



Parents In Community Action, Inc.

700 Humboldt Avenue North
Minneapolis, MN 55411

Welcome Project BOOST Applicants

Project BOOST (Brighter Ongoing Opportunities for School Transition) is a six-week summer kindergarten readiness program that is free-of-charge to children and families who qualify and are accepted into the program.

Who Qualifies for BOOST?

- Families with an annual income below the federal poverty line, including families who receive MFIP.
- Children who will turn five years old by September 1st of the school year.
- Children with a diagnosed disability or special need who would benefit from a school readiness experience prior to entering kindergarten.
- Children referred by a professional/agency.

If you qualify, please apply!

You must apply in person. Bring the information listed on the following page to any of the PICA sites listed below. Please feel free to ask us for any help you may need. The site you apply at may not be the site where your child will attend if accepted.

Town Hall

8500 Zane Ave. North
Brooklyn Park, MN 55443
763/425-7422

Donald M. Fraser

700 Humboldt Ave. No.
Minneapolis, MN 55411
612/377-7422

McKnight

4225 Third Ave. So.
Minneapolis, MN 55409
612/825-7422



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To apply for Project BOOST, bring the following:

Current Medical Examination and Immunization Records

Ask your health care provider to fill out and sign the attached medical exam and immunization form. (Note: an up-to-date immunization record is required by the state.)

If your child has not had an examination within the past 12 months, make an appointment for him/her with your health care provider. If you do not have a health care provider, please call Child and Teen Check-up at (612) 348-5131.

Proof of Income

If you or the child receives MFIP (Minnesota Family Investment Plan), SSI (Supplemental Security Income), SSDI (Social Security Disability Income), foster care or Unemployment Compensation, bring official documentation of income. If you are employed, bring a W-2 form, tax return, or other income verification.

Other Vital Information

Make sure to bring:

_____ The child's full name, birth date, and accurate address, including city & zip code.

_____ The child's medical insurance card or medical insurance number.

_____ Dates of previous enrollment in PICA programs.

Professional/Agency Referral Form

All children approved to enter Project BOOST must be referred to the program by a professional/agency. Please bring a completed Professional/Agency Referral Form (see next page) with you when you come to apply at PICA.

Some Things You Should Know

- Come prepared. If you do not have all the required information, we will not be able to take your application.
- We will keep all this information confidential and will not release it to anyone without your permission.
- PICA programs are designed to support the parent as the most important person in their child's life.
- PICA respects and works hard to preserve the pride and home cultures of the children and families we serve.



Parents In Community Action, Inc.

Professional/Agency Referral Form

TO: Children and family professionals/agencies
FROM: Parents In Community Action, Inc. (PICA)
RE: BOOST Program

Attached please find application information for the Summer Brighter Ongoing Opportunities for School Transition (BOOST) program of PICA. This is a six-week program serving children who are kindergarten-age eligible for the upcoming school year and would benefit from a summer preschool experience. Children must receive a referral to enter the program. To refer a child with a diagnosed disability or other special need to our program, please complete the bottom portion of this form. The parent should bring the referral form when he or she applies for the program.

If you need more information, please contact us at one of the centers listed on the application packet.

Agency Referral

Child's Name _____ Birth Date _____

Parent/Guardian Name(s) _____

Parent/Guardian Phone Number(s) _____

Family's Relationship to Referring Agency _____

PICA Head Start Information (if applicable):

Center _____ Room/Session _____ / _____ Teacher _____

Does the child have a diagnosed disability? Yes No

IF YES, please describe _____

Other comments/reasons for referral _____

Referring Agency _____ Referral Date _____

Referring Agency Address _____

Referring Agency Contact Person _____

Title _____ Phone _____