any of the following: Are you unable to locate or obtain childcare? ☐ Yes ☐ No

- ☐ Salary or Wages
☐ SNAP (Food Stamps)
☐ SSI (Supplemental Income)
☐ Unemployment Compensation
☐ Energy Assistance
☐ DWP (Diversionary Work Program)
☐ MFIP/TANF (Cash Assistance)
☐ Self Employment
☐ WIC

Has your family ever been enrolled in a Head Start program? ☐ Yes ☐ No

Do you have reliable transportation? ☐ Yes ☐ No

How did you hear about Head Start?

- ☐ Family/Friends ☐ Yard signs ☐ Facebook ☐ Agency Staff ☐ Website
☐ Recruitment Phone Call ☐ Mailings ☐ School ☐ Flyer's
☐ Other _____

CHILD'S HEALTH

Information about the child's health, medical insurance, and other concerns

Health Insurance:

Child is covered by:

- ☐ Health Insurance (through employer): _____
- ☐ Medical Assistance (state): _____
- ☐ Dental Insurance: _____
- ☐ Other: _____
- ☐ No Insurance

Is anyone in your household **NOT** covered by Health Insurance? ☐ Yes ☐ No

Primary Doctor/Clinic: _____ City/State: _____

Primary Dental Office: _____ City/State: _____

Has your child had their Physical Exam/Well-Child Check within the last 12 months? ☐ Yes ☐ No

If yes, date: _____ Where: _____

Has your child had a dental exam within the last 12 months? ☐ Yes ☐ No

If yes, date: _____ Where: _____

Has your child had a Developmental Screening done by your local school district? ☐ Yes ☐ No

If yes, date: _____ Where: _____

Is your child on a school IEP or IFSP? ☐ Yes ☐ No

If yes, date: _____ Where: _____

My child was born at ____ weeks. Any complications? ☐ Yes ☐ No

Does your child have a medical diagnosis? ☐ Yes ☐ No

If yes, diagnosis given: _____

Any concerns about your child that have not been professionally diagnosed or identified? ☐ Yes ☐ No

If yes, diagnosis given: _____

PARENT/GUARDIAN ACKNOWLEDGEMENT

1. I have received a copy of "Northwest Community Action Head Start Data Privacy Notice" ☐ Yes ☐ No
2. I understand by completing this application it does not guarantee my child will be accepted into the program. ☐ Yes ☐ No
3. I give permission for Head Start to release my child/children's application/information necessary to his/her local school district. ☐ Yes ☐ No

I certify under penalty and perjury that the above information is true and correct to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification from the program. I understand that this application is not complete until all documentation required is submitted, reviewed, and verified.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

FOR STAFF USE ONLY

Interviewing Staff Signature: _____ **Date:** ____/____/____

Type of Interview: ☐ In Person ☐ Phone, Why? _____ ☐ EHS to HS Application

Notes: _____

Number of Persons in Family _____ **Gross Annual Family Income \$** _____ **The Following**

documentation was used to verify family income/eligibility: W-2 ☐ Income Tax Form ☐ SNAP ☐ Paystubs

☐ No Income Form ☐ McKinney-Vento Form ☐ Other _____

Verifying Staff Signature _____ **Date:** ____/____/____

Northwest Community Action Head Start Privacy Notice

The Minnesota Government Data Practices Act seeks to protect the privacy of the individuals about whom government agencies, their subdivisions, and agencies under contract with them collect data. The Minnesota Government Data Practices Act also facilitates the release of information which is public. The information on this sheet applies to your current and future contacts with Northwest Community Action, whether the contact is in person, by mail, or by phone. This Act requires that whenever we ask you to provide us with private or confidential information about yourself or your child that you will be told:

- * The purpose and intended use of the data within this agency;
- * The legal requirements, if any, of providing information;
- * The consequences of providing or refusing to provide the information requested; and
- * The identity of other personas or agencies authorized by statute to receive the information.

Purpose of the data collected:

Details about the purposes of the information we collect from you are often listed on the forms you are asked to complete. The data we collect may be used for the following purposes:

- * Determine your eligibility for services provided by Northwest Community Action;
- * Provide effective care and treatment of medical/social/psychological problems;
- * Enable us to collect federal, state, and local funds for services and reimbursement;
- * Prepare statistical reports and evaluations;
- * Conduct program and financial audits; and
- * Collect reimbursement from other agencies or individuals for the services or assistance we provide you.

Legal requirements:

In most cases, you are not legally required to provide the information requested. If you are legally required, you will be informed of the law. If you do not provide information requested, you may not be able to determine your eligibility for services, and in some cases, providing you the services may be delayed.

When data is shared:

The information you provide will be shared with other employees or agencies ONLY when programs require access. The information will also be shared under the following circumstances:

- * To individuals, personas, agencies, institutions, or organizations you authorize sharing via a valid consent for release of information;
- * To court via a valid court order;
- * To administer federal and state funds or programs;
- * To appropriate law enforcement personnel who are acting in an investigation, prosecution, criminal or civil proceeding; and
- * To appropriate parties in an emergency.

By law, some other government and contractor agencies have access to certain information about you if they provide a service to this agency which requires access to your records. The type of data released and to whom, depends upon the program effected. Details about how the information will be shared may be provided on the forms you will be asked to complete. Additional information is also available from the staff person assisting you.

You have the right to know and have access to information maintained about you and your child. You also have the right to have this information explained to you.