



PICA

Parents in Community Action, Inc.

Sau koj cov me nyuam npe kawm Head Start!



Head Start yog ib qho kev pab txhawb nqa me nyuam thiab tsev neeg.

Head Start ua tau raws li cov kev xav tau ntawm cov tsev neeg uas tau nyiaj tsawg thiab lawv cov me nyuam nyob rau hauv cov cai hauv qab no:

Parent Involvement
Transportation
Language & Literacy

Social Services
Education
Disabilities and Special Needs

Health
Nutrition
Parent Training

Cov Niam Txiv Hauv Zej Zog Kev Ua Haujlwm, Inc. (PICA) tau ua tus thawj tswj hwm lub taub hau Start pub rau menyuam yaus thiab tsev neeg hauv Hennepin County rau ntau tshaj 50 xyoo. PICA Head Start pab cov menyuam hnuv nyoog 0 txog 5 xyoos thiab cov poj niam cev xeeb tub hauv cov chaw nyob thoob plaws hauv Lub Nroog Hennepin. PICA muaj ntau txoj kev xaiv xaiv los ntawm.

Txhawm rau rau npe rau koj tus menyuam, pib nrog daim ntawv thov online (www.picaheadstart.org) thiab peb yuav tiv tauj koj kom tau txais cov ntaub ntawv ntxiv, lossis mus ntsib PICA qhov chaw nyob ze koj hnuv Monday txog Friday nrog cov ntaub ntawv teev tseg hauv qab no.

Nqa cov ntaub ntawv raws li hauv qab no:

- ✓ **Cov ntaub ntawv kuaj lub cev tam sim no thiab txhaj tshuaj tiv thaiv.** Sau rau sab saum toj ntawm Child Physical and the Child Care Immunization Form. Cov ntawv no yuav ua kom tiav thiab kos npe los ntawm koj tus kws kho mob.
- ✓ **Cov npav pov hwm (Insurance Cards).** Nqa koj tus menyuam daim npav kho mob thiab kho hniav.
- ✓ **Xov xwm xwm ceev (Emergency Information).** Muab cov npe, chaw nyob, thiab xov tooj yam tsawg kawg yuav tsum yog ob leeg txhawm rau kev tiv tauj thaum muaj xwm ceev.
- ✓ **Ntawv pov thawj tau nyiaj tau los.** Nqa cov ntaub ntawv pov thawj ntawm cov nyiaj tau los. Piv txwv li: Minnesota Family Investment Plan (MFIP), Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), Social Security Disability Income (SSDI), Foster Care or Unemployment Compensation. Yog tias koj ua hauj lwm, nqa ib daim ntawv raws li hauv qab no: daim W-2, cov ntawv ua se, daim tw tshev, los sis lwm daim ntawv pov thawj nyiaj tau los.

** Cov niam tuaj tso npe cev xeeb tub, tsuav yog tau ib daim ntawv pov thawj ntawm cov nyiaj tau los xwb.*

**PICA Hotline
(612) 377-4444**

PICA Website:
www.picaheadstart.org



ELIGIBILITY CRITERIA

YUAV UA CAS KUV THIAJ PAUB TIAS KUV TUS ME NYUAM TUAJ KAWM TAU?

Faib Lub Sij Hawm Rau Ntawm Head Start thiab Early Head Start

Qhov kev pab cuam (Locally desinged) no feem coob yog tsim raws li PICA cov me nyuam thiab ua muab faib ua "Split-Week" ua tus qauv. Cov me nyuam tuaj koom rau sij tauj ib hnuv, ob los sis peb hnuv hauv ib lub lis piam, txij lub Cuaj Hli mus txog rau lub Rau Hli.

OB HOM LUS NTAWM HEAD START THIAB EARLY HEAD START

Cov chav kawm Ob Hom Lus muaj kev kawm lus Askiv/Spanish, Lus Askiv/Somali, thiab Askiv/Hmong, nrog rau lwm hom lus.

HIGH FIVE

High Five yog rau cov me nyuam uas plam tsis tau mus kawm rau qib kindergarten vim lawv muaj tsib xyoos tom qab lub Cuaj Hlis tim 1 thiab ua ntej lub Kaum Ob Hlis 31.

FULL DAY HEAD START THIAB EARLY HEAD START

PICA's Full Day Head Start thiab Early Head Start cov kev pab cuam ua hauj lwm ntau tshaj yim teev hauv ib hnuv, tsib hnuv hauv ib as thiv, kaum ob lub hlis hauv ib xyoos. Cov tsev neeg yuav tsum tau txais cov nyiaj pab zov me nyuam thiaj los koom rau hauv qhov kev pab no.

PROJECT SECURE HEAD START THIAB EARLY HEAD START

Cov me nyuam yaus thiab cov niam txiv nyob rau ntawm plaub lub tsev nyob hauv Minneapolis no ib lub (Moving Forward, Mary's Place, People Serving People, thiab St. Anne's) tau muab kev pab cuam Head Start thiab Early Head Start los ntawm Project Secure. Project Secure ua hauj lwm rau 6 teev hauv ib hnuv, Monday txog Friday, txhua xyoo.

EARLY HEAD START: QHOV KEV PAB RAU COV NIAM CEV XEEB TUB

Kev tso npe rau hauv qhov kev pab cuam rau cov niam cev xeeb tub suav nrog kev tuaj koom rau hauv cov chav kawm ua ntej yug tus me nyuam thiab pab pawg txhawb nqa nrog rau tau txais kev txhawb nqa los ntawm tus kws pab tswv yim ua ntej yug tus me nyuam los muab cov peev txheej thiab cov ntaub ntawv hais txog kev xeeb tub thiab mus ntsib pem tsev li ob lub lim piam tom qab tus me nyuam yug. Thaum tus me nyuam yug los yuav muaj kev txhawb nqa rau npe tus me nyuam mus rau hauv chav kawm Early Head Start thaum nws muaj 6 lub lim piam.

Txhawm rau kom tau txais daim ntawv thov thiab cov ntaub ntawv, hu los sis tuaj nqa ntawm cov chaw hauv qab no:

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

NORTHEAST MINNEAPOLIS
Northeast Center
342 13th Avenue N.E.
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

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

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

ELIGIBILITY:

- Cov me nyuam uas nyob rau foster care los yog tsis muaj vaj muaj tsev nyob ces yeej muaj feem tau txais kev kawm txawm tias tsis muaj ntaub ntawv qhia nyiaj los tau.
- Tsev neeg uas tau nyiaj qis dua Tsoom Fwv Txoj Cai (uas teev tseg li hauv qab no) los sis tau txais MFIP nyiaj ntsuab, SNAP, lossis SSI.
- Pes tsawg tus yuav tau txais kev pab nyob ntawm cov nyiaj tau los xwb.

AGE ELIGIBLE:

- Tus me nyuam muaj rau as thiv txog tsib xyoos.

FEDERAL INCOME GUIDELINES 2023	
FAMILY SIZE	MAX INCOME
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

For each additional person, add \$5,140.



PICA
Parents In Community Action, Inc.

CONTACT INFORMATION FOR PICA HEAD START

PARTICIPANT INFORMATION

Tus Me Nyuam Lub Npe _____

Hnub
nyoog
Age: _____

Hnub yug
DOB: _____

Tus Me Nyuam Lub Npe _____

Age: _____

DOB: _____

Parent/Guardian Name _____

Hom lus hais nyob hauv tsev: _____

Puas yuav tus
txhais lus: _____

Yuav/Yes

Tsis
yuav/No

Yam tshwj xeeb xav tau/Kev txhawj xeeb txoj tus me nyuam: _____

CONTACT INFORMATION

Chaw nyob: _____

City, State

Zip code

Xov tooj: _____

Cell Phone: _____

Tus Email: _____

Koj puas yuav tsheb tuaj thauj?

Do you need transportation?

Yes

No



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	Vision (Type of Test)* <input type="checkbox"/> Spot Vision <input type="checkbox"/> HOTV													
HEIGHT (CM or IN)*		Vision Right _____ Left _____ Acuity: _____ <input type="checkbox"/> Wearing corrective lenses <input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Screening exception Comments:													
HEAD CIRCUM. (CM or IN)															
WEIGHT (KG or Lbs)*															
BMI*															
BLOOD PRESSURE															
HEMOGLOBIN*	g/dL Date:														
LEAD*	Mc/dL Date:														
PHYSICAL EXAMINATION/ASSESSMENT <input type="checkbox"/> WNL			HEARING (Type of Test)* <input type="checkbox"/> OAE <input type="checkbox"/> Pure Tone <input type="checkbox"/> Pass <input type="checkbox"/> Refer												
Key: Normal=NL Abnormal=AB Not Evaluated=NE			OAE <input type="checkbox"/> Pass <input type="checkbox"/> Refer Pure Tone at 20dB <table style="width: 100%; text-align: center;"> <tr> <td></td> <td>1000 Hz</td> <td>2000 Hz</td> <td>4000 Hz</td> </tr> <tr> <td>RIGHT EAR</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Fail</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Fail</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Fail</td> </tr> <tr> <td>LEFT EAR</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Fail</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Fail</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Fail</td> </tr> </table>		1000 Hz	2000 Hz	4000 Hz	RIGHT EAR	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	LEFT EAR	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	1000 Hz		2000 Hz	4000 Hz											
RIGHT EAR	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail												
LEFT EAR	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail												
GENERAL APPEARANCE	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE	Comments: <input type="checkbox"/> Ear tubes in place Specify type and dose of any current medication or therapies:													
SPEECH	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
HEAD	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
SKIN	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
EYES	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
EARS	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
NOSE, MOUTH, THROAT	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
NECK	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
HEART	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
LUNGS	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
ABDOMEN	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
GENTALIA	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
BONES, JOINTS, MUSCLES	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
NEUROLOGICAL/SOCIAL	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
Gross Motor	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
Fine Motor	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
Cognitive	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
Self-Help Skills	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
Social Skills	<input type="checkbox"/> NL <input type="checkbox"/> AB <input type="checkbox"/> NE														
DENTAL		Does the child have any of these <i>current</i> , chronic conditions? <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Eczema <input type="checkbox"/> Heart Disorder <input type="checkbox"/> Oral Aversion <input type="checkbox"/> Orthopedic Disability <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Underweight <input type="checkbox"/> Other													
Were teeth and gums examined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: Print Name: (MD/NP/PA-C) Signature: _____ Date: _____ Clinic Name: _____													
Fluoride varnish applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No														
Referral to dentist?	<input type="checkbox"/> Yes <input type="checkbox"/> No														
Treatment Plan and Recommended Follow-Up or Results:															



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(*)	1 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo/Day/Yr	4 th Dose Mo/Day/Yr	5 th 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) <ul style="list-style-type: none"> • 3 doses during 1st year (at 2-month intervals) • 4th dose at 12-18 months • 5th dose at 4-6 years Indicate vaccine type: <i>DTaP or DTP</i>						
					5 th dose not required if 4 th dose was given on or after the 4 th birthday	
Polio (IPV, OPV) <ul style="list-style-type: none"> • 2 doses in the first year • 3rd dose by 18 months • 4th dose at 4-6 years 						
				4 th dose not required if 3 rd dose was given on or after the 4 th birthday		
Measles, Mumps, and Rubella (MMR) <ul style="list-style-type: none"> • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years 						
Haemophilus influenzae type b (Hib) <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • Required for children 15 months or older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years 						
Pneumococcal Conjugate Vaccine (PCV) <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 2-3 doses in the first year • 3rd dose (final dose) by 18 months 						
Hepatitis A (hep A) <ul style="list-style-type: none"> • 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 Menyuum Npe Kawm Head Start Tam Sim No!
Head Starttiii Keessat Qooda Fudhadha Ijoollee Galcha!

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ENROLL YOUR CHILDREN AGES 0-5



PARENTS IN COMMUNITY ACTION, INC.
HEAD START & EARLY HEAD START

www.picaheadstart.org

PICA's Web Site

www.picaheadstart.org

PICA's Hotline

612-377-4444