

- ☐ Referral
 Referred by: _____
☐ EHS
☐ Transfer



2496 145th St. W. Rosemount, MN 55068
 Telephone: 651-322-3500
 Fax: 651-322-3555
 Email: headstart@capagency.org

2026-2027 Early Head Start & Head Start Preschool Application

Program/Location Preference	
☐ Early Head Start – Prenatal <i>90 minute home visits, every two weeks, provided in-home for expecting parents</i> Due Date: _____	☐ Head Start Preschool – Age 3-4 years (birthdate 09/01/2021-08/31/2023) Transportation is NOT provided. <i>Please rank your preferred 1st and 2nd locations:</i> _____ Apple Valley _____ Eagan (Coachman Road) _____ Farmington _____ Shakopee _____ Chaska _____ Eagan (Opperman) _____ Rosemount _____ Savage
☐ Early Head Start – Birth – 3 years <i>90 minute weekly home visits, provided in-home</i>	

First Applicant Information (Child / Prenatal Parent)			
First	Middle	Last	Date of Birth:
Sex: ☐ Male ☐ Female ☐ Nonbinary			Zip Code:
Primary Address:		City:	
Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____		Primary Language:	
Ethnicity: Hispanic/Latino ☐ Yes ☐ No		Secondary Language:	
Health			
Does the applicant have Health Insurance: ☐ Yes ☐ No If yes, what type of insurance? ☐ Medicaid (MA or PMAP) ☐ MinnesotaCare (UCare) ☐ Private Health Insurance ☐ Other: _____		Primary Health Care Clinic Name & City:	
		Primary Dental Care Clinic Name & City:	
Has your child ever been diagnosed by a physician with allergies (food, medication, animal, seasonal, other, etc.)? ☐ Yes ☐ No If yes, to what: _____			
Does your child require a modified diet due to allergies or intolerances? ☐ Yes ☐ No Describe: _____			
Is your child currently being treated for any of the following? (check all that apply): ☐ Asthma ☐ Diabetes ☐ Heart Condition ☐ Anemia ☐ High Lead Level ☐ Seizures ☐ Breathing Problems ☐ Hearing Problems ☐ Vision Problems ☐ Other (Please describe): _____ ☐ Child wears corrective lenses ☐ Yes ☐ No			
Does your child take any medication? ☐ Yes ☐ No If yes, describe: _____			
Education, Disability, & Behavior Concerns			
Has your child attended preschool and/or daycare before? ☐ Yes ☐ No Has your child had an Early Childhood Screening in MN? ☐ Yes, what school district? _____ ☐ No Does your child have an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)? ☐ Yes, what school district? _____ What is the disability _____ ☐ No What concerns, if any, do you have about your child's development? (check all that apply): ☐ Social Emotional Concern ☐ Speech Concern ☐ Behavioral Concern ☐ Other (Please describe): _____			

Primary Parent/Guardian Information				
First		Middle		Last
Date of Birth:			Sex: ☐ Male ☐ Female ☐ Nonbinary	
Address same as Child ☐ Yes ☐ No If no, what is your address:			City:	
Zip Code:				
Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____		Primary Language:		Do you need an interpreter: ☐ Yes ☐ No
Ethnicity: Hispanic/Latino ☐ Yes ☐ No		Secondary Language:		Are you a registered voter: ☐ Yes ☐ No
Child's Relationship ☐ Biological, Adopted or Step ☐ Foster ☐ Grandchild ☐ Other Relative ☐ Other: _____		Legal Custody ☐ Yes ☐ No		Check all that apply: ☐ Lives in family ☐ Provides financial support ☐ Pregnant, Due Date: _____
Do you have Health Insurance: ☐ Yes ☐ No		If yes, what type of insurance: ☐ Medicaid (MA or PMAP) ☐ MinnesotaCare (UCare) ☐ Private Health Insurance ☐ Other: _____		Have you been diagnosed with a health or mental health condition? ☐ Yes ☐ No
Education & Employment				
Select your highest Education Level: ☐ Grade 9 or less ☐ High School Graduate ☐ Associate's Degree ☐ Grade 10 ☐ General Education Diploma (GED) ☐ Bachelor's Degree ☐ Grade 11 ☐ Some College or Advanced Training ☐ Master's Degree ☐ Grade 12 ☐ College Degree/Training Certificate			Select your employment status: ☐ Full-Time ☐ Training/School ☐ Part-Time ☐ Unemployed ☐ Seasonal ☐ Retired or Disabled Are you self-employed? ☐ Yes ☐ No	
			US Military: ☐ None ☐ Active Duty ☐ Reserve ☐ Veteran	
Contact Information				
Phone Number and Type: ☐ Cell ☐ Text ☐ Home ☐ Work			Preferred Methods of Communication (Select all that apply)	
Email Address:			☐ Text (Opt-in to messaging) ☐ Email ☐ Phone Call	

Secondary Parent/Guardian Information				
First		Middle		Last
Date of Birth:			Sex: ☐ Male ☐ Female ☐ Nonbinary	
Address same as Child ☐ Yes ☐ No If no, what is your address:			City:	
Zip Code:				
Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____		Primary Language:		Do you need an interpreter: ☐ Yes ☐ No
Ethnicity: Hispanic/Latino ☐ Yes ☐ No		Secondary Language:		Are you a registered voter: ☐ Yes ☐ No
Child's Relationship ☐ Biological, Adopted or Step ☐ Foster ☐ Grandchild ☐ Other Relative ☐ Other: _____		Legal Custody ☐ Yes ☐ No		Check all that apply: ☐ Lives in family ☐ Provides financial support ☐ Pregnant, Due Date: _____
Do you have Health Insurance: ☐ Yes ☐ No		If yes, what type of insurance: ☐ Medicaid (MA or PMAP) ☐ MinnesotaCare (UCare) ☐ Private Health Insurance ☐ Other: _____		Have you been diagnosed with a health or mental health condition? ☐ Yes ☐ No
Education & Employment				
Select your highest Education Level: ☐ Grade 9 or less ☐ High School Graduate ☐ Associate's Degree ☐ Grade 10 ☐ General Education Diploma (GED) ☐ Bachelor's Degree ☐ Grade 11 ☐ Some College or Advanced Training ☐ Master's Degree ☐ Grade 12 ☐ College Degree/Training Certificate			Select your employment status: ☐ Full-Time ☐ Training/School ☐ Part-Time ☐ Unemployed ☐ Seasonal ☐ Retired or Disabled Are you self-employed? ☐ Yes ☐ No	
			US Military: ☐ None ☐ Active Duty ☐ Reserve ☐ Veteran	
Contact Information				
Phone Number and Type: ☐ Cell ☐ Text ☐ Home ☐ Work			Preferred Methods of Communication (Select all that apply)	
Email Address:			☐ Text (Opt-in to messaging) ☐ Email ☐ Phone Call	

Other Household Members <i>Please include all others living in the home, not listed above.</i>			
First	Middle	Last	Date of Birth: Sex: ☐ Male ☐ Female ☐ Nonbinary
Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____ Ethnicity: Hispanic/Latino ☐ Yes ☐ No		Primary Language: _____ Secondary Language: _____ Highest Education Level: ☐ Grade 9 or less ☐ General Education Diploma (GED) ☐ Grade 10 ☐ Some College or Advanced Training ☐ Grade 11 ☐ College Degree/Training Certificate ☐ Grade 12 ☐ Associate's Degree ☐ High School Graduate ☐ Bachelor's Degree ☐ Master's Degree	
Does this individual have Health Insurance: ☐ Yes ☐ No If yes, what type of insurance: ☐ Medicaid (MA or PMAP) ☐ MinnesotaCare (UCare) ☐ Private Health Insurance ☐ Other: _____		Is this a youth (age 14-24 years) that is not working or going to school: ☐ Yes ☐ No Has this individual been diagnosed with a health or mental health condition? ☐ Yes ☐ No	

Other Household Members <i>Please include all others living in the home, not listed above.</i>			
First	Middle	Last	Date of Birth: Sex: ☐ Male ☐ Female ☐ Nonbinary
Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____ Ethnicity: Hispanic/Latino ☐ Yes ☐ No		Primary Language: _____ Secondary Language: _____ Highest Education Level: ☐ Grade 9 or less ☐ General Education Diploma (GED) ☐ Grade 10 ☐ Some College or Advanced Training ☐ Grade 11 ☐ College Degree/Training Certificate ☐ Grade 12 ☐ Associate's Degree ☐ High School Graduate ☐ Bachelor's Degree ☐ Master's Degree	
Does this individual have Health Insurance: ☐ Yes ☐ No If yes, what type of insurance: ☐ Medicaid (MA or PMAP) ☐ MinnesotaCare (UCare) ☐ Private Health Insurance ☐ Other: _____		Is this a youth (age 14-24 years) that is not working or going to school: ☐ Yes ☐ No Has this individual been diagnosed with a health or mental health condition? ☐ Yes ☐ No	

Other Household Members <i>Please include all others living in the home, not listed above.</i>			
First	Middle	Last	Date of Birth: Sex: ☐ Male ☐ Female ☐ Nonbinary
Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____ Ethnicity: Hispanic/Latino ☐ Yes ☐ No		Primary Language: _____ Secondary Language: _____ Highest Education Level: ☐ Grade 9 or less ☐ General Education Diploma (GED) ☐ Grade 10 ☐ Some College or Advanced Training ☐ Grade 11 ☐ College Degree/Training Certificate ☐ Grade 12 ☐ Associate's Degree ☐ High School Graduate ☐ Bachelor's Degree ☐ Master's Degree	
Does this individual have Health Insurance: ☐ Yes ☐ No If yes, what type of insurance: ☐ Medicaid (MA or PMAP) ☐ MinnesotaCare (UCare) ☐ Private Health Insurance ☐ Other: _____		Is this a youth (age 14-24 years) that is not working or going to school: ☐ Yes ☐ No Has this individual been diagnosed with a health or mental health condition? ☐ Yes ☐ No	

Other Household Members <i>Please include all others living in the home, not listed above.</i>			
First	Middle	Last	Date of Birth: Sex: ☐ Male ☐ Female ☐ Nonbinary
Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____ Ethnicity: Hispanic/Latino ☐ Yes ☐ No		Primary Language: _____ Secondary Language: _____ Highest Education Level: ☐ Grade 9 or less ☐ General Education Diploma (GED) ☐ Grade 10 ☐ Some College or Advanced Training ☐ Grade 11 ☐ College Degree/Training Certificate ☐ Grade 12 ☐ Associate's Degree ☐ High School Graduate ☐ Bachelor's Degree ☐ Master's Degree	
Does this individual have Health Insurance: ☐ Yes ☐ No If yes, what type of insurance: ☐ Medicaid (MA or PMAP) ☐ MinnesotaCare (UCare) ☐ Private Health Insurance ☐ Other: _____		Is this a youth (age 14-24 years) that is not working or going to school: ☐ Yes ☐ No Has this individual been diagnosed with a health or mental health condition? ☐ Yes ☐ No	

Family Information			
What is your family's housing situation: ☐ Home that I rent, own, or share by choice ☐ Temporarily living with a family member or friend due to loss of housing, economic hardship, or similar reason ☐ At-risk of homelessness, foreclosure, or eviction ☐ Homeless ☐ Staying in emergency or transitional shelter/housing ☐ Living in a motel/campground/vehicle because I cannot afford or find housing ☐ Other: _____			
Do you receive any type of housing assistance (Section 8, CDA, Monthly Rent Assistance) ☐ Yes ☐ No			
Family Type: ☐ One Parent Family ☐ Two Parent Family ☐ Parent-Appointed Kinship ☐ Court-Ordered Kinship or Foster Care ☐ Co-Parenting Family (Separate Households)		Household Size _____ # Adults _____ # Children Primary Household Language: Acquiring/Learning Another Language? ☐ Yes ☐ No	
Household Income Types			
In accordance with federal rules, eligibility is based on family income. Does your family currently receive any of the following types of income or benefits: ☐ Food Support/EBT/SNAP ☐ WIC ☐ Earned Income Tax Credit (EITC) ☐ MN Supplemental Aid (MSA) ☐ MFIP/TANF/DWP (Cash Assistance) ☐ Child Care Assistance ☐ Salary or Wages ☐ Salary or Wages ☐ Self-Employment ☐ Unemployment ☐ Short/Long Term Disability ☐ Retirement/Pension ☐ SSI (Supplemental Security Income) ☐ SSDI, RSDI, SSA (Social Security Income) ☐ Foster Care Grant ☐ Child Support ☐ Military/Veterans Pay ☐ No Income in the Past Year ☐ Gifts/Personal Loans ☐ Other: _____			
<i>In the previous 12 months</i> , has your family received any of the following types of income or benefits: ☐ MFIP/TANF/DWP (Cash Assistance) ☐ SSI (Supplemental Security Income) ☐ Foster Care Grant ☐ SNAP			
How did you hear about us? ☐ Family/Friend/Neighbor ☐ WIC ☐ Previously Attended ☐ Social Media ☐ Internet Search/CAP Website ☐ Social Services ☐ Family Resource Center (FRC – Shakopee) ☐ MN Department of Education Referral (MDE) ☐ School District _____ ☐ Community Event ☐ Flyer/Posting ☐ Other: _____			
Data Privacy & Signature			
Your right to privacy is protected by the federal Privacy Act of 1974 and the Minnesota Government Data Practices Act. Private information included on this application will be used to determine your program eligibility and to guide program services. Information may be shared with government agencies, including the Office of Head Start and MN Department of Human Services. You are not required to provide this information. However, failure to answer the questions may impact our ability to determine your program eligibility.			
_____ (Initial) I hereby authorize the release of information from Minnesota Immunization Information Connection (MIIC) website to verify to my child's birthday/immunization status for the purpose of completing the application and enrollment.			
I certify that the answers given are true and complete to the best of my knowledge. I agree to contact CAP Head Start if any information changes. I understand providing false, incomplete, or inaccurate information can prevent the program from determining my eligibility or may result in termination from the program. I understand completion of this application does not guarantee acceptance or enrollment.			
Signature: _____ Date: _____			
Office Use Only			
Eligibility ☐ IE _____ ☐ OI _____ ☐ Public Assistance _____ ☐ Homeless ☐ SSI ☐ Foster Care			
Income Verification			
Income verified by: Staff #1: _____ Date: _____ Staff #2: _____ Date: _____		Income reverified by: Staff #1: _____ Date: _____ Staff #2: _____ Date: _____	
Selection			
First Year: _____ Acceptance Date: _____ Start Date: _____ FSC/FE: _____ Class: _____		Second Year: _____ Acceptance Date: _____ Start Date: _____ FSC/FE: _____ Class: _____	
Selection Committee: _____ Selection Date: _____			

- ☐ Referral
 Referred by: _____
☐ EHS
☐ Transfer



2496 145th St. W. Rosemount, MN 55068
 Telephone: 651-322-3500
 Fax: 651-322-3555
 Email: headstart@capagency.org

2026-2027 Early Head Start & Head Start Preschool Application

Program/Location Preference	
☐ Early Head Start – Prenatal <i>90 minute home visits, every two weeks, provided in-home for expecting parents</i> Due Date: _____	☐ Head Start Preschool – Age 3-4 years (birthdate 09/01/2021-08/31/2023) Transportation is NOT provided. <i>Please rank your preferred 1st and 2nd locations:</i> ____ Apple Valley ____ Eagan (Coachman Road) ____ Farmington ____ Shakopee ____ Chaska ____ Eagan (Opperman) ____ Rosemount ____ Savage
☐ Early Head Start – Birth – 3 years <i>90 minute weekly home visits, provided in-home</i>	

Second Applicant Information (Child / Prenatal Parent)			
First	Middle	Last	Date of Birth:
Sex: ☐ Male ☐ Female ☐ Nonbinary			Zip Code:
Primary Address:		City:	
Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____		Primary Language:	
Ethnicity: Hispanic/Latino ☐ Yes ☐ No		Secondary Language:	
Health			
Does the applicant have Health Insurance: ☐ Yes ☐ No If yes, what type of insurance? ☐ Medicaid (MA or PMAP) ☐ MinnesotaCare (UCare) ☐ Private Health Insurance ☐ Other: _____		Primary Health Care Clinic Name & City:	
		Primary Dental Care Clinic Name & City:	
Has your child ever been diagnosed by a physician with allergies (food, medication, animal, seasonal, other, etc.)? ☐ Yes ☐ No If yes, to what: _____			
Does your child require a modified diet due to allergies or intolerances? ☐ Yes ☐ No Describe: _____			
Is your child currently being treated for any of the following? (check all that apply):			
☐ Asthma ☐ Anemia ☐ Breathing Problems		☐ Diabetes ☐ High Lead Level ☐ Hearing Problems	
☐ Heart Condition ☐ Seizures ☐ Vision Problems		☐ Other (Please describe): _____	
↳ Child wears corrective lenses ☐ Yes ☐ No			
Does your child take any medication? ☐ Yes ☐ No If yes, describe: _____			
Education, Disability, & Behavior Concerns			
Has your child attended preschool and/or daycare before? ☐ Yes ☐ No			
Has your child had an Early Childhood Screening in MN? ☐ Yes, what school district? _____ ☐ No			
Does your child have an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)?			
☐ Yes, what school district? _____ What is the disability _____ ☐ No			
What concerns, if any, do you have about your child's development? (check all that apply):			
☐ Social Emotional Concern ☐ Other (Please describe): _____		☐ Speech Concern ☐ Behavioral Concern	