



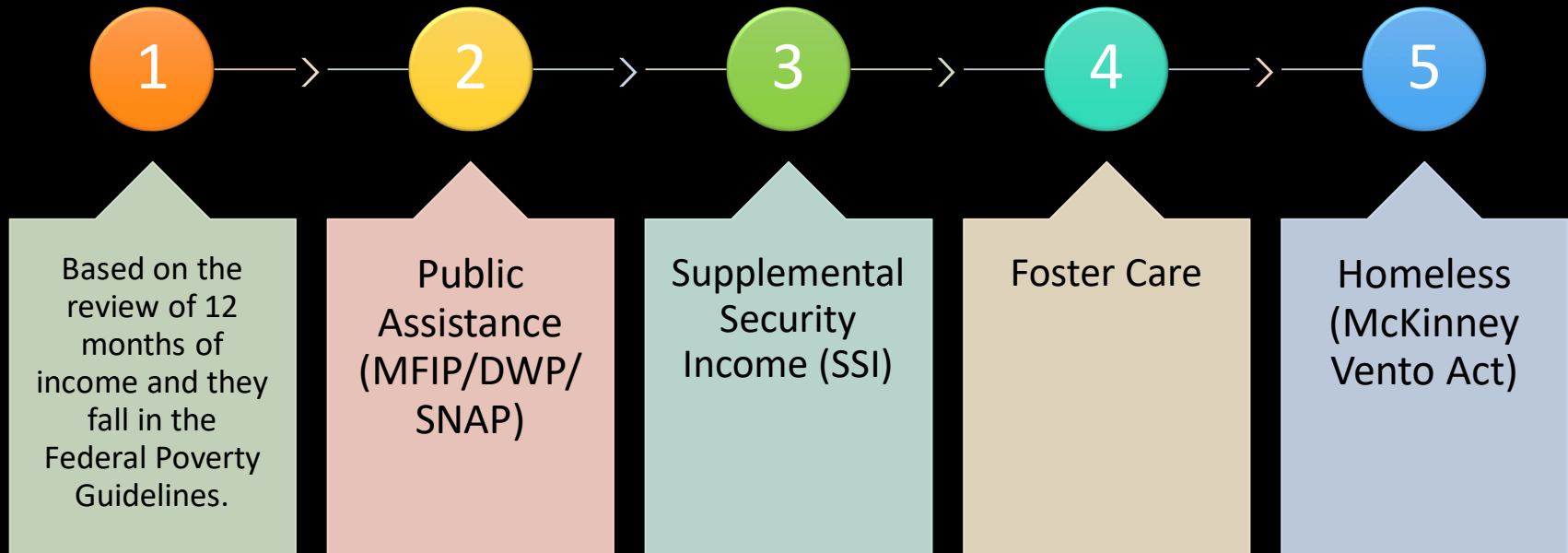
This Institution is an Equal Opportunity Provider

ERSE TRAINING 2023-2024

TOPICS COVERED

- Documentation needed to determine Eligibility
- Who is Automatically Eligible?
- Reminders when taking Applications
- Treating Families with Dignity and Respect
- Policy 5
- Head Start Application and supporting forms
- Determining Returning Children and Income Eligible or Over Income Status
- Documentation of Enrollment Criteria
- Recruitment Strategies and Suggestions
- Timeline

FAMILIES ARE CONSIDERED ELIGIBLE IF THEY FALL INTO ONE OF THE FIVE CATEGORIES



DOCUMENTATION NEEDED TO DETERMINE ELIGIBILITY

- **W-2/Taxes from preceding year**

- Income verification for a year, for the preceding tax year (1/01/2022—12/31/2023) W2's or 1040 tax form.
- If both parents are not listed on the taxes you must get income for the parent not listed (if both parents are together).

- **Pay Stubs/Self Declaration of Income**

- If the preceding tax year does not give a true picture of their income, we can take the preceding 12 months from time of application (the change would have to be significant, example: they currently are with a different employer and they took a big decrease in pay, or if they have lost their job and have not worked for a while).

- **Child Support**

- Also considered income. Make sure to ask questions regarding the family makeup (example: are these your children together?, if there is a child in the family with a different last name—ask).
- Child support should be a print out from the county.
- If they do not receive child support they can fill out the *No Child Support Declaration*.
 - For the same 12 months that you are receiving income for.

- **Unemployment**

- Also considered income so be sure to ask if they receive.

*****All income MUST BE from the same, 12 consecutive months, time period
(parent/guardian income/child support)*****

DOCUMENTATION NEEDED TO DETERMINE ELIGIBILITY, CONT.

- **MFIP, SNAP, and SSI (Supplemental Security Income)**
 - Documentation must show they are currently receiving it. If they have current documentation you do not have to collect any other income documentation because they are automatically eligible.
- **Foster Care**
 - We need official court documentation showing that the child is in foster care, or proof of foster care payment. We would not need any other income documentation because they are automatically eligible.
- **Homeless**
 - Please fill out the *Family Residency Questionnaire*. The determination will be made in the office. There is space on the back of the questionnaire to share any information that you feel is relevant, the more information provided the more accurate that determination will be.

DETERMINING A FAMILY'S HOMELESS SITUATION

- Please complete the following, Module 4 from ECLKC, to assist you in determining whether the Family Residency Questionnaire is needed or not with a families application.

<https://eclkc.ohs.acf.hhs.gov/family-support-well-being/learning-module/module-4-determining-familys-homeless-situation>

- There are a series of 8 Modules for Supporting Children and Families Experiencing Homelessness if you are interested.

**** Once you complete this module please send ERSEA Coordinator your certificate ****

REMEMBER

- If a parent/guardian is working under a different name so their W2 is not under their name they must complete the *Self Income Declaration* form and attach the W2 to it.
- A full 12 months of income is needed! Any child support collected should match the same 12 month timeframe as the income collected.
- If a parent/guardian does not work they must complete the *No Income Declaration* form. Also fill out the bottom section explaining why.
- When making copies of income documents make sure you do not cut the names or year off of the copy.
- Step-parents are related by marriage so we do need to collect income documentation on them.
- Sometimes in families of different cultures the members all have different last names so be sure to ask questions so you can determine the biological children. Make sure the relationship section of the application is complete!
- Pregnant women count as two in the family count, only when they are the one applying for EHS.

ASK QUESTIONS, ASK QUESTIONS, ASK QUESTIONS!

TREATING FAMILIES WITH DIGNITY AND RESPECT

30 Tips of Dignity & Respect

Practice the Tips!

Sometimes it's the smallest things that have the biggest impact. By practicing one of the 30 Tips of Dignity & Respect every day, each of us can make our world a better place for ALL to live—with ALL of our differences.

TIP 1 Start with you. Reflect on how you see others, and how others see you.	TIP 2 Sweat the small stuff. It's often the small things, such as being kind and courteous, that make a difference.	TIP 3 Smile. A smile can be contagious.	TIP 4 Say "Hello." You could make someone's day.	TIP 5 Say "Thank you." Gratitude is a gift that's never too small to give.	TIP 6 Treat others the way they want to be treated. Find out what respect means to others.
TIP 7 Build cultural awareness. Differences are barriers only if we allow them to be.	TIP 8 Make a new friend. Start a conversation and learn something new.	TIP 9 Demonstrate mutual respect. Inclusion means being respectful regardless of position or title.	TIP 10 Ask. It's ok to ask when you're not sure.	TIP 11 Find common ground. Discover what you have in common.	TIP 12 Communicate respectfully. It's not just what you say, but how you say it.
TIP 13 Practice patience. Take the time to get the full story.	TIP 14 Seek understanding. It's better to not fully understand than to fully misunderstand.	TIP 15 Share your point of view. Everyone has a perspective. Let others benefit from yours.	TIP 16 Get someone else's point of view. After sharing your perspective, give others a chance to share theirs.	TIP 17 Reinvent the wheel. Do something that hasn't already been done.	TIP 18 Be open. Try to experience new thoughts and ideas as learning opportunities.
TIP 19 Be flexible. Things don't always go as planned. Adapt to changing conditions when necessary.	TIP 20 Join the team. Do your part to support teamwork.	TIP 21 Be a relationship builder. Seek ways to expand your network.	TIP 22 Build trust. Be fair. Limit bias and favoritism.	TIP 23 Lead the way. Let your inclusive behavior light a path for others.	TIP 24 Listen. People feel respected when they know you're listening to their point of view.
TIP 25 Remember, we all make mistakes. Resist the urge to point out the ones others make.	TIP 26 Do the right thing. Make a difference. Get caught being good.	TIP 27 Become a mentor. You—yes, you—can help others realize their potential.	TIP 28 Lend a hand. A little help can go a long way.	TIP 29 Live a healthy life. Do something good for your mind, body, & soul. Encourage others to join you.	TIP 30 Be a champion of dignity and respect. Demonstrate respect for self, others, and your community.

SEMCAC PERSONNEL POLICY - POLICY 5

MISCONDUCT/DISHONESTY/FRAUD

5.1 Policy Statement

- Semcac is committed to the deterrence and investigation of suspected misconduct and dishonesty by an employee and/or others and to provide specific instructions as to the appropriate action in case of suspected violations.
- Semcac strictly prohibits all acts of misconduct, dishonesty, and fraud, as well as any other illegal activities by employees and anyone else responsible for carrying out the organization's activities.
- Semcac's goal is to establish and maintain a business environment of fairness, ethics and honesty for our employees, clients, vendors and the communities we serve. To maintain such an environment requires the active assistance of every employee.
- Semcac will create an environment that encourages and enables all employees and others to freely voice their concerns without any fear of reprisal when there is any known or perceived misconduct, dishonesty, fraud occurring within the Agency.
- The discovery, reporting and documentation of inappropriate acts provides a sound foundation for taking disciplinary action against offenders, up to and including, dismissal where appropriate, and referral to law enforcement agencies when warranted, and the recovery of assets.

5.2 Definition

- Semcac's definition of misconduct and dishonesty includes, but is not limited to, the following:
 - Acts which violate the Organizational Code of Conduct;
 - Theft or other misappropriation of assets;
 - Intentional misstatement of Agency records;
 - Wrongdoing;
 - Forgery or other alteration of documents;
 - Fraud and other unlawful acts; and
 - Any similar acts.

POLICY 5 CONT.

5.3 Procedures

- An employee should report immediately report suspected misconduct or dishonesty through communication channels, to include the Human Resources Director.
 - If an allegation is made against a supervisor, department director or the Executive Director, the employee should immediately contact the Human Resources Director.
 - If an allegation is made against the Human Resources Director, the employee should immediately contact the Executive Director. The employee's last recourse is to report directly to the Executive Committee of the Board of Directors.
- If the employee deems it necessary, violations or suspected violations may be submitted on a confidential basis by the employee. Suspected violations can be reported to the Human Resources Director by telephone, e-mail, typed or written document, and in person. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

5.4 Non-retaliation

- No employee who in good faith reports a violation of the Organizational Code of Conduct shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline including termination of employment.



This Institution is an Equal Opportunity Provider

APPLICATION FORMS FOR 2023-2024

2022-23 HEAD START/EARLY HEAD START APPLICATION PG. 1



This Institution is an Equal Opportunity Provider

Semcac HEAD START/EARLY HEAD START APPLICATION 2023-2024 Program Year

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? <input type="checkbox"/> Yes <input type="checkbox"/> No					If so, list names (attach copy):				
Do any of the Applicants receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No					If so, list names:				
Do any of the Applicants have a chronic health problem? <input type="checkbox"/> Yes <input type="checkbox"/> No					If so, list names and the health problem:				
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)	Applicant: ONLY	
1. Mother/Guardian		/ /	M F		Hispanic Non Hispanic			Preference (circle one)	Program Options (circle program choice)
2. Father/Guardian		/ /	M F		Hispanic Non Hispanic				Due Date:
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: <input type="checkbox"/> Full-time (35 hrs./week or more) <input type="checkbox"/> Part-Time (under 35 hrs./week) <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed									
Employment Status Father/Guardian: <input type="checkbox"/> Full-time (35 hrs./week or more) <input type="checkbox"/> Part-Time (under 35 hrs./week) <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed									
Highest level of Education for Mother/Guardian: <input type="checkbox"/> Less than High School Graduate <input type="checkbox"/> An Associated Degree, Vocational School, or some College <input type="checkbox"/> A High School Graduate or GED <input type="checkbox"/> An Advanced Degree or Baccalaureate Degree									
Highest level of Education for Father/Guardian: <input type="checkbox"/> Less than High School Graduate <input type="checkbox"/> An Associated Degree, Vocational School, or some College <input type="checkbox"/> A High School Graduate or GED <input type="checkbox"/> 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								

- **ALL sections** of the Application must be completed.
- **Make sure the Text Number is filled out and an email address is added. That is how we notify of enrollment status.**
- Full day classes in Austin, Owatonna and Winona are 7 hours long. Preference is still given to those parents working or going to school. Make sure to check Special Consideration: 'No Caregiver present.....' on second page!
- Don't forget we need Immunization Records to verify child's Date of Birth. Also acceptable, are Birth Records/Certificate, or Medical Records which show Date of Birth.
- Immunization Record, for a Pregnant Women applying, is not required. However we do need her most recent prenatal exam with the application.
- If a mistake is made on the application DO NOT white it out. Cross it off and initial or start over.

2022-23 HEAD START/EARLY HEAD START APPLICATION PG. 2

Are any of the applicants listed CURRENTLY enrolled in EHS? <input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Foster care
<input type="checkbox"/> Current Teen parent	<input type="checkbox"/> First time parent
<input type="checkbox"/> Incarcerated Parent	<input type="checkbox"/> Death of child's parent or sibling
<input type="checkbox"/> Family with 3 or more children <u>under</u> the age of 5	<input type="checkbox"/> Child does not reside with biological parent(s). instead relative/friend (Not Foster Care)
<input type="checkbox"/> Parent has a documented disability or mental health diagnosis	<input type="checkbox"/> Documented public school, community agency or health professional referral
<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"/> Family previously enrolled in the program
<input type="checkbox"/> Over income returning child	<input type="checkbox"/> Current or history of domestic violence
<input type="checkbox"/> Current or history of drug/alcohol abuse	<input type="checkbox"/> Refugee camp – within last 5 years.

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

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.

- I have received a copy of "Semcac Data Privacy Notice". ☐ Yes ☐ No
- 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)
- I understand by completing this application it does not guarantee my child will be accepted into the program. ☐ Yes ☐ No
- A copy of the applying child /children's Immunization record is attached. ☐ Yes ☐ No
- 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 _____

• I have added SNAP as an option under Verification of Family Income

***Don't forget to sign every Application!**



Semcac Head Start
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INCOME SELF DECLARATION



Applicant's Name _____ Site _____

NO INCOME DECLARATION

I _____ declare that I have no income from an employment source for _____
(Applicant's Name) (number)
month(s). This period is from _____ to _____
(Month/Date/Year) (Month/Date/Year)

NO CHILD SUPPORT DECLARATION

I _____ declare that I have received no child support for _____ months.
(Applicant's Name) (number)
This period is from _____ to _____
(Month/Date/Year) (Month/Date/Year)
Child support is for _____, _____, _____, _____
Child's Name Child's Name Child's Name Child's Name

SELF INCOME DECLARATION

I _____ have self declared income of \$ _____ for _____
(Applicant's Name) (number)
month(s). This period is from _____ to _____
(Month/Date/Year) (Month/Date/Year)

If the family has No Income at all, please give a brief summary of living situation:

I certify that this information is true and correct. If any part is false, I understand that my child's participation in the program may be terminated and subject to legal action. I also understand that this information will be held in strict confidence within the agency and is accessible to me during normal business hours.

Applicant's Signature Date

If the above time span is less than twelve months, I have attached documents to verify the remaining months of income. I have reviewed the above information with the applicant(s) and find it true and accurate to the best of my knowledge.

Staff's Signature Date

See backside of form for instructions to complete the form.

INCOME SELF DECLARATION

- *If the family has NO income at all, please give a brief summary of living situation towards the bottom of the form. It has been brought up at ERSEA trainings that if a family is claiming they have no income that should be a red flag (for us & auditors) and we should be asking more questions. How can someone live on no income? It could be as simple as they are living with their parents which would make sense.*
- Make sure the Month/Date/Year match other income (W-2, paystubs, etc.) provided and total 12 months.
- **Don't forget** Applicant and Staff signatures!

Site _____

Semcac Head Start
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REFUSAL OF HEAD START SERVICES

Participant's Name _____ Child Plus # _____

Parent/Guardian Name _____

***I am declining further continuation in the program:** (Complete all areas if applicable.)

Child's Attendance Status (Check Only One)

☐ Child Never Attended Class/Never had a Birth to Five Home Visit

☐ Child Attended Class/Had a Birth to Five Home Visit Date Dropped From Program _____

Child's Medical/Dental Home and Health Insurance

Child still has: Medical Home ☐ Yes ☐ No Dental Home ☐ Yes ☐ No

Child still has: Health Insurance ☐ Yes ☐ No

If yes, type of Insurance: ☐ MA ☐ MinnesotaCare ☐ Private Health Insurance ☐ Other _____

I am declining the following Head Start Services for my child: (Check Appropriate Box)

☐ Health Services

☐ Mental Health Services

☐ Dental Services

Send a copy to the HC when this section is completed. This may be reported to Department of Human Services or Office of Head Start

Explanation for Declining Services: (Complete remaining areas for either section above.)

Parent/Guardian Signature _____ Date _____

Referral to:

Follow-up with family:

Information Received Via:

☐ Person to Person ☐ Phone ☐ Written Correspondence ☐ Other _____

Staff Signature _____ Date _____

Original – Attach form to child's file/send to admin office.

REFUSAL OF HEAD START SERVICES

Head Start Staff only

- Make sure all pertinent sections are completed.
 - Don't forget to fill out the "Date Dropped from Program" blank
- Medical Home/Dental Home/Health Insurance questions are PIR questions; and are required to report at the end of the year! Please make sure these are completed and accurate.
- If Parent/Guardian is declining Health/Mental Health/Dental Services make sure to document exactly what they are refusing and why in the Explanation section. (ex. Dental follow-up; parent refusing to schedule appointment.)

Parent Signature is required!
- Don't forget to sign!

EHS RETURNING CHILDREN

FAMILY MANUAL (REPORTS TO ACCESS)

- Childplus Report #2004 – ‘Eligibility Income’ will show you those children who were enrolled as over income and income eligible. Family Manual page 134.
- Childplus Report #2030 – ‘PNPT – Rollover’ will show you enrolled children that are age eligible to return for the next program year. **NOTE:** in the setup the ‘School Cutoff Date’ has to be changed to 9/01/2022. Family Manual page 135.

EARLY HEAD START

INCOME ELIGIBLE CHILDREN

- Because Early Head Start is considered a year round program, age/income eligible children do not re-apply.

OVER INCOME CHILDREN (131% and Up)

- Applicant’s enrolled as over income into the Early Head Start program must re-apply as if they were a new child to the program. If they are determined to be over income on their new application, their enrollment in the Early Head Start program for the upcoming year will depend on how many income eligible applications received. Our goal is to serve the neediest of the needy.

HS RETURNING CHILDREN

FAMILY MANUAL (REPORTS TO ACCESS)

- Childplus Report #2004 – ‘Eligibility Income’ will show you those children who were enrolled as over income and income eligible. Family Manual page 134.
- Childplus Report #2030 – ‘PNPT – Rollover’ will show you enrolled children that are age eligible to return for the next program year. **NOTE:** in the setup the ‘School Cutoff Date’ has to be changed to 9/01/2022. Family Manual page 135.

HEAD START

RETURNING INCOME ELIGIBLE CHILDREN

- Returning age/income eligible children will fill out the “Returning Pre-School Child Application” at Teacher conferences in February.

3RD YEAR AGE ELIGIBLE CHILDREN

- Children age eligible to return for a 3rd year, must complete the full application process again.

RETURNING AGE ELIGIBLE OVER INCOME CHILDREN (131% and up)

- Over income/age eligible children will have to re-apply for the Head Start program just as if they were a new child coming into the program.

DOCUMENTATION OF ENROLLMENT CRITERIA

~REFERENCE ONLY~

Child Eligible for Kindergarten _____ Site _____

Semcac Head Start
DOCUMENTATION OF ENROLLMENT CRITERIA
2023-2024 Program Year

Applicant's Name _____ Birth Date _____

CATEGORY	POINTS	SCORE
Returning Preschool Head Start (HS)		
Returning Income Eligible Child	700	
Transitioning Early Head Start (EHS) to HS		
Currently in Home-based turning age 3/36 months	300	
Currently in Toddler Center based turning age 3/36 months	200	
Age (Birth to Three) (Limit 1 Per Applicant) (Age Prior to September 1st of Enrollment Year)		
Pregnant Woman	400	
Child: <input type="checkbox"/> Birth to 12 Months <input type="checkbox"/> 13 Months to 23 Months <input type="checkbox"/> 24 Months to 36 Months	10	
Age (Preschool - Three to Five) (Limit 1 Per Applicant)		
4 Years Old Prior to September 1 st of Enrollment Year	400	
3 Years Old Prior to September 1 st of Enrollment Year	200	
3 Years Old After September 1 st of Enrollment Year	10	
Income (Limit 1 Per Applicant)		
<input type="checkbox"/> Homeless (Questionnaire Attached) <input type="checkbox"/> Foster Care <input type="checkbox"/> Public Assistance <input type="checkbox"/> Income Eligible	200	
Over Income (101% to 130% Above Poverty Guidelines)	-700	
Over Income (131% and Above Poverty Guidelines)	-800	
Disability (Limit 1 Per Applicant)		
Child has diagnosed disability with IEP or IFSP (See Attachment)	50	
Child has suspected disability, mental health challenge, or chronic health problem	10	
Living Environment (Limit 1 Per Applicant)		
<input type="checkbox"/> Homeless (As defined by McKinney-Vento Act) (Questionnaire Attached) <input type="checkbox"/> Child in Foster Care	50	
Special Considerations (Check all that apply.)		
<input type="checkbox"/> Single Parent <input type="checkbox"/> Current Teen Parent <input type="checkbox"/> First Time Parent (10 Points for Each)	10/30	
<input type="checkbox"/> Incarcerated Parent <input type="checkbox"/> Death of Child's Parent/Sibling <input type="checkbox"/> Refugee Camp (10 Points for Each)	10/30	
Family with 3 or more children under the age of 5	10	
Child does not reside with biological parent(s). Instead: <input type="checkbox"/> Relative <input type="checkbox"/> Friend (Not Foster Care)	10	
<input type="checkbox"/> Parent has documented disability or mental health diagnosis <input type="checkbox"/> Active Military/Veteran (10 Points Each)	10/20	
Documented Public School, Community Agency, or Health Professional Referral	10	
1 Parent Household: <input type="checkbox"/> Unemployed <input type="checkbox"/> No High School Diploma or GED (10 Points for Each)	10/20	
2 Parent Household: <input type="checkbox"/> Both Parents Unemployed <input type="checkbox"/> Neither Parent has HS Diploma/GED (10 Points Each)	10/20	
No Caregiver present because parent(s) working and/or in job training/education for 6 hours or more per day	10	
Language Support Needed for <input type="checkbox"/> Child <input type="checkbox"/> Parent (10 Points Each)	10/20	
<input type="checkbox"/> Family Previously Enrolled in the Program <input type="checkbox"/> Over Income Returning Child (10 Points for Each)	10/20	
<input type="checkbox"/> Current or History of Domestic Violence <input type="checkbox"/> Current or History of Drug/Alcohol Abuse (10 Points for Each)	10/20	
Family Size _____ Total Income _____	TOTAL SCORE:	

Documents reviewed to verify income:
☐ Pay Stubs (12 Months) ☐ Form 1040 ☐ W-2(s) Previous Year ☐ Employer's Statement ☐ TANF/MFIP ☐ SNAP ☐ SSI (Disability)
☐ Homeless ☐ Court Documents: Foster Child ☐ Unemployment ☐ No Income Statement ☐ Child Support ☐ Other

I have carefully reviewed the documents and information that has been provided to me by the applicant, and, by signing this form, certify to the best of my knowledge and belief that all information regarding eligibility provided to me is true and accurate.

Signature of Head Start Personnel _____ Date _____

Signature of Head Start Personnel _____ Date _____

- This is the form we use to determine eligibility points for enrollment when processing applications for both Early Head Start and Head Start.
- The bottom section "Special Considerations" reflects additional points that can be given. This information is taken from what has been documented on the application.

ENROLLMENT PRIORITY



1

Income eligible children/pregnant women are chosen first; highest to lowest points.



2

Children/pregnant women in the 101-130% income bracket are chosen after the income eligible waiting list is exhausted; highest to lowest points.



3

Children/pregnant women in the 131% and above income bracket are chosen after the income eligible and 101-130% bracket waiting lists are exhausted; highest to lowest points.



APPLICATION FORMS SUBMITTED TO OFFICE FOR REVIEW:

- Head Start/Early Head Start Application.
- Income Documents used to determine eligibility.
- Immunization Records
- Income Self Declaration (if applicable).
- Family Residency Questionnaire (if applicable).

All Families should receive the Data Privacy Notice. They sign off on the back of the application that this was received.

RECRUITMENT STRATEGIES/SUGGESTIONS

	Least Impact	Greatest Impact
Least Difficult	<p><u>Targeted:</u></p> <ul style="list-style-type: none"> • Big Brothers Big Sisters • Have Information available at Toys for Tots and related events 	<p><u>High Value:</u></p> <ul style="list-style-type: none"> • Local Festivals • City Parades/Floats • Booths at Fairs • Facebook/Social Media outlets/Instagram • Radio Stations/TV/News Paper • Flyers in all languages/Hand out flyers at early childhood screenings at schools (3 and 4 year olds) • Flyers in Human Resources and WIC offices, Shelters, Doctors and Dental Offices • Mass Registration for schools • Go to Community Events and have our own booth. Especially events targeting low-income families. • Head Start Awareness Day open to public/family activities (Just Head Start) put our name out there.
Most Difficult	<p><u>Luxury:</u></p> <ul style="list-style-type: none"> • Partner with ECFE and B-3 • Public Schools (a stronger relationship/partnership) • Make centers more ADA accessible • Handouts/Info for Rochester Center for Autism, Minnesota Autism Center, Physical and Occupational Therapist offices • Hire Staff who professionally handle children with disabilities for each site 	<p><u>Strategic:</u></p> <ul style="list-style-type: none"> • Grant \$ for Transportation • Provide transportation for all, work with Rolling Hills or hire our own • Getting a van for young toddlers to get to school • Head Start kids need first dibs on SMART bus before public school kids because P.S. kids can ride the P.S. bus

TIMELINE

FEBRUARY	Returning income eligible applications taken at conferences.
FEBRUARY	Outreach Staff ERSEA Training
March 25th	Head Start/Early Head Start Staff ERSEA Training
March 25th	Community Outreach Plans due
MARCH	Begin Recruitment for 2023-2024
On-going	Process new applications
APRIL - TBD	Last day to enroll for most Head Start Centers
May - TBD	Last day to enroll for Head Start Duration Centers (Austin 3/4/5, Kasson, Owatonna 1, & Winona 3)
MAY-JUNE	Notify returning income eligible children
JUNE	Start enrolling new income eligible children
JULY - TBD	Last day to enroll for Early Head Start
AUGUST	Over income children can be enrolled to fill classes
SEPTEMBER	Establish waiting lists



This Institution is an Equal Opportunity Provider

THANK YOU
FOR ALL YOU DO,
IT IS APPRECIATED!!