

FDL HEAD START- THANK YOU FOR YOUR INTEREST IN OUR PROGRAM

*Following is our process for pregnant mother enrollment:

Fill out application and provide income verification. Staff determines eligibility based on your household income

1. You are notified by phone of your acceptance into the program
2. You will receive an enrollment packet and have 5 days to complete and return

*Just completing the application DOES NOT MEAN YOU HAVE A SPOT IN THE PROGRAM

*Home-based children: If your child is born after September 1st they will not be eligible for a Center-based spot until September 1st of the following year.

*YOU WILL BE REQUIRED TO HAVE AN ENTRANCE INTERVIEW BEFORE YOU CAN START

Medical documents that need to be provided:

- Prenatal appointment documentation

*If filling out a Housing form, references and phone numbers will be required.

**** Once you are accepted into the program, you will have 5 days to provide all documents. If it is not completed and turned in, we will place you on the waiting list.

1/16, 5/17,5/19, 5/20,4/21, 7/21

Fond du Lac
Head Start Programs

1720 Big Lake Road
Cloquet, MN
218-878-8100 or Fax-878-8115

2023-2024 Application

Pregnant Mother:	Date of birth:
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E-mail:	Expected Due Date:	Phone Number:
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Home Address:

City:	State:	Zip:	County:
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Name of Father: (optional)	Date of birth:
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Home Address: (if different)

Phone Number:

What Program(s) Are You Interested In For This Child?

Early Head Start (Ages 0-3)			
<input type="checkbox"/>	Early Head Start 7:45-3:15	<input type="checkbox"/>	Home Based Program

What Is Your Child's Ethnicity? (check all that apply)

<input type="checkbox"/> Asian	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Bi-Racial/Multi-Racial
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> White	
Is Your Child Hispanic/Latino		<input type="checkbox"/> Yes <input type="checkbox"/> No

My Child Has Tribal Affiliation With: (list tribe)	Name of Person Enrolled:
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Person Enrolled: <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent	Verified on: _____ By: _____
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Birthdate of person enrolled:	**OFFICE USE ONLY**
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My Child Is Currently Receiving: (check all that apply)

<input type="checkbox"/> Child Care Assistance	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> WIC	<input type="checkbox"/> SNAP
<input type="checkbox"/> MFIP- Cash Assistance	<input type="checkbox"/> TANF	<input type="checkbox"/> Child Support	

Application **MUST** be returned to the Head Start Office with Income Verification. Please bring one of the following documents when you return the application:

- Pay Stub
- Public Assistance ID Number
- W-2
- Tax Forms

CONTINUED ON BACK



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How many people live in your household (including all adults and children)? _____

Live on the reservation

Work on the reservation

My Household currently has NO INCOME: Yes **If yes, a No Income Form MUST be filled out**

Please check ALL that apply for you. This information will only be used to assist us in determining enrollment priority along with income eligibility

<input type="checkbox"/>	Single Parent
<input type="checkbox"/>	Teen Parent
<input type="checkbox"/>	Parent/Guardian(s) in school
<input type="checkbox"/>	Parent/Guardian(s) has at least a part time job
<input type="checkbox"/>	Parent/Guardian(s) needs/wants high school diploma/GED
<input type="checkbox"/>	No prenatal care
<input type="checkbox"/>	Alcohol/drug abuse in your family
<input type="checkbox"/>	Domestic violence history in your family
<input type="checkbox"/>	Multiple families under one roof
<input type="checkbox"/>	Family caring for elder in home
<input type="checkbox"/>	Family history of diabetes
<input type="checkbox"/>	Family is homeless-lack a fixed, regular, and adequate night time residence
<input type="checkbox"/>	Child of Incarcerated Parent
<input type="checkbox"/>	Head Start Programs Parent on staff

Caregiver filling out application: _____

Date: _____

Signature

Please print name: _____

Staff Use Only:

Received by: _____

Date: _____