



218-999-0814

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Headstartadmin@kootasca.org



822 NE 5th Ave
Grand Rapids, MN 55744



www.kootasca.org

KOOTASCA Head Start

Proudly Serving Communities: Greenway / Deer River / Grand Rapids / Northome / International Falls

Office Use Only: Date App Rec'd _____ Staff Initials Rec'd _____ Age as of Sept 1st _____ yrs _____ mo

Revised 09/05/2024

Child (Applicant) Information

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Birthdate: _____ Gender: Male Female US Citizen: Yes No Hispanic Ethnicity: Yes No

Race:

- White American Indian or Alaska Native Black or African American
- Asian Multi-racial/Biracial Native Hawaiian/Other Pacific Islander

Child Language: English Other: _____

Disability: Yes No Does child have an IEP/IFSP: Yes No

Does child receive mental health services: Yes No

Child Concerns:

- Speech/Language Development Concerns Separation Anxiety
- Behavior Premature/Low Birth Weight Birth Defects/Chronic Illness
- High Risk Pregnancy Medical _____ Allergies _____
- Other _____

Parent/Guardian Information

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Birthdate: _____ Gender: Male Female Email Address: _____

Mobile Phone: _____ Other Phone: _____ Receive Text Messages: Yes No

Hispanic Ethnicity: Yes No

Race:

- White American Indian or Alaska Native Black or African American
- Asian Multi-racial/Biracial Native Hawaiian/Other Pacific Islander

US Citizen: Yes No Disability: Yes No Vet Status: Yes No Active Duty

Marital Status:

- Single Married Separated Widowed
- Divorced Living Together Never Married

Highest Grade Completed:

- If less than high school diploma, highest grade completed _____ High School Graduate/GED Some College/Advance Training
- Bachelor's Degree Trade School/Training Cert. Associate's Degree
- _____ Master's Degree Currently enrolled in higher education

Employment Status:

- Full Time, Avg Wkly Hrs _____ Part-Time, Avg Wkly Hrs _____ Seasonally Employed
- Unemployed, Seeking Employment Unemployed, Not Seeking Employment Retired or Disabled

Relationship to Child: Mom Dad Foster Legal Guardian Other Relative _____

Household Information

Household Address: _____ PO Box: _____

Household Type: One Parent Two Parent Foster Grandparent Non-Custodial Caregiver

Household Size: _____ Number of members in the household dependent upon the income submitted with application.

Housing Type: Own Rent Homeless Shelter Living with Extended Family

Household Language: English Other: _____

Household Concerns:

- Chronic illness Adult Disability Recent Divorce/Loss
- Incarceration Transportation Unemployment
- Teen Parent Parent absent for extended period History of chemical or other abuse
- Homeless/Transitional/Living with extended family Other _____

Additional Household Parent/Guardian Information

First Name: _____ **Middle Name:** _____ **Last Name:** _____ **Suffix:** _____
Birthdate: _____ **Gender:** Male Female **Email Address:** _____
Mobile Phone: _____ **Other Phone:** _____ **Receive Text Messages:** Yes No

Hispanic Ethnicity: Yes No

Race:
 White American Indian or Alaska Native Black or African American
 Asian Multi-racial/Biracial Native Hawaiian/Other Pacific Islander

US Citizen: Yes No **Disability:** Yes No **Vet Status:** Yes No Active Duty

Marital Status:
 Single Married Separated Widowed
 Divorced Living Together Never Married

Highest Grade Completed:
 If less than high school diploma, highest grade completed _____
 Bachelor's Degree High School Graduate/GED Trade School/Training Cert. Master's Degree Some College/Advance Training Associate's Degree Currently enrolled in higher education

Employment Status:
 Full Time, Avg Wkly Hrs _____ Part-Time, Avg Wkly Hrs _____ Seasonally Employed
 Unemployed, Seeking Employment Unemployed, Not Seeking Employment Retired or Disabled

Relationship to Child: Mom Dad Foster Legal Guardian Other Relative _____

Additional Household Member Information

First Name: _____ **Middle Name:** _____ **Last Name:** _____ **Suffix:** _____
Birthdate: _____ **Gender:** Male Female

Hispanic Ethnicity: Yes No

Race:
 White American Indian or Alaska Native Black or African American
 Asian Multi-racial/Biracial Native Hawaiian/Other Pacific Islander

Relationship to Child: Mom Dad Foster Sibling Legal Guardian Sibling Other _____

Additional Household Member Information

First Name: _____ **Middle Name:** _____ **Last Name:** _____ **Suffix:** _____
Birthdate: _____ **Gender:** Male Female

Hispanic Ethnicity: Yes No

Race:
 White American Indian or Alaska Native Black or African American
 Asian Multi-racial/Biracial Native Hawaiian/Other Pacific Islander

Relationship to Child: Mom Dad Foster Sibling Legal Guardian Sibling Other _____

Additional Household Member Information

First Name: _____ **Middle Name:** _____ **Last Name:** _____ **Suffix:** _____
Birthdate: _____ **Gender:** Male Female

Hispanic Ethnicity: Yes No

Race:
 White American Indian or Alaska Native Black or African American
 Asian Multi-racial/Biracial Native Hawaiian/Other Pacific Islander

Relationship to Child: Mom Dad Foster Sibling Legal Guardian Sibling Other _____

Tennesen Warning

Your Privacy Rights

This sheet tells you about your rights under the Minnesota Government Data Practices Act (“the Act”). This Act protects your privacy, but also lets us give information about you to others if a law requires it AND we tell you before we do it. The information below tells why and when we will ask for and give information about you. Under the Act, information about individuals is divided into four categories.

What kind of information do we collect?

- Public Information: Information about you that is available to anyone.
- Private Data: Information about you that can be shared only if you give us your permission or if a law allows or requires us to share the information.
- Confidential Information: Information about you that cannot be shared about you.
- Summary Information: Information about you that does NOT identify you personally, which may be shared with others, generally for reporting purposes.

Generally, we only ask for two types of information from you, public and private information. We use summary information for reports, but it does not identify you or anyone else by name or other identifying information.

Why did we ask you for this information?

We ask this information so we can:

- Enroll your child in an Early Childhood Education Program.
- Tell you apart from other persons with the same or similar name.
- Decide if you can receive services from us, and what or how much you can receive.
- Help you obtain financial or social services from other agencies or companies.
- Make reports, do research, audit and evaluate our programs.
- Collect money from the government for the help we give you.

Do you have to answer the questions we ask? What will happen if you do not answer the questions we ask?

Generally, you do not have to give us information. However, if you do not provide us with the information, we may not be able to determine whether we can help you or get help for you from other agencies.

Who else may see this information?

A third-party entity will evaluate the effectiveness of the ECE Scholarships program for the Minnesota Department of Education. That entity is bound by Minnesota’s data practices and privacy laws and may not share your data with any other private entities but will share its evaluation with the Minnesota Department of Education. We may also give the data you have provided to the Legislative Auditor, the Minnesota Department of Human Services and any law enforcement agency or other agency with the legal authority to access the information, and anyone authorized by a court order.

How else may this information be used?

We can use or release this information only as stated in this notice unless you give us your written permission to release the information for another purpose or to release it to another individual or entity. The information may also be used for another purpose should the United States Congress or the Minnesota Legislature pass a law allowing or requiring us to release the information or to use it for another purpose.

You have the right to copy the information we have about you.

- You may ask if we have any information about you.
- If we have information about you, you may ask for copies. You may give other people permission to see and have copies of private data about you.
- If you do not understand the information, you may ask to have it explained to you.
- You may ask for and receive a copy of the agency’s data practices policy.

How long will my data be kept?

Your data will be stored according to State and Federal Guidelines.

How do you appeal if you think information is not accurate or complete?

Call the Invest Early Project 218-327-5850. Your objection may also be in writing and sent to 601 SW 7th St, Grand Rapids, MN 55744. If applying strictly for Head Start call the KOOTASCA office at 218-999-0814. Your objection may also be in writing and sent to 201 NW 4th Street; Suite 130, Grand Rapids, MN 55744. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency.

If you have any questions about the information on this form, please call the Early Childhood Education Program listed above.

Income Verification

Check all that apply and provide proof of either A through D; or applicable items E through K.

- A. Public Assistance (MFIP/TANF/SNAP) – provide county printout.
- B. Foster Care – provide placement letter.
- C. Supplemental Security Income (SSI) – provide award letter.
- D. Experiencing Homelessness within the past 12 months – provide a personal, written letter that is signed and dated.

OR

- E. 2023 Income Tax Form (1-page showing adjusted gross income, OR W-2).
- F. Pay Stub copies – provide for last 3 months.
- G. Unemployment Statement.
- H. Child Support / Spousal Support / College Scholarship or Grants – provide documentation.
- I. Pension / Veteran’s Benefits / Private Disability / Social Security (other than SSI) – provide Award Letter.
- J. Self-Employment - provide documentation.
- K. No Financial Resources – if there are no financial resources, please explain, sign and date below.

Parent /Guardian 1 explanation of no income: _____

Signature: _____ **Date:** _____

Parent /Guardian 2 explanation of no income: _____

Signature: _____ **Date:** _____

Office Only Interview Notes:

If your child receives a slot in our program a current well child exam, dental exam, birth certificate and early childhood screening will be required.

If your child hasn’t participated in Early Childhood Screening and is over 3 years old, please call to make an appointment:

- ISD 316 / Greenway 218-245-6237
- ISD 317 / Deer River 218-246-8860; x 60412
- ISD 318 / Grand Rapids 218-327-5730
- ISD 319 / Nashwauk-Keewatin 218-885-1280; 51154
- ISD 361 / International Falls 218-283-2571; x178
- ISD 363 / Northome 218-897-5275; x156

Upon request, this information will be made available in alternate formats. KOOTASCA Community Action Inc. and the Invest Early Project are both Equal Opportunity Providers and Employers.

Review and Signature Required

By signing below, you agree and verify all the following:

1. I verify that I am the parent or legal guardian, all information on this application is true, and the incomes of all adult household members are reported. I understand that if false information is given, my child/children may lose programming and I may need to reimburse the program for funds already paid.
2. I agree that I have read and understand the Tennessee Warning.

Parent / Guardian Signature: _____ **Date:** _____

*Thank you for your interest in our Early Childhood Programs.
Completing your application does not mean you have been accepted into any of these programs.*