



Semcac Head Start

Main office: P.O. Box 549, Rushford MN 55971

Telephone toll free: 1-866-808-0260 Telephone: 507/864-7741 Fax #: 507/864-2440

1. **Please fill out the front and back page of the application (PRINT CLEARLY).** *Por favor llene la parte de enfrente y atrás de esta aplicación con manuscrita legible.*
2. **Sign and date the application.** *Firme y ponga la fecha en la aplicación.*
3. **Call your local County Contact Center and they will make an appointment with you to bring in your application/income verification and immunization record.** *Llame a la oficina de su condado y ellos harán una junta para que lleve su aplicación/ verificación de ingresos y su record de vacunas.*
4. **Completing an application is not a guarantee of acceptance into the program.** *Completando una aplicación no garantiza aceptación en el programa.*

Dodge County Contact Center
105 S Mantorville Ave
Kasson, MN 55944
Telephone#: 507/634-4350

Fillmore County Contact Center
515 Washington St NW, P.O. Box 5
Preston, MN 55965
Telephone#: 507/765-2761

Houston County Contact Center
138 E. Main Street
Caledonia, MN 55921
Telephone#: 507/725-3677

Mower County Contact Center
111 N. Main Street Suite 201
Austin, MN 55912
Telephone#: 507/433-5889

Steele County Contact Center
545 Dunnell Drive
Owatonna, MN 55060
Telephone#: 507/451-7134

Winona County Contact Center
420 E Sarnia St, Ste 1600
Winona, MN 55987
Telephone#: 507/452-8396

4 Star High Quality Program

For Pregnant Women and Children Birth to 5 years.
Serving families since 1967 in Dodge, Fillmore, Houston, Mower,
Steele & Winona Counties.

Every Child Deserves A Head Start.

Programa de Calidad de 4 Estrellas

Para las mujeres embarazadas y niños de nacimiento hasta los 5 años.
Hemos estado sirviendo a nuestras familias desde 1967 en los condados de
Dodge, Fillmore, Houston, Mower, Steele & Winona.

TODO NIÑO MERECE UN HEAD START

Program Options

Center-based Classroom setting, Monday-Thursday,
meals served.

Home-based (Houston, Fillmore, Mower, & Winona Counties). A
weekly home visit by an educator is complimented with
socialization events at a Center location, every 2 weeks.

Services to families expecting a child, and to children ages
0—3, are offered year-round. Pre-school age services run
September through May.

- Support for a healthy parent-child relationship.
- Quality learning activities that prepare your child for kindergarten starting as early as possible.
- Qualified staff to support your child's learning, including those with special needs.
- Medical, dental and nutrition services for the well-being of the child, promoting healthy living for the whole family.
- Support to strengthen your family and achieve your goals.
- Opportunities to volunteer and to be involved in program decisions.
- Centers with play areas that are clean, safe and well equipped.
- Opportunities to form friendships and build support systems.

Opciones del Programa

Basado en el Centro/ Salón- Dentro de un salón, lunes- jueves,
comidas proveídas

Basado en el Hogar- (Condado de Houston, Fillmore, Mower, &
Winona). Un programa semanal proveído por un educador y
complementado por un evento de socialización en un centro local,
cada 2 semanas.

Sirviendo a familias esperando un bebe, y a niños de 0-3 años de
edad, ofrecido todo el año. Niños en pre kínder serán servidos de
Septiembre a Mayo.

- Apoyo para una relación sana de padre e hijo.
- Actividades de aprendizaje de calidad preparan a su niño para el kínder empezando lo más pronto posible.
- Tenemos personal calificado para apoyar el aprendizaje de su hijo, incluyendo a aquellos que tienen necesidades especiales.
- Servicio medical, dental, y de nutrición para el bienestar de su hijo, promoviendo una vida sana para toda la familia.
- Apoyo para fortalecer a su familia y alcanzar sus metas.
- Oportunidades para ser voluntario y estar involucrado/a en decisiones del programa.
- Los centros están limpios, seguros, y bien equipados.
- Oportunidades y sistemas de apoyo serán formadas.

Semcac Data Privacy Notice

We collect personal information about the people we serve. This information is stored in our computer system.

Why?

- To determine your eligibility in our programs and suggest other programs you may be eligible for.
- So we can report the number of individuals our Agency has served and continue to receive funding for those services.
- So we can determine the services needed by individuals in our communities.

Certain information you provide about you and your household is considered private data as defined by the Minnesota Government Data Practices Act. We will use your private data only when it is required for administration and management of the programs that you seek. The persons or agencies with whom this information may be shared include:

- People who work for this agency will use it to help provide services to you and/or your household.
- Auditors or funders who have legal rights to review the work of this agency.
- Our Client Database System Administrators who assist us with our database systems support.
- Other Community Action Agencies who provide the same or similar programs.
- The law states we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- Law enforcement personnel in the case of suspected fraud, or if presented with a valid subpoena, warrant, or court order.
- Those persons who you authorize to see it.

Your Rights

- You have the right to see and obtain copies of the data maintained on you. (Unless we cannot give it because of certain legal proceedings.)
- You have the right to be told the contents and meaning of the data.
- You have the right to challenge the accuracy and completeness of the data.

To exercise these rights, contact, (in writing): Semcac, Attn: Executive Director, PO Box 549, Rushford, MN 55971

Notificación de Privacidad de Datos de Semcac

Nosotros colectamos información personal de las personas que servimos. Esta información es guardada en nuestro sistema de computación.

¿Porque?

- Para determinar su elegibilidad a nuestro programa y sugerir programas a los cuales puede calificar.
- Para poder reportar la cantidad de individuos que nuestra Agencia ha servido y continuar a recibir fondos para nuestros servicios.
- Para poder determinar los servicios necesitados por individuos en nuestras comunidades.

Cierta información que usted nos da es considerada privada de acuerdo al Minnesota Governmenta Data Practices Act (Acto de Practica de Datos del Gobierno de Minnesota). Usaremos su información solamente cuando es requerida por la administración de nuestros programas que usted está solicitando. Las personas y agencias a quienes se les puede dar esta información incluye:

- Personas que trabajan con la agencia usara esta información para darle los servicios que necesite.
- Fundadores que tienen el derecho legal de revisar el trabajo de la agencia.
- Administradores del Estado que nos ayuda con asistencia técnica.
- Otras agencias de acción que ofrecen programas similares.

El estado requiere que tenemos que reportar abuso físico y sexual hacia los niños y adultos vulnerables. Si nosotros pensamos que hay abuso o negligencia en el hogar, lo reportaremos a servicios humanos.

- Trabajadores del estado si hay sospecho de fraude, o como sea pedido por ley.
- Las personas que usted autoriza a ver esta información.

Sus derechos

- Usted tiene el derecho de ver y obtener una copia de la información que tenemos sobre usted. (Solamente que no se la podamos dar porque hay un procedimiento legal)
- Tiene el derecho de saber el contenido y significado de los datos.
- Usted tiene el derecho a poner una petición para obtener la información adecuada y completa.

Para practicar estos derechos, comuníquese, (por escrito): Semcac, Attn: Executive Director, PO BOX 549, Rushford, MN 55971.



Sencac HEAD START/EARLY HEAD START APPLICATION 2021-2022 Program Year

This Institution is an Equal Opportunity Provider

P.O. Box 549, Rushford MN 55971 Toll Free#: 1-866-808-0260 Telephone#: 507/864-7741 Fax #: 507/864-2440

Family Information											
Living Address:						Mailing address (if different):					
City:				State:		Zip Code:			County:		
Phone Number		Home ()		-		Cell ()		-			
Work Phone		Mom ()		-		Dad ()		-			
Text Message (Data/message rates may apply) May we text you? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Text ()		-									
Message (friend/relative)		Phone ()		-		Name:					
E-Mail Address											
Primary Language (Home)						Interpreter needed: <input type="checkbox"/> Adult <input type="checkbox"/> Child					
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Single living with Partner											
Do any of the Applicants have an IEP or IFSP?						If so, list names (attach copy):					
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Do any of the Applicants receive WIC?						If so, list names:					
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Do any of the Applicants have a chronic health problem?						If so, list names and the health problem:					
<input type="checkbox"/> Yes <input type="checkbox"/> No											

Fill out the information below for EACH PERSON LIVING IN YOUR HOUSE.

RACE---ENTER NUMBER CODE: 1=American Indian/ Alaska Native 2=Asian 3=Black African American 4=Multi-Racial/Biracial
5=Native Hawaiian/Other Pacific Islander 6=Other 7=Unspecified 8=White

RELATIONSHIP TO MOTHER/GUARDIAN /FATHER---ENTER NUMBER CODE:

1=Self 2=Spouse 3=Birth Child 4=Step Child 5=Foster Child 6=Adopted Child 7=Other Relative 8=Legal Guardian 9=Not Related

PREFERENCE: M=Morning class A=Afternoon class 7hr = *Austin, Owatonna, Winona ONLY (Parent(s) working or going to school)

PROGRAM OPTIONS: HB/EHS=Home Based/Early Head Start T/EHS=Toddler (24-33 months) HS=Head Start

First Name	Last Name	Birthdate	Sex	Race	Ethnicity (Circle one)	Relationship to Mother/ Guardian (code above)	Relationship to Father/ Guardian (code above)	Applicants ONLY							
								Preference (circle one)			Program Options (circle program choice)			Due Date: _____	
1. Mother/ Guardian		/ /	M F		Hispanic Non Hispanic										
2. Father/Guardian		/ /	M F		Hispanic Non Hispanic										
3.		/ /	M F		Hispanic Non Hispanic			M	A	7hr	HB EHS	T EHS	HS		
4.		/ /	M F		Hispanic Non Hispanic			M	A	7hr	HB EHS	T EHS	HS		
5.		/ /	M F		Hispanic Non Hispanic			M	A	7hr	HB EHS	T EHS	HS		
6.		/ /	M F		Hispanic Non Hispanic			M	A	7hr	HB EHS	T EHS	HS		

Employment Status Mother/Guardian:
 Full-time (35 hrs./week or more) Part-Time (under 35 hrs./week) Seasonal Retired/Disabled Training or School Unemployed

Employment Status Father/Guardian:
 Full-time (35 hrs./week or more) Part-Time (under 35 hrs./week) Seasonal Retired/Disabled Training or School Unemployed

Highest level of Education for Mother/Guardian: Less than High School Graduate An Associated Degree, Vocational School, or some College
 A High School Graduate or GED An Advanced Degree or Baccalaureate Degree

Highest level of Education for Father/Guardian: Less than High School Graduate An Associated Degree, Vocational School, or some College
 A High School Graduate or GED An Advanced Degree or Baccalaureate Degree

Mother/ Guardian	Active Duty US Military <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Housing Arrangements <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Other Veteran US Military <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Type (check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Minnesota Care <input type="checkbox"/> Private <input type="checkbox"/> None
Father/ Guardian	Active Duty US Military <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Housing Arrangements <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Other Veteran US Military <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Type (check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Minnesota Care <input type="checkbox"/> Private <input type="checkbox"/> None

Are any of the applicants listed CURRENTLY enrolled in EHS? Yes No
 If yes, name/where _____

Please mark any Special Considerations listed below that pertain to your family		
<input type="checkbox"/>	Homeless (Questionnaire attached)	<input type="checkbox"/>
<input type="checkbox"/>	Current Teen parent	<input type="checkbox"/>
<input type="checkbox"/>	Incarcerated Parent	<input type="checkbox"/>
<input type="checkbox"/>	Family with 3 or more children <u>under</u> the age of 5	<input type="checkbox"/>
<input type="checkbox"/>	Parent has a documented disability or mental health diagnosis	<input type="checkbox"/>
<input type="checkbox"/>	No caregiver present because parent(s) working and/or in job training/education for 6 hours or more per day	<input type="checkbox"/>
<input type="checkbox"/>	Over income returning child	<input type="checkbox"/>
<input type="checkbox"/>	Current or history of drug/alcohol abuse	<input type="checkbox"/>
		Foster care
		First time parent
		Death of child's parent or sibling
		Child does not reside with biological parent(s). instead relative/friend (Not Foster Care)
		Documented public school, community agency or health professional referral
		Family previously enrolled in the program
		Current or history of domestic violence
		Refugee camp – within last 5 years.

VERIFICATION OF FAMILY INCOME **TOTAL GROSS INCOME** _____
All income MUST be for the same 12-month time period.
 I have provided the following document(s) to verify my family income:
 Pay Stubs (12 Months) Form 1040 (Previous Year) TANF/MFIP (**must show currently on**)
 W-2(s) (Previous Year) Court Documents: Foster Child SSI for a Disability (**must show currently on**)
 Child Support (Previous Year) Unemployment Benefits Homeless/McKinney-Vento Act Questionnaire
 Income Self Declaration
 Request for Income Verification, submitted to employer/agency. **The checked forms are attached:** Yes No

FAMILY
 For the purposes of eligibility, *Family*, for a child, means all persons living in the same household who are:
 (1) Supported by the child's parent(s) or guardian(s)' income; and
 (2) Related to the child's parent(s) or guardian(s) by blood, marriage or adoption; or
 (3) The child's authorized caregiver or legally responsible party.
Family, for a pregnant woman, means all persons who financially support the pregnant woman.

Who referred you or how did you learn about our program? (Mark all that apply.)

<input type="checkbox"/> Child Care Program	<input type="checkbox"/> Social or Human Service Agency	<input type="checkbox"/> Adult Basic Education or other Adult Literacy Program
<input type="checkbox"/> Early Childhood Screening	<input type="checkbox"/> Family or Friend	<input type="checkbox"/> Early Childhood Special Education
<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Parent(s) or sibling(s) previously participated in program
<input type="checkbox"/> Semcac website	<input type="checkbox"/> Brochure or poster	<input type="checkbox"/> Other _____

Thank you for this information. It helps in our recruitment efforts to reach families most in need.

1. I have received a copy of "Semcac Data Privacy Notice". Yes No
2. I give permission for Head Start to release my child/children's name, parent(s) name, phone number and address to his/her local school district and to Release Obtain preschool screening records (child/children's Name) _____ Yes No
3. I understand by completing this application it does not guarantee my child will be accepted into the program. Yes No
4. A copy of the applying child /children's Immunization record is attached. Yes No
5. If you are not eligible for Head Start may we share your application with other Childcare Programs in our area that you may qualify for? Yes No

The information provided is accurate and true. I give Semcac Head Start permission to verify all of the above information. I further understand that Head Start is a service paid for with federal and state funds and providing inaccurate, misleading, or untruthful information could have serious legal consequences for me.

Parent/Guardian Signature _____ **Date** _____
 If signer is not biological mother or father, **attach completed Delegation of Powers by Parent form.**

I have reviewed the above application and verified the Family's Income.

Staff Signature _____ **Date** _____