Ka qor Caruurtada Head Start-ka!

Barnaamijka Parents In Community Action, Inc. (PICA) waa hay'ad ay dowlada dhexe Maalgeliso, isla markaana ah Iskool in ka badan 50 sona soo shaqeenayey. Barnamijka PICA waxaa wax lagu baraa caruurta marka ay dhashaan ilaa 5 sano jir iyo hooyooyinka uurka leh. waxaadna adeegyadaan ka heli kartaa xarumah ku yaal nawaaxiga Degmada Hennepin. PICA waxaad ka heli kartaa barnaamijyo kala duwan.

Si aad u diiwaangaliso ilmahaaga fadlan halkaan riix (www.picaheadstart.org) oo ka buuxi foomka online-ka. Ruux ayaa kula soo xiriiri doona marka foomkada uu na soo gaaro. Sidoo kale waxaad booqan kartaa xarunta kuugu dhow ee PICA kuwaas oo furan maalmaha Isniinta ilaa Jimcaha.

Waxaad horay u soo qaadataa waxyaabaha soo socdo.

- ✓ **Foomka Cafimaadka Guud iyo Talaalda.** Arjiga waxaa la socda foomka caafimaadka guud iyo talaalada**.** Walidiinta fadlan buuxiya oo kaliya qeybta hore ee foomka. Foomanka kalena waxaa buuxin doona sidoo kalana saxiixi doona dhaqtarka.
- ✓ **Kaarka Cafimaadka.** Markaad ilahaaga qoreysid, fadlan horey u soo qaado kaarka cafimaadka.
- ✓ **Xiriirka deg-dega ah**.Waa in aad keentaa ugu yaraan labo qof magacooda, telefoonkooda,iyo cinwaankooda si loo waco hadii adiga lagu waayo oo timaado xalad dagdag ah.
- ✓ **Caddaynta Dakhliga.** Horay u soo qaado cadaynta dakhliga ee qoyka soo gala.Tusle ahaan: Caydha (MFIP), Lacagta dadka waaweyn la siiyo (SSI), kaarka cuntada (SNAP), lacagta cuuryaanka (SSDI), Haynta caruurta/Foster care, ama tan laga qaato xaqsiinta (unemployment). Hadii aad shaqeyso soo qaado check stubs, W-2 form, tax return, ama ay jiraan daqli kale oo ku soo gala.
  **Diiwaangelinta hooyada uurka leh waxay u baahan-tahaay dakhliga oo kaliya.*

PICA Website:
www.picaheadstart.org

PICA Hotline
(612) 377-4444

Original 8/31/2023 skc. Somali HN.

SHURUDAHA U-QALIMITAANKA
SIDEE KU OGAADA IN ILMAHAYGU ISKOOLKA HELI KARO?

BARNAMIJKA USBUUCA KALA QEYBSAMA EE HEAD-START-KA IYO EARLY HEAD START:

Ilmaahgu waxuu ka qeyb khadanyaa fasalka usbuuca kala qeybsan oo badanaa PICA ilmaha dhigta ay yimadaan.Faslakan ilmuhu wuxuu iman 2 ama 3 biri usbuucii,6 saac malintii,fasalkaan wuxuu bilwaadaa bisha Siteenbar ilaa juunyo horanteeda.

FASALDA LUUQADAHA LUGU BARTO:

Faslakadaan waxaa lugu baraa caruurta luuqadaha, sida, Engilsh,Spanish, English, Somali,iyo English, Hmong,iyo luuqado kalaba.fasaladaan waxaay bilaawdaan bisha Siteenbar ilaa iyo bisha juunyo.

FASLKA HIGH FIVE-KA

Fasalk High Five waaxaa loogu tagalay caruurta ka daahday galida iskoolada dadwaynaha sida fasalka kindergarten-ka maxaa yeelay waxay shan jir noqdeen wixii ka danbeeyey 1-da Siteenbar ama inta aan la gaarin 31-ka Diseenbar.

HAYNTA ILAHA MALINTII OO DHAN EE HEAD START-KA

Barnaamijyada PICA ee Early Head Start waxay shaqeeyaan in ka badan sideed saacadood maalintii, shan maalmood, iyo dhamaan sanadka oo idil. Qoysasku waa inay haystaan daryeelka ilmaha ee dowlada ay bixiso si barnaamijka loogu ogolaado.

PROJECT SECURE HEAD START AND EARLY HEAD START

Carruurta iyo waalidiinta ku nool mid ka mid ah afarta shalter ah ee Minneapolis (sida Families Moving Forward, Mary's Place, People Serving People, and St. Anne's) waxa la siiyaa adeegyada Head Start iyo Early Head Start iyada oo loo marayo Project Secure. Project Secure waxa uu shaqeeyaa lix saacadood maalintii, Isniin ilaa Jimcaha, sanadka oo dhan.

FURSADAHA HOOYADA UURKA LEH EE EARLY HEAD START:

Diiwaangelinta barnaamijka hooyada uurka leh waxaa ka mid ah ka qaybqgalka fasalada looga caawiyo habka dhalmada halkaas oo ay ku heli karaan macluumaad la xiriir caafimaadka hooyada uurka leh iyo booqashada guriga lagu soo buuqdo ka dib marka ay hooyadu dhasho. Marka ilmuha uu noqdo lixbilood waxaa lagu qoraa fasalka Early Head Start.

WAX YAABAHA QOYSKA LOOGU OGOLAAN KARO BARNAAMIJKAAN:

- Caruurta reerka aan dhalin ee la nool ama guri la'aanta ah looma eegi doono dakhligooda.
- Qoyska daqliga soo gala uu la sugan yahay halka la ogolyahay ama, ka hoose**ya** ama khaata MFIP, cash, Snap, or SSI.
- Waxaa kaloo la heli kara boosas tiro xadidan oo loogu talagaly qoysaska daqligoodu uu badan yaaahay

SHURUDAHA:

CARUURTA LIXDA BILOOD ILAA SHAN JIRKA

DAQLIGA DOWLADDA DHEXE AY OGOSHAAHAY SANADKA 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**
Qof kaastoo dheeraad ah ku dar , $5,140.	

Hadii aad dooneysid in aad ilmahaga ka qorto ka buuxi arjiga internet-ka,ama soo booqo xarunta PICA ee gurigaga. U dhow:

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

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

PICA
Parents In Community Action, Inc.

MACLUUMADKA XIRIIRKA EE PICA HEAD START

MACLUUMAADKA QAYBQAATAHA

Magaca ilmaga / Child's Name _____ Dada Age: _____ Dhalashada DOB: _____

Magaca Ilmaga / Child's Name _____ Dada Age: _____ Dhalashada DOB: _____

Magaca walidka ama masulka Parent / Guardian Name _____

Luukhda guruga aad ku hadashaan Language spoken in home: _____

Turjuman ma u baahan taahay Interpreter needed: ☐ **Haa**/Yes ☐ **Maya**/No

Walwal xaga ilmaha ama bahida gonida ah/ Special needs/Concern for Child:

_____

_____

MACLUUMAADAKA XARIIRKA

Ciwaanka Address: _____ **Gobolka,Dagmada** City, State _____ **Sibkoodka** Zip code _____

Taleefoonka Phone: _____ **Salari foonka** Cell Phone: _____

Ciwaanka iimeelka Email Address: _____

Miyaad gaadiid u baahantahay

Do you need transportation? ☐ Haa/Yes ☐ Maya/ 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		
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:

Environmental Allergies requiring EpiPen® only:

Diagnosed Food Allergies (no food preferences)

❑ Lactose intolerance

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:

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:

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:

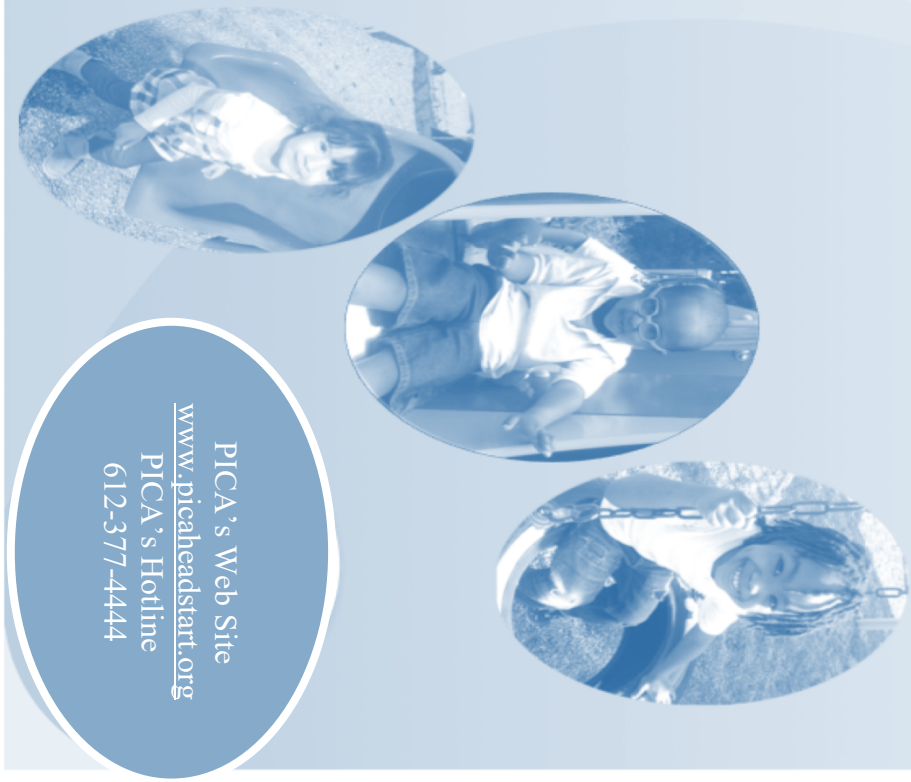
Head Start Application & Information
A publication of

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!

Qor Ilmahaaga Laga bilaabo Dhalashada Ilaa 5 jir



PICA's Web Site
www.picaheadstart.org
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PARENTS IN COMMUNITY ACTION, INC.
HEAD START & EARLY HEAD START
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