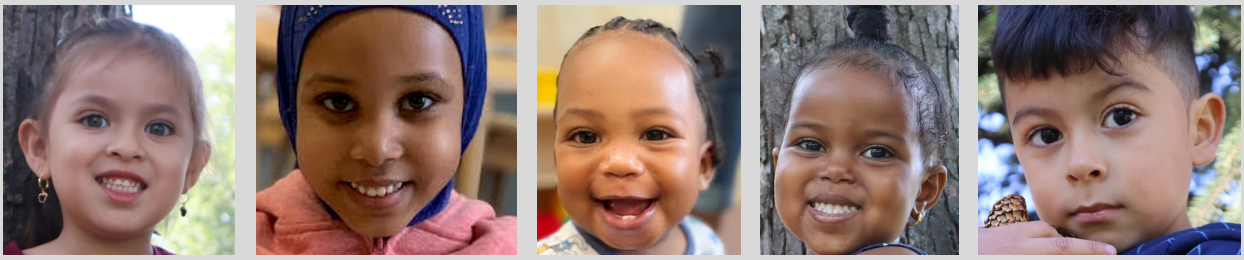
Enroll Your Children in Head Start!

PICA
Parents In Community Action, Inc.



Head Start is a comprehensive child and family development program.
Head Start meets the needs of low-income families and their children in the following areas:

Parent Involvement	Social Services	Health
Transportation	Education	Nutrition
Language & Literacy	Disabilities and Special Needs	Parent Training

Parents In Community Action, Inc. (PICA) has been the federally designated Head Start grantee serving children and families in Hennepin County for over 50 years. PICA Head Start serves children ages 6 weeks to 5 years old and pregnant women in PICA centers located throughout Hennepin County. PICA has many program options to choose from.

To enroll your child, start with an online application (www.picaheadstart.org) and we will contact you to get additional information, or visit the PICA center closest to you Monday through Friday with the information listed below.

Bring the following forms:

- ✓ **Current Physical Examination and Immunization Records.** Fill out the top part of the *Child Physical* and the *Child Care Immunization Form*. These forms will be completed and signed by your doctor.
- ✓ **Insurance Cards.** Bring your child's medical and dental insurance cards.
- ✓ **Emergency Information.** Provide names, addresses, and phone numbers of at least two emergency contacts.
- ✓ **Proof of Income.** Bring documentation of income. For example: Minnesota Family Investment Program (MFIP), Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), Social Security Disability Income (SSDI), Foster Care or Unemployment Compensation. If you are employed, bring one of the following: W-2 forms, tax return, check stubs, or other income verification.
  **Pregnant mom enrollment only requires proof of income.*

PICA Website:
www.picaheadstart.org

PICA Hotline
(612) 377-4444

Eligibility Criteria
How Do I Know If My Child Is Eligible?

Split Week Head Start and Early Head Start

This locally designed option is attended by a majority of PICA's children and operates on a "Split-Week" model. Children attend class six hours a day, two or three days a week, from September through early June.

Dual Language Head Start and Early Head Start

Dual Language classrooms offer learning in English/Spanish, English/Somali, and English/Hmong, as well as other language programs.

High Five

High Five is for children who miss entry into public school kindergarten because they turn five after September 1 and before December 31.

Full Day Head Start and Early Head Start

PICA's Full Day Head Start and Early Head Start programs operate more than eight hours per day, five days per week, twelve months per year. Families must have a childcare subsidy to participate in this option.

Project Secure Head Start and Early Head Start

Children and parents living in shelters throughout Hennepin County are provided Head Start and Early Head Start services through Project Secure. Project Secure operates six hours a day, Monday through Friday, all year long.

Early Head Start: Pregnant Mom Options

Enrolling into the pregnant mom program includes participation in pre-natal classes and support groups as well as getting support from a pre-natal advocate to provide resources and information on a healthy pregnancy and a home visit within two weeks of the baby's birth. Once the baby is born there will be support to enroll the baby into an Early Head Start classroom once he/she turns six weeks old.

Eligibility:

- Children in foster care or experiencing homelessness are eligible regardless of income.
- Family is at or below Federal Income Guidelines (listed below) or receives MFIP, SNAP, or SSI.
- A limited number of over-income slots will be available.

Age Eligible:

- Children six weeks to five years old.

Federal Income Guidelines 2024

Family Size	Max Income
1	$15,060
2	$20,440
3	$25,820
4	$31,200
5	$36,580
6	$41,960
7	$47,340
8	$52,720

For each additional person, add $5,380.

You may submit your application or obtain more information at any one of the PICA centers below:

NORTH MINNEAPOLIS

Donald M. Fraser Center
700 Humboldt Avenue North
Minneapolis, MN 55411
Phone: 612/377-7422

NORTHEAST MINNEAPOLIS

Northeast Center
342 13th Avenue Northeast
Minneapolis, MN 55413
Phone: 612/379-7422

NORTHWESTERN SUBURBS

Aubrey Della Center
6415 Brooklyn Boulevard
Brooklyn Center, MN 55429
Phone: 763/535-7422

Town Hall Center
8500 Zane Avenue North
Brooklyn Park, MN 55443
Phone: 763/425-7422

SOUTH MINNEAPOLIS

McKnight Center
4225 Third Avenue South
Minneapolis, MN 55409
Phone: 612/825-7422

Park Place Center
2745 Park Avenue South
Minneapolis, MN 55407
Phone: 612/870-7422

Portland Village Center
1829 Portland Avenue South
Minneapolis, MN 55405
Phone: 612/871-7422

PICA Training Center
4255 Third Avenue South
Minneapolis, MN 55409
Phone: 612/822-7422

SOUTHEAST MINNEAPOLIS

Glendale Center
96 St. Mary's Avenue Southeast
Minneapolis, MN 55414
Phone: 612/874-7422

SOUTHERN SUBURBS

Pond Center
9600 Third Avenue South
Bloomington, MN 55420
Phone: 612/871-7422

South Branch Center
7145 Harriet Avenue
Richfield, MN 55423
Phone: 612/871-7422

Southwood Center
4901 West 112th Street
Bloomington, MN 55427
Phone: 612/871-7422

WESTERN SUBURBS

Helen H. Taylor Center
4901 Olson Memorial Highway
Golden Valley, MN 55422
Phone: 763/541-7422

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CONTACT INFORMATION FOR PICA HEAD START

PARTICIPANT INFORMATION

Child's Name _____ Age: _____ DOB: _____

Child's Name _____ Age: _____ DOB: _____

Parent/Guardian Name _____

_____

Language spoken in home: _____ Interpreter needed: ☐ Yes ☐ No

Special needs/Concern for Child:

_____

_____

CONTACT INFORMATION

Address: _____ _____ _____

City, State Zip code

Phone: _____ Cell Phone: _____

Email Address: _____

Do you need transportation? ☐ Yes ☐ No

6/28/2022-skc

Parents In Community Action
700 Humboldt Ave North
Minneapolis, MN 55411
612-377-7422

CHILD PHYSICAL

Exam Date:	Child's Last Name:	First Name:	Middle Initial:
	Parent/Guardian Name:		Child's Birth Date:

Early and Periodic Screening Diagnosis and Treatment (EPSDT) exam required. Starred items (*) are required by Federal Head Start and Early Head Start regulations.

TEST	RESULTS		
HEIGHT (CM or IN)*			
HEAD CIRCUM. (CM or IN)			
WEIGHT (KG or Lbs)*			
BMI*			
BLOOD PRESSURE			
HEMOGLOBIN*	g/dL	Date:	
LEAD*	Mc/dL	Date:	

Vision (Type of Test)* ❑ Spot Vision ❑ HOTV

Vision Acuity: Right _____ Left _____

❑ Wearing corrective lenses

❑ Pass ❑ Refer ❑ Screening exception

Comments:

PHYSICAL EXAMINATION/ASSESSMENT

☐ WNL

Key: Normal=NL Abnormal=AB Not Evaluated=NE

GENERAL APPEARANCE	❑ NL	❑ AB	❑ NE
SPEECH	❑ NL	❑ AB	❑ NE
HEAD	❑ NL	❑ AB	❑ NE
SKIN	❑ NL	❑ AB	❑ NE
EYES	❑ NL	❑ AB	❑ NE
EARS	❑ NL	❑ AB	❑ NE
NOSE, MOUTH, THROAT	❑ NL	❑ AB	❑ NE
NECK	❑ NL	❑ AB	❑ NE
HEART	❑ NL	❑ AB	❑ NE
LUNGS	❑ NL	❑ AB	❑ NE
ABDOMEN	❑ NL	❑ AB	❑ NE
GENITALIA	❑ NL	❑ AB	❑ NE
BONES, JOINTS, MUSCLES	❑ NL	❑ AB	❑ NE
NEUROLOGICAL/SOCIAL	❑ NL	❑ AB	❑ NE
Gross Motor	❑ NL	❑ AB	❑ NE
Fine Motor	❑ NL	❑ AB	❑ NE
Cognitive	❑ NL	❑ AB	❑ NE
Self-Help Skills	❑ NL	❑ AB	❑ NE
Social Skills	❑ NL	❑ AB	❑ NE

HEARING (Type of Test)* ❑ OAE ❑ Pure Tone

OAE ❑ Pass ❑ Refer

Pure Tone at 20dB	1000 Hz		2000 Hz		4000 Hz	
RIGHT EAR	❑Pass	❑Fail	❑Pass	❑Fail	❑Pass	❑Fail
LEFT EAR	❑Pass	❑Fail	❑Pass	❑Fail	❑Pass	❑Fail

Comments:

❑ Ear tubes in place

Specify type and dose of any current medication or therapies:

DENTAL		
Were teeth and gums examined?	❑ Yes	❑ No
Fluoride varnish applied?	❑ Yes	❑ No
Referral to dentist?	❑ Yes	❑ No

Treatment Plan and Recommended Follow-Up or Results:

Environmental Allergies requiring EpiPen® only:

Diagnosed Food Allergies (no food preferences)

❑ Lactose intolerance

Does the child have any of these ***current***, chronic conditions?

❑ Asthma ❑ Diabetes ❑ Eczema
❑ Heart Disorder ❑ Oral Aversion ❑ Orthopedic Disability
❑ Seizure Disorder ❑ Sickle Cell Anemia ❑ Underweight
❑ Other

Comments:

Print Name: (MD/NP/PA-C)

Signature: **Date:**

Clinic Name:

3/22/2022 - SKC

Child Care Immunization Form

Must be on file **before** a child attends child care

Name _____ Birthdate _____

Minnesota law requires children enrolled in child care to be immunized against certain diseases or have a legal medical exemption or conscientious exemption on file.

Parent/Guardian:
You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease or laboratory evidence of immunity, and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status, section 2A to document medical exemptions (including a history of varicella disease), and 2B to document a conscientious exemption.

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

Type of Vaccine DO NOT USE (✓)or(*)	**1st Dose Mo/Day/Yr**	**2nd Dose Mo/Day/Yr**	**3rd Dose Mo/Day/Yr**	**4th Dose Mo/Day/Yr**	**5th Dose Mo/Day/Yr**
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)					
Diphtheria, Tetanus, and Pertussis (DTaP, DTP) • 3 doses during 1st year (*at 2-month intervals*) • 4th dose at 12-18 months • 5th dose at 4-6 years *Indicate vaccine type: DTaP or DTP*					
				5th dose not required if 4th dose was given on or after the 4th birthday	
Polio (IPV, OPV) • 2 doses in the first year • 3rd dose by 18 months • 4th dose at 4-6 years					
			4th dose not required if 3rd dose was given on or after the 4th birthday		
Measles, Mumps, and Rubella (MMR) • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years					
Haemophilius influenza type b (Hib) • 2-3 doses in the first year • 1 dose required at 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older					
Varicella (chickenpox) • Required for children 15 months or older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years					
Pneumococcal Conjugate Vaccine (PCV) • Required for children age 2-24 months • 3 doses in the first year • 4th dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care					
Hepatitis B (hep B) • 2-3 doses in the first year • 3rd dose (final dose) by 18 months					
Hepatitis A (hep A) • 2 doses separated by 6 months for children 12 months and older					
Recommended					
Rotavirus (2-3 doses between 2 and 6 months)					
Influenza (annually for children 6 months or older)					
COVID-19 *Optional for 6 months and up		**Vaccine**	**Month**	**Day**	**Year**
		1			
		2			
		3			
COVID-19 Vaccine Brand:					

Name _____

Instructions, please complete:
Box 1 to certify the child's immunization status
Box 2 to file an exemption (medical or conscientious)

1. **Certify Immunization Status.** Complete A or B to indicate child's immunization status.

A. Children who are 15 months or older:
For children who are 15 months or older and who have received all the immunizations required by law for child care.

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

_____
Signature of Parent/Guardian OR Physician/Nurse Practitioner/Physician Assistant/Public Clinic

_____Date

B. Children who are younger than 15 months:
For children who are younger than 15 months OR have not received all required immunizations.

I certify that the above-named child has received the immunizations indicated. In order to remain enrolled, this child must receive all required vaccines within 18 months of the initial enrollment date. The dates on which the remaining doses are to be given are:

_____
Signature of Physician/Nurse Practitioner/ Physician Assistant/Public Clinic

_____Date

2. **Exemptions to Immunization Law.** Complete A and/or B to indicate type of exemption.

A. Medical exemption:

No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):

_____
Signature of physician/nurse practitioner/physician assistant

_____Date

* History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____(year)

_____
Signature of physician/nurse practitioner/physician assistant
(If disease occurred before September 2010, a parent can sign.)

B. Conscientious exemption:

No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s).
☐ I am opposed to all vaccines.
☐ I am opposed only to vaccines indicated below.
_____ _____
_____ _____

_____
Signature of parent or legal guardian

_____Date

Subscribed and sworn to before me this:
_____day of _____20___

_____
Signature of notary (A copy of the notarized statement will be forwarded to the commissioner of health.)

Phone:

Head Start Application & Information
A publication of

PARENTS IN COMMUNITY ACTION, INC.
700 Humboldt Avenue North
Minneapolis, MN 55411

www.picaheadstart.org • 24-Hour Hotline: (612) 377-4444

PICA Head Start – Child Care and So Much More • Enroll Your Children In Head Start Now!
¡Inscriba a sus niños en Head Start ahora! • Hadda U Buuxi Cunugaaga Head Start-Ka!
Sau Koj Tus Menyuam Npe Kawm Head Start Tam Sim No!
Head Starttii Keessat Qooda Fudhadha Ijoollee Galcha!

ENROLL YOUR CHILDREN AGES 0-5

PICA's Web Site
www.picaheadstart.org
PICA's Hotline
612-377-4444

PARENTS IN COMMUNITY ACTION, INC.
HEAD START & EARLY HEAD START
www.picaheadstart.org