

Fond du Lac
Head Start Programs

1720 Big Lake Road
Cloquet, MN
218-878-8100 or Fax-878-8115

2019-2020 Application

Legal Name of Child:		Who does this child live with > 50% ?	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Child's Date of Birth:	Child's Age on 9/1/2019:	
Child's Home Address:		Was this child referred for services by Child Welfare Agency Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, what county?	
City:	State:	Zip:	County:
Name of Primary Caregiver:		Name of Secondary Caregiver:	
Relationship to Child:		Relationship to Child:	
Phone Number:		Phone Number:	
Additional Phone:		Additional Phone:	

What Program(s) Are You Interested In For This Child?

<input type="checkbox"/>	Early Head Start 7:45-3:15
<input type="checkbox"/>	Home Based Program

<input type="checkbox"/>	Head Start 7:45-2:00
--------------------------	-------------------------

****Child MUST be 3 by September 1st of 2019 to be eligible for Head Start (ages 3-5)****

What Is Your Child's Ethnicity? (check all that apply)

<input type="checkbox"/> Asian	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Bi-Racial/Multi-Racial
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> White	
Is Your Child Hispanic/Latino		<input type="checkbox"/> Yes <input type="checkbox"/> No

My Child Has Tribal Affiliation With: (list tribe)	Name of Person Enrolled:
Person Enrolled: <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent	Verified on: _____ By: _____
Birthdate of enrolled family member:	**OFFICE USE ONLY**

My Child Is Currently Receiving: (check all that apply)

<input type="checkbox"/>	Child Care Assistance	<input type="checkbox"/>	Supplemental Security Income (SSI)	<input type="checkbox"/>	WIC
<input type="checkbox"/>	MFIP- Cash Assistance	<input type="checkbox"/>	Food Stamps (SNAP)	<input type="checkbox"/>	Child Support

Application MUST be returned to the Head Start Office with Income Verification. Please bring one of the following documents when you return the application:

- Pay Stub
- Public Assistance ID Number
- W-2
- Tax Forms

CONTINUED ON BACK



Is this child currently receiving services for a disability? Yes No

Medical Physical Emotional Educational Special Needs

Other: _____

Do you have concerns about this child's development? Yes No

Speech Learning Health Physical Emotional

Psychological Behavioral Other: _____

How many people live in your household (including all adults and children)? _____

Is this child currently in Foster Care? Yes No If yes, what county? _____

Name of Social Worker? _____

My Household currently has NO INCOME: Yes **If yes, a No Income Form MUST be filled out**

My Household receives a Tribal Per-capita Payment: Yes No Amount: _____

Please check ALL that apply for your child. This information will only be used to assist us in determining enrollment priority along with income eligibility

<input type="checkbox"/>	Transitioning Student from Early Head Start to Head Start
<input type="checkbox"/>	Single Parent
<input type="checkbox"/>	Teen Parent
<input type="checkbox"/>	Parent/Guardian(s) in school
<input type="checkbox"/>	Parent/Guardian(s) has at least a part time job
<input type="checkbox"/>	Parent/Guardian(s) needs/wants high school diploma/GED
<input type="checkbox"/>	No prenatal care
<input type="checkbox"/>	Child with serious health issue
<input type="checkbox"/>	Child has history of neglect
<input type="checkbox"/>	Alcohol/drug abuse in child's family
<input type="checkbox"/>	Domestic violence history in child's family
<input type="checkbox"/>	Multiple families under one roof
<input type="checkbox"/>	Family caring for elder in home
<input type="checkbox"/>	Child has identified disability/special need/mental health issue
<input type="checkbox"/>	Family history of diabetes
<input type="checkbox"/>	Family member has identified special need/behavior/mental health issue
<input type="checkbox"/>	Child of Incarcerated Parent

Caregiver filling out application: _____
Signature

Date: _____

Please print name: _____

Staff Use Only:

Received by: _____	Date: _____
--------------------	-------------

