



218-999-0814  
Fax: 218-999-0842

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 1<sup>st</sup> \_\_\_\_\_ yrs \_\_\_\_\_ mo IRS \_\_\_\_\_ *Revised 11/20/2024*

### 2025-2026 Child (Applicant) 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

Child Language:  English Other: \_\_\_\_\_

Disability:  Yes  No Does your child receive any special services? (speech, PT, OT etc.):  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

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: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ 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

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 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

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# 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 7<sup>th</sup> 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. Currently experiencing Homelessness – please explain, sign and date below.

**Parent/Guardian explanation of homelessness:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OR

- E. 2024 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 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. is an Equal Opportunity Provider and Employer.

## 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 Head Start Program!  
Completing your application does not mean you have been accepted into our program.*