



26-27 White Earth Head Start Programs Enrollment Application

White Earth Head Start Programs P.O Box 418 - 35966 Eagle View Road White Earth, MN 56591 (218) 935-6257

Received by: _____ on: _____ Intake Completed: _____ No _____ Yes, by: _____ on _____

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 (Court Doc) _____ 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
Birthdate _____ Race _____

Secondary: First MI Last
Birthdate _____ Race _____

____ High School ____ GED ____ Assoc Deg ____ BA Degree

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Employment Status:

Full time: _____ Part-time: _____ Temporary: _____

Employer: _____ Position: _____

Address: _____ Phone: _____

____ Unemployed ____ Retired/Disabled ____ Seasonal Work

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Full time: _____ Part-time: _____ Temporary: _____

Employer: _____ Position: _____

Address: _____ Phone: _____

____ 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 only ____ Father only ____ Relative/Guardian (document) Language in Home: _____

Does your child have a special need or disability? ____ No ____ Yes, **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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



White Earth Head Start Programs

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.

Please indicate each service 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 a Certification of Tribal Enrollment.

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.**

2. 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.

3. 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.

4. Please list the child(ren) who "lack a fixed, regular, and adequate nighttime residence."

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

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

****Please Note: This form must have an original parent/guardian signature. Thank you.****

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: _____
Parent/ Guardian 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: _____

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>, 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

This institution is an equal opportunity provider.