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Description automatically generated 25-26 New Enrollment Application Received by:\_\_\_\_\_\_\_\_\_\_ & Date:\_\_\_\_\_\_\_\_\_

White Earth Head Start Programs P.O Box 418 - 35966 Eagle View Road White Earth, MN 56591 (218) 983-3285

Center Base Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Ojibwe Language Classroom (WE) Home Base Site: \_\_\_\_\_\_\_\_\_\_\_\_\_

Child (Must be 3 yrs old by Sept. 01):

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s DOB:\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_

First MI Last

Due Date (Pre-natal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male / Female Ethnicity: Hispanic or Latino: \_\_\_\_\_Yes or \_\_\_\_No

RACE: \_\_\_\_\_ Native American \_\_\_\_\_ African American/Black \_\_\_\_\_\_ Bi-racial \_\_\_\_\_\_ White \_\_\_\_\_\_ Asian \_\_\_\_\_ Hawaiian

Mailing

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Physical

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st Phone: (\_\_\_\_ \_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY INFORMATION: (Check one): 2nd Phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_Parent(s) \_\_\_\_\_\_\_Foster Parents (ICW) \_\_\_\_\_\_\_Relative/Guardians \_\_\_\_\_\_\_Parent Consent (Signed)

Documentation for FC/Relative-Guardianship: ICW Letter/ Court Document or HS Consent Form must be submitted with application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary: First MI Last Secondary: First MI Last

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_High School \_\_\_ GED \_\_\_\_\_Assoc Deg \_\_\_\_\_BA Degree \_\_\_\_High School \_\_\_\_GED \_\_\_\_\_Assoc Deg \_\_\_\_\_BA Degree

Highest Education Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest Education Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Status: Full time:\_\_\_\_\_\_\_\_ Part-time:\_\_\_\_\_\_\_\_\_\_ Employment Status: Full time:\_\_\_\_\_\_\_ Part-time:\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Unemployed \_\_\_\_\_Retired/Disabled \_\_\_\_Seasonal Work \_\_\_\_Unemployed \_\_\_\_\_Retired/Disabled \_\_\_\_Seasonal Work

|  |
| --- |
| Parent working: Yes \_\_\_\_ No\_\_\_\_\_ College/ Training: Yes\_\_\_\_ No\_\_\_\_\_ Child Care hours: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_  Name of Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Child lives with: \_\_\_\_\_\_Both parents \_\_\_\_\_Mother \_\_\_\_\_Father \_\_\_\_\_Relative/Guardian Language in Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a special need or disability? \_\_\_\_\_Yes \_\_\_\_\_No If yes, please indicate diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there an IEP or IFSP in place? \_\_\_\_\_No \_\_\_\_\_Yes: If yes, Name of Agency/School?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any concerns about your child’s development? If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Directions to home:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All others in the household not listed above:

Name: (First, MI, Last) Birthdate Race Sex Relationship to child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent Privacy Rights**

The purpose of the information we collect from you is listed below. Details about the purpose 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 purpose:

* Determine your eligibility for services provided by this agency.
* Provide effective care and treatment of medical, social, psychological problems.
* Enable us to collect federal, state and local funds for services
* Determine your ability to pay for medical treatment or other aides and services provided to you or to other people for whom you are responsible.
* Prepare statistical reports and evaluations.
* Conduct program and financial audits.
* Collect reimbursement from other agencies or individuals for services or assistance we give you.

**Legal Requirements**

In most cases, you are not legally required to provide the information requested. If you are legally required to supply the information requested, you will be informed of the law which requires it.

**Sharing Information**

The information you provide will be shared with other employees or agents of the statewide welfare system only when the programs require access.

The information will also be shared under the following consequences:

* To individuals, persons, agencies, institutions, or organizations you authorize sharing via a valid consent for release of information.
* To court via a court order.
* To administer federal funds or programs.
* To appropriate law enforcement personnel who are acting in an investigation, prosecution, criminal, or civil proceeding relating to administration of a program.
* 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 release and to who depends upon the program affected.

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.

I have read this explanation of my Privacy Rights and understand the purpose of giving the information and who is authorized to use it.

Parent/Guardian-Relative/FC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Eligibility Provision: Section 238 ~ Income Requirements

AIAN Head Start programs no longer have income requirements for eligibility and do not need to collect income information from families for the purposes of eligibility.

The new law specifies that AIAN programs have the discretion to consider eligibility for Head Start services regardless of income. The applies to both tribal and non-tribal children in the AIAN’s program service area.

The Selection Criteria will be utilized to enroll children in the service area who would benefit most from Head Start services.

As emphasized, a tribal program may use the selection criteria to give priority to children in families where a child, a family member, or a member of the same household is a member of an Indian tribe and would benefit from the Head Start program.

Check each item you receive:

\_\_\_\_\_ SNAP (Food Support) \_\_\_\_\_ MFIP/TANF \_\_\_\_\_ Medical Assistance \_\_\_\_\_ Minnesota Care \_\_\_\_\_ Child Care Assistance \_\_\_\_\_ WIC

\_\_\_\_\_ Private Health Insurance

\_\_\_\_\_ If yes, list policy name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Tribal Enrollment

My child a Minnesota Chippewa Tribe Enrollee? Yes\_\_\_\_\_ No\_\_\_\_\_ Enrollment # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, is a parent or grandparent of this child enrolled in Minnesota Chippewa Tribe?

Yes\_\_\_\_\_\_\_\_ Whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or No\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this child enrolled or a descendent of an enrolled member of another Tribe?

Yes\_\_\_\_\_\_\_\_ Whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or No\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_I need information on the process to get my child enrolled.

**Head Start Child/Family Questionnaire**

|  |
| --- |
| **Your child may be eligible for additional services through the federal McKinney-Vento Assistance Act, such as eligibility priority, which can be determined by completing this questionnaire.** |

1. Do you consider yourself with a fixed, regular or adequate residence/home? \_\_\_\_\_ Yes

If yes, go to the next page.

\_\_\_\_\_ No ***If your answer is “No”, please complete the information below.***

1. Where are you and your family currently staying? .

\_\_\_\_\_ Sharing the housing of another family (i.e., doubling up) due to loss of housing, economic

hardship or similar reason.

\_\_\_\_\_Living in a motel, hotel, trailer park, or campground because we cannot afford or find

affordable housing.

\_\_\_\_\_Staying in an emergency or transitional shelter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Living in a vehicle of any kind; in an abandoned building or substandard housing without

running water/electricity; or in a park, bus or train station.

1. Please check all that apply.

\_\_\_\_\_Child is living with an adult that is not a parent or legal guardian.

\_\_\_\_\_Child is awaiting foster care placement.

\_\_\_\_\_None of the Above. Child is my own child.

1. Please list the child(ren) who “lack a fixed, regular, and adequate nighttime residence.”

|  |  |  |
| --- | --- | --- |
| Name of Child(ren)  First Middle Last | Male/Female | Date of Birth |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The undersigned certifies that the information provided above is accurate.

**Print** Parent/Guardian Name/Adult Caring for Child **Signature**

Address (if available) City State Zip

***Head Start Use Only***

Head Start Official: Based on the information from the Intake interview with this family, I attest that to the best of my knowledge that the child is eligible for benefits under the McKinney-Vento Act.

**White Earth Head Start** **Programs**

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**PERMISSION FORM**

**Screenings/Exams**

All children in the White Earth Head Start Programs will undergo the following **MANDATED** screenings/exams or consultation so that the program may fully provide for the individual needs:

**Developmental**

**Speech and Language**

**Hearing and Vision**

**Dental**

**Health**

**Classroom observation**

**Mental health consultation services**

The White Earth Head Start Programs permission to complete the above screening/exam on my child

**Health records**

I give the White Earth Head Start Programs permission to share health records with the school system

**Field trips**

Head Start children participate in field trips and other special events. Your approval is needed for your child to participate on these field trips and/or events sponsored by our program.

**Newspaper articles**

Occasionally, the tribal paper and other local newspapers do feature stories on the children and their activities. We would like permission to have your child in these as the occasion arises.

**Video-taped/photographed**

The children are video-taped and photographed on various occasions. We would like your permission to have your child video-taped or photographed.

I request that my child not be photographed or video-taped:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**Other**

Children’s names are occasionally included in lists that are sent home for special occasions (i.e., Valentine’s Day) and other printed information. We would like permission to include your child’s name.

**I approve my child’s participation in the areas indicated on this permission form**

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy 1 – Child file

**Standard/Full Civil Rights Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [https://www.usda.gov/sites/default/files/documents/ad-3027.pdf](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usda.gov%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2Fad-3027.pdf&data=05%7C02%7CMary.Farley%40whiteearth-nsn.gov%7C7aa4b95a90014bcae63108dc28f3ec1d%7Cd407e64901a24a8393e288098820b6bf%7C0%7C0%7C638430275311343887%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=etcdN0%2F42c8nk7EZ7kMxC%2FF8XeAvVWN75hvHDYb1c1g%3D&reserved=0" \t "_top), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) **mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

(2) **fax:** (833) 256-1665 or (202) 690-7442; or

(3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.