

Tennessean Warning

Your Privacy Rights

This sheet tells you about your rights under the Minnesota Governmental 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 can't 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 do we ask you for this information? - We ask this information so we can:

- Enroll your child in the Staples/Motley Preschool Programs. (Head Start & School Readiness)
- 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, audits, and evaluate our programs.
- Collect money from local, state & federal resources for 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 the information, we may not be able to determine your eligibility for preschool services.

With whom may we share the information about you?

We may give information about you to the following agencies, if they need it to help you or help us help you. This does not mean we always share information about you with these people. It only says that there is a law that says we may share data with these people (sometimes the law says we MUST share certain information). If you have questions about when we give agencies information, please call Staples/Motley Early Learning Program.

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You have the right to copies of 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 do you appeal if you think information is not accurate or complete?

Call the Staples/Motley Early Learning Program 218-894-5400 ext. 3531. Your objection may also be in writing and sent to PO Box 268, Motley, MN 56466. If applying strictly for Head Start call the TCC office at 320-632-3691 ext. 9055. Your objection may also be in writing and sent to 501 LeMieur St., Little Falls, MN 56345. You must tell us why the information is not accurate or complete. You may also send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, please call the Staples/Motley Early Learning program office.

If you have any questions about the information on this form, please call either of the numbers listed above.

Staples/Motley Early Learning Programs Application

Student First Name:		Last Name:		Preferred Name:		DOB:		Gender: M F	
Living Address:				City:		State:		Zip:	
Mailing - If different than living				City:		State:		Zip:	
Phone #: (home)		(cell)		(work)		County:			
E-Mail:				School Year Applying For:			Military Family: Yes No		
Race:		Hispanic: Y N		Primary Language:			Secondary Language:		
How well does the participant speak English? Very Well Well Not Well Not At All				Family Type (primary household): One Parent Two Parents Foster Other					

Education Level Codes		Employment Status Codes		Race Codes		Marital Codes	
G5 = 5th-8th Grade	HSG = High School Grad/GED	F = Full Time	U = Unemployed	N = American Indian / Alaska Native	M = Married		
G9 = thru 9th Grade	COL = Some College	P = Part Time	R = Retired	B = Black / African American	S = Single		
G10 = thru 10th Grade	AD = Associates Degree	S = Seasonal	T = Training/School	P = Hawaiian or Pacific Islander	D/S = Divorced/Seperated		
G11 = thru 11th Grade	BD = Bachelor's Degree	SE = Self Empl.	D = Disabled	O = Some Other Race	W = Widowed		
G12 = thru 12th Grade (no diploma)				W = White			
				A = Asian			

Family Member Information

Adults In Family	Name:		DOB	Race: _____ Hispanic: Y N	Address: Same as participant? If no, write in space.		Parent Custody Custodial Non-Custodial		Place of Employment	
	Education Level:	Employment Status:	Gender M F	Primary Language	English Speaking Ability Good Limited None	Relation to Child	Marital Status M D/S S W		Length of Employment	Hours Per Week
	Name:		DOB	Race: _____ Hispanic: Y N	Address: Same as participant? If no, write in space.		Parent Custody Custodial Non-Custodial		Place of Employment	
	Education Level:	Employment Status:	Gender M F	Primary Language	English Speaking Ability Good Limited None	Relation to Child	Marital Status M D/S S W		Length of Employment	Hours Per Week
	Name:		DOB	Race: _____ Hispanic: Y N	Address: Same as participant? If no, write in space.		Parent Custody Custodial Non-Custodial		Place of Employment	
	Education Level:	Employment Status:	Gender M F	Primary Language	English Speaking Ability Good Limited None	Relation to Child	Marital Status M D/S S W		Length of Employment	Hours Per Week

First & Last Name of Other Children in Home (Do not include the applying child)	DOB	Gender	Comments
		M F	
		M F	
		M F	
		M F	

Income Information

Income (list by family member)	Annual Income				Income Source
Family Member Name	Amount	Amount	Amount	Annual Income	Type
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Total Yearly Income of the Family:				\$	
W-2 Check Stub Tax Stub Tax Return MFIP Documentation Foster Child Verification SSI No Income Statement Other:					
Eligibility for some Early Learning services may be based on income. Income verification may be required prior to services being provided.					

Types of services received: Please circle all that apply	
Child Care Assistance Food Support (SNAP) MA Cash Assistance Energy Program Assistance Unemployment Insurance WIC MAC SSI Emergency Assistance Housing Assistance Child Support/Alimony Foster Care/Adoptive Subsidy CEP MFIP DWP Other:	

Enrollment Options

Has your child been previously enrolled in: <input type="checkbox"/> Head Start <input type="checkbox"/> School Readiness <input type="checkbox"/> ECSE <input type="checkbox"/> ECFE <input type="checkbox"/> Little Cardinals Academy <input type="checkbox"/> Other _____
Site Preference: <input type="checkbox"/> Motley Family Center <input type="checkbox"/> Staples Family Center
Child Care Provider Type (circle one): None In your home(non parent) Family, Friends & Neighbor Family Child Care(licensed) Child Care Center Public School
Child Care Provider Name & Contact Information:
Please rate your family's access to transportation: Public Transportation / No Transportation Unreliable / Insufficient Transportation Reliable Transportation

Housing Information

Length of Time at Current Address: Less than 6 months 6-12 months 1-2 years More than 2 years
Housing Situation: Own Rent No Payment Exchange Service Subsidized Housing Homeless Other:
Type of Housing: House Apartment/Townhouse Mobile Home Shelter Temporary / Family / Friends / Other:

Certification: I certify that the information on this application is true I also understand that the information in the application will be held in strict confidence within the agency and is accessible to me during normal business hours	
Parent/Guardian Signature:	Date:

Child Development Issues

Biological / Medical Risk Factors	Y N Birth Defect (Cleft palate, bone deformity)	Y N Severe Illness (HIV, Cancer, etc.)
	Y N Problems at Birth (NICU, premature (<37 weeks), birth wt < 5 lbs)	Y N Prenatal exposure to drugs/alcohol
	Y N Sibling with documented disabilities/mental health issues	Y N Other:
	Y N Nutrition problems (anemia, under/over weight, failure to thrive)	Y N Were there any medical problems during pregnancy (explain)?
	Y N Has the participant ever been treated for iron deficiency anemia? Date: _____ Doctor: _____	
	Y N Chronic health problems (Seizures, asthma requiring daily meds, etc.) please circle or list chronic health problems	
	Y N Documented severe allergies (Latex, environmental, food, etc.) please circle or list allergy problems	Y N Does your child have EpiPen?
Environmental Risks (please indicate person involved)	Y N Isolation	Y N Child abuse or neglect (documented or suspected)
	Y N Parental Substance Use Type:	Y N Child/Family receives child protection services
	Y N Parental Development Disability	Y N Family disorganization (a lot of changes in the past year)
	Y N Biological mother < 17 years old at time of birth	Y N Family is currently homeless or has been within the last 12 months If yes, how long?
	Y N Family member currently/has been in jail within last 12 mos.	Number of times the child has moved in the past year _____
	Y N Any concerns about lead exposure?	Y N Parental mental health issues
	Y N Family member identified with elevated lead levels?	Y N Other:
Disabilities S = suspected I = Identified	Y N IEP, IIP, or IFSP (please add doctor or school to release)	S I Developmental Cognitive Delay
	S I Visual impairment, including blindness	S I Diagnosed Emotional/Behavioral disorder
	S I Hearing impairment, including deafness	S I Documented Serious Emotional Disturbance
	S I Orthopedic impairment	S I Documented Developmental Delay
	S I Speech or language impairment	S I Autism
	S I Birth Defect (Cleft palate, bone deformity)	S I Traumatic Brain Injury
	S I Other Impairment:	S I Learning Disability

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Student Name *Please Print*

Signature of Parent/Guardian

Date