



2025-2026
WCCA HEAD START APPLICATION
 Serving Wright & Western Hennepin Counties

130 West Division St.
 PO Box 787
 Maple Lake, MN 55358
 Phone: (320) 963-6500
 FAX: (320) 963-5745
 e-mail: headstart@wccaweb.com

Head Start/Early Head Start Participant:			
First Name:	Last Name:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____	Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Special Needs:	Does this child have a diagnosed special need? <input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosis: _____	Does this child have an IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, School District: _____	

Please complete only for the Parents/Guardians Living With the child

Primary Parent/Guardian		First Name:	Last Name:
Relationship to Child:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred Pronouns:
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____	Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Highest Level of Education:	<input type="checkbox"/> Bachelor's + <input type="checkbox"/> Associate's <input type="checkbox"/> Some College <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> 12 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 0-9 th grade	Employment Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Attending School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disabled
Parent Insurance:	<input type="checkbox"/> Medical Assistance <input type="checkbox"/> MN Care <input type="checkbox"/> Military <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> None		
Cell Phone:	Opt In for Text Messages: (message and data rates may apply) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Phone:	E-mail:		

Secondary Parent/Guardian		First Name:	Last Name:
Relationship to Child:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred Pronouns:
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____	Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Highest Level of Education:	<input type="checkbox"/> Bachelor's + <input type="checkbox"/> Associate's <input type="checkbox"/> Some College <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> 12 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 0-9 th grade	Employment Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Attending School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disabled
Parent Insurance:	<input type="checkbox"/> Medical Assistance <input type="checkbox"/> MN Care <input type="checkbox"/> Military <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> None		
Cell Phone:	Opt In for Text Messages: (message and data rates may apply) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Phone:	E-mail:		

Additional Family Members Living in the Home	Gender	Date of Birth	Ethnicity Hispanic	Race
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____
4.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____
5.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____

Family Information

Current Housing Situation:				
<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Own Home/Rent Lot	<input type="checkbox"/> Living with Family/Friends	<input type="checkbox"/> Homeless
Address:		Apt. or Lot #:	PO Box:	
City:		State:	Zip:	County:
Parental Status:	<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents	Primary Language at Home:	Do You Need a Translator	<input type="checkbox"/> Yes <input type="checkbox"/> No

Number of Adults in the Family _____	Is the Family Receiving MFIP Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Children in the Family _____	Is the Family Receiving SSI Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Parent/Guardian an Active Military Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Family Enrolled in the WIC Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Parent/Guardian a US Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Family Receiving SNAP Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about WCCA Head Start/Early Head Start? _____		

Income Information

You must provide ALL income for the ***past 12 months or previous calendar year.***

Please indicate which form(s) of income verification you are submitting with this application:

<input type="checkbox"/> 2024 Income Tax Form	<input type="checkbox"/> 2024 W-2 Form(s)	<input type="checkbox"/> Pay Stubs (past 12 months)	<input type="checkbox"/> Statement from Employer
<input type="checkbox"/> Foster Care Reimbursement	<input type="checkbox"/> MFIP or SNAP Verification	<input type="checkbox"/> SSI Verification	<input type="checkbox"/> Unemployment Verification
<input type="checkbox"/> Child Support	<input type="checkbox"/> School Grants/Scholarships	<input type="checkbox"/> Documentation of No Income	<input type="checkbox"/> Other _____

Program Option

Please indicate which program option and which location would best meet your family's needs:

Early Head Start <small>(Children ages birth to 3, expectant mothers)</small>	<input type="checkbox"/> Home-Based Option: <i>In the home-based option, your family will participate in a weekly 90-minute home visit. You will also have the opportunity to attend socialization activities twice each month.</i>
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Head Start <small>(Children ages 3-5)</small>	Monday through Thursday, 8:30AM to 2:30PM	Monday through Thursday, 8:00AM to 2:00PM
	<input type="checkbox"/> Annandale <input type="checkbox"/> Delano <input type="checkbox"/> Howard Lake <input type="checkbox"/> Montrose	<input type="checkbox"/> Otsego
	<input type="checkbox"/> Monticello location, Monday through Friday, 8:00AM to 2:10PM	
	<input type="checkbox"/> Buffalo location, Monday through Friday, 8:00AM to 2:30PM	

Please check the WCCA programs for which you would like additional information:

<input type="checkbox"/> WIC	<input type="checkbox"/> Home Weatherization	<input type="checkbox"/> Home Rehab Loans	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Home Buyer Training	<input type="checkbox"/> Foreclosure Prevention/Counseling	<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> WCCA Food Shelf/Thrift Store
<input type="checkbox"/> MNSure Navigator	<input type="checkbox"/> Tax Preparation	<input type="checkbox"/> Family Budgeting	<input type="checkbox"/> Aging Alliance

Signature

By signing below, you are certifying that the information you are providing with this application is true.

TENNESSEN WARNING

This data is being collected to verify program eligibility and to provide Wright County Community Action (WCCA) information needed to complete state and federal reports as well as agency needs and demographic studies. You are not legally required to provide this information to certify program eligibility, however, missing information may impact your program eligibility. WCCA may share some of this information with government agencies and public organizations as allowed by law under State and Federal Data Practices Act.

My signature certifies that the documents and information I have provided concerning eligibility are accurate to the best of my knowledge. If it is determined that any eligibility information has been deliberately falsified, this application will be null and void.

Signature _____ Date