



Please read carefully

- Please return the completed application packet to Reach-Up.
- **A complete application includes:**
 1. The application completed, signed and dated.
 2. The completed medical sheet on the back page
 3. Immunization Record
 4. Proof of Income
- Reach-Up will contact you by letter letting you know if your child is eligible for the program
- Your child will be placed on a waiting list till an opening is available

Call Reach-Up right away if your address, phone number, child care address or transportation needs change.

Bussing Information for the Head Start Centers

- **Centers will bus children one way only if the address is within the bus route. Families are required to transport one way.**

A completed Physical and Dental is needed for each applicant. Please submit a copy of his/her most recent well-child checkup and dental exam if it was done in the past 12 months, otherwise make an appointment. A current physical is required within 30 days of the child's first day of attendance.

Please keep this page for your records to reference

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Voice: 320.253.8110 | Fax: 320.253.1107 | www.reachupinc.org

Reach-Up Inc. Head start and Early Head Start provides comprehensive education and support services that strengthen young children and their families who are experiencing low-income.

Reach-Up Head Start and Early Head Start Application

Child's First Name		Child's Middle Name	Child's Last Name		Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Primary Language		Child Speaks English <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All		
Child Lives with: (Please include legal documentation from the court, Social Worker, or other if needed) <input type="checkbox"/> Mother and Father (Same Household) <input type="checkbox"/> Foster Family <input type="checkbox"/> Mother and/or <input type="checkbox"/> Father (Separate Households) <input type="checkbox"/> Relative/Other					
Child's Home Address (include apt, unit, etc.)			City/State/Zip Code		County
Mailing Address (if different than home address)			City/State/Zip Code		County
Parent/Legal Guardian's First Name		Parent/Legal Guardian's Last Name			Date of Birth
Relationship to Child Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Languages Spoken <input type="checkbox"/> Interpreter needed			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Phone Number		Secondary Phone Number		Email Address	
Parent/Legal Guardian's First Name		Parent/Legal Guardian's Last Name			Date of Birth
Relationship to Child Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Languages Spoken <input type="checkbox"/> Interpreter needed			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Phone Number		Secondary Phone Number		Email Address	
Total Number of Family Members		List all the other family members below who are living in the home and must be financially supported by the parent/guardian and related by blood, marriage or adoption.			
First Name	Last Name	Relationship to the Child	Date of Birth	Gender	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Is mom pregnant?		<input type="checkbox"/> Yes, Due Date: _____		<input type="checkbox"/> No	
Is the child on an IEP or IFSP? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list contact information _____					
send a copy of the IEP or IFSP with this application					
Is the child on any emergency medication such as an Epi-Pen, rescue inhaler or seizure medications? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, list the medication and physician who prescribed it? _____					
Does this child have a food allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes, list food allergy, the reaction, and any medication, _____					

2019 Federal Poverty Guidelines

A family is eligible if the total income for the past year is at or below the Federal Poverty Guidelines. Family size includes family members who live with the child and are related by blood, marriage or adoption.

Size of Family	Income 100%	Size of Family	Income 100%
1	\$12,490	7	\$39,010
2	\$16,910	8	\$43,430
3	\$21,330	9	\$47,850
4	\$25,750	10	\$52,270
5	\$30,170	11	\$56,690
6	\$34,590	12	\$61,110

Proof of Income - Check all types of income and send proof for each item checked.

√	Income	What to Send	Name of Person(s) Receiving Income
	Wages	pay stubs for past 12 months, 2018 W-2's or 2018 1040 Form	
	Family receives MFIP/TANF or DWP (Diversionary Work Program) assistance from the county	current MFIP "Notice of Decision" from the county	
	Child or other family member receives SSI (Supplemental Security Income)	copy of the SSI letter	
	Social Security	a statement or letter indicating the monthly amount received	
	Unemployment Compensation	statement of amount received in the past 12 months	
	Child Support	total amount received in past 12 months; \$ _____	
	College Grants and/or scholarships	copy of award letter with grant or scholarship amount	
	No Income in the past 12 months	Declaration of No Income will need to be filled out	
	This child is in foster care. When did child begin foster care with you?	copy of foster care grant	
	Relative Caregiver Grant is received for this child. Date child came to live with you?	copy of grant award letter	
	My family is "homeless"--check the letter that best describes your housing/home A. Temporarily sharing housing of another family due to loss of housing, economic hardship or similar reason. B. Staying in an emergency or transitional shelter C. Living in a motel, hotel or campground because I cannot find or afford housing D. Living in a vehicle, an abandoned building or substandard housing without running water or electricity, or in a park, bus or train station. *A Homeless Verification Form will need to be filled out.		

I understand that all information provided to Reach-Up Inc. regarding my family is stored on an electronic database. It may be shared with other services used by Reach-Up Inc., such as a bus company.

By signing this form, I affirm that I believe these facts are true and accurate. I understand that I am asked to prove my statements. I understand that I may be prosecuted for fraud and perjury if I knowingly give false information.

Signature _____ **Date:** _____

STAFF ONLY Interviewed by: _____ Date: _____ <input type="checkbox"/> In Person <input type="checkbox"/> By Phone and why _____

Check one box below for the program that will work best for your family and this child.

EARLY HEAD START (2019-2020) Children who were born on/after 9/2/16 and pregnant women

Program Name & Location	Time	Age	Additional Information
<input type="checkbox"/> <p>Early Head Start Child Care Center Eastside 1250 Johnson Rd, St. Cloud</p>	<p>Year Round Monday-Friday EHS: 8am-3pm Child Care hours: 7:30am-8:00am & 3:00pm-5:30pm</p>	<p>Child must be 6 weeks of age and can attend until their 3rd birthday</p>	<p>Parent must work or attend school a minimum of 30 hours per week. Child must attend 35 hours of EHS. Childcare rates are \$18/day. Parent Transport both ways</p>
<input type="checkbox"/> <p>Early Head Start Home Based Serves Stearns, Benton & Sherburne counties</p>	<p>Year Round</p>	<p>Pregnant women and children birth to 3 years old</p>	<p>Weekly 90 minute home visits Parent/Child Activity days 2x per month</p>

HEAD START (2019-2020) Children whose birthdate falls between 9/2/14 and 9/1/16

Program Name & Location	Time	Transportation	Additional Information
<input type="checkbox"/> <p>Head Start Child Care Center Eastside 1250 Johnson Rd, St. Cloud</p>	<p>Year Round Monday-Friday HS: 8am-2pm Child Care hours: 7:30am-8:00am & 3:00pm-5:30pm</p>	<p>Parent Transport both ways</p>	<p>Parent must work or attend school a minimum of 30 hours per week. Child must attend 35 hours of HS Childcare rates \$15/day</p>
<input type="checkbox"/> <p>St. Cloud Technical College 1701 9th Ave N, St. Cloud</p>	<p>Aug to June Monday-Thursday 8:00am- 3:00pm</p>	<p>Parent Transport both ways</p>	<p>Childcare available through Campus Playhouse</p>
<input type="checkbox"/> <p>St. Cloud Center Based Seven Hour Program and AM/PM Sessions Eastside 1 1250 Johnson Rd, St. Cloud Eastside 2 358 Hwy 10 So, St. Cloud Roosevelt Boys & Girls Club 345 30th Ave N, St. Cloud Southside Boys & Girls Club 1205 6th Ave S, St. Cloud</p> <p>*Session/classroom assignments will be determined on routing if your child needs the bus.</p>	<p>Aug to June Monday-Thursday</p> <p>Roosevelt 7 hour 8:00am-3:00pm</p> <p>Eastside 7 hour 7:30-2:30 and 8:45-3:45 PM session 11:30am-3:00 pm</p> <p>Southside 7 hour 7:30-2:30</p> <p>Southside AM session 8:00am-11:30 am PM session 11:30am-3:00 pm</p>	<p>Seven Hour Program Southside and Eastside Child must be dropped off at school and bus is available to transport after school.</p> <p>Roosevelt Bus is available to pick up child for school and child must be picked up at 3:00 from school.</p> <p>AM/PM Sessions AM session, child must be dropped off at school by 8:00 and bus is available to transport after school. PM session, bus is available to pick up child for school and child must be picked up at 3:00 from school.</p>	<p>ONLY for Parents who will be transporting both ways. Please choose which site and session you would like for you child?</p> <p><input type="checkbox"/> Eastside (check one) 7:30-2:30 8:45-3:45 PM session</p> <p><input type="checkbox"/> Southside (check one) 7:30-2:30 AM Session PM Session</p> <p><input type="checkbox"/> Roosevelt</p>
<input type="checkbox"/> <p>Big Lake Center Based 17901 205th Ave, Big Lake</p>	<p>Aug to June Monday-Thursday 8:00am – 3:00pm</p>	<p>Bus is available to pick up child for school and child must be picked up at 3:00 from school.</p>	<p>Parents must transport both ways if the address does not fit in a bus route area.</p>
<input type="checkbox"/> <p>Melrose Center Based 9 West 2nd St S, Melrose</p>	<p>Aug to June Monday-Thursday 8:00am –3:00pm</p>	<p>Bus is available to pick up child for school and child must be picked up at 3:00 from school.</p>	<p>Parents must transport both ways if the address does not fit in a bus route area.</p>
<input type="checkbox"/> <p>Head Start Home Based Serves Stearns, Benton & Sherburne counties</p>	<p>Year Round</p>		<p>Weekly 90 minute home visits Parent/Child Activity days 2x per month</p>

My child needs the bus at the following address:

Home Childcare (please list address) _____

How did you hear about Reach-Up Head Start? _____