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
20 E. Veterans Memorial Hwy, Suite A & B, P.O. Box 36
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
76 W. 3rd Street
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.

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.

• 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 Government 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.
### Family Information

**Living Address:**  
City:  | State: | Mailing address (if different):  
--- | --- | ---  
--- | --- | ---  

**Phone Number**  
Home (  )  |  | Cell (  )  
--- | --- | ---  
Work Phone  
Mom (  )  |  | Dad (  )  
--- | --- | ---  
**Text Message** *(Data/message rates may apply)*  
May we text you?  
Yes  | No  
--- | ---  
**Message (friend/relative)**  
Phone (  )  |  | Name:  
--- | --- | ---  

### E-Mail Address

**Primary Language** *(Home)*  

**Interpreter needed:**  
Adult  | Child  
--- | ---  

### Marital Status

- Married  
- Separated  
- Divorced  
- Widowed  
- Single  
- Single living with Partner  

### Employment Status

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

### Highest level of Education

- Less than High School Graduate  
- A High School Graduate or GED  
- An Associated Degree, Vocational School, or some College  
- An Advanced Degree or Baccalaureate Degree  
- An Associate Degree  
- A Baccalaureate Degree  

### Relationship to Mother/Guardian/Father

- Self  
- Spouse  
- Birth Child  
- Step Child  
- Foster Child  
- Adopted Child  
- Other Relative  
- Legal Guardian  
- Not Related  

### Program Options

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

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*Semcac*  
**HEAD START/EARLY HEAD START APPLICATION**  
**2020-2021 Program Year**  
P.O. Box 549, Rushford MN 55971  
Toll Free#: 1-866-808-0260  
Telephone#: 507/864-7741  
Fax #: 507/864-2440  

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*Site __________________________*
Please mark any Special Considerations listed below that pertain to your family:

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless (Questionnaire attached)</td>
<td>Foster care</td>
</tr>
<tr>
<td>Current Teen parent</td>
<td>First time parent</td>
</tr>
<tr>
<td>Incarcerated Parent</td>
<td>Death of child’s parent or sibling</td>
</tr>
<tr>
<td>Family with 3 or more children under the age of 5</td>
<td>Child does not reside with biological parent(s). instead relative/friend (Not Foster Care)</td>
</tr>
<tr>
<td>Parent has a documented disability or mental health diagnosis</td>
<td>Documented public school, community agency or health professional referral</td>
</tr>
<tr>
<td>No caregiver present because parent(s) working and/or in job training/education for 6 hours or more per day</td>
<td>Family previously enrolled in the program</td>
</tr>
<tr>
<td>Over income returning child</td>
<td>Current or history of domestic violence</td>
</tr>
<tr>
<td>Current or history of drug/alcohol abuse</td>
<td>Refugee camp – within last 5 years.</td>
</tr>
</tbody>
</table>

**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
- ☐ 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.)

- ☐ Child Care Program
- ☐ Early Childhood Screening
- ☐ Health Care Provider
- ☐ Semcac website
- ☐ Social or Human Service Agency
- ☐ Family or Friend
- ☐ Word of Mouth
- ☐ Brochure or poster
- ☐ Adult Basic Education or other Adult Literacy Program
- ☐ Early Childhood Special Education
- ☐ Parent(s) or sibling(s) previously participated in program
- ☐ 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) ____________________________
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 __________________

Are any of the applicants listed CURRENTLY enrolled in EHS? ☐ Yes  ☐ No

If yes, name/where ____________________________