

Head Start Authorization for Children in Foster Care

Completion of this form is required for children enrolled in Head Start/Preschool who are currently in foster care or in relative placement. We need to know who has the legal authority to sign Head Start paperwork. This information also allows us to act in the child's best interests, to best serve both biological and foster parents, and to avoid duplication of efforts.

If you have any questions about completing this form, please contact us at 641-494-1891

Child Name: _____ DOB: _____

Head Start Site: _____

Biological Parents:

Name : _____ Name: _____

Address: _____ Address: _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone: _____

Is there a no contact order in effect for this child? Yes (attach a copy) No

Are biological parents allowed to visit child at school?

Mother Yes No Father Yes No

We have an open door policy at Head Start and parents are welcome to visit their child as long as there is no disruption in the classroom due to these visits.

HEAD START staff are not available to supervise visits and any visits required to be supervised need to have prior permission from the Head Start administrative office AND the supervisor will accompany the parent to the classroom.

Child is currently in foster care with:

Foster parents name: _____

Address: _____

City, State, Zip _____

Phone: _____

Department of Human Services Contact:

Name _____

Title _____

Address _____

City, State, Zip _____

Phone _____

Please check who will have authorization to sign documents for the Head Start program (check all that apply):

Head Start application	<input type="checkbox"/> Foster parents	<input type="checkbox"/> Biological parents	<input type="checkbox"/> DHS
Release of information	<input type="checkbox"/> Foster parents	<input type="checkbox"/> Biological parents	<input type="checkbox"/> DHS
Emergency Card	<input type="checkbox"/> Foster parents	<input type="checkbox"/> Biological parents	<input type="checkbox"/> DHS
Field Trip Permission Slips	<input type="checkbox"/> Foster parents	<input type="checkbox"/> Biological parents	<input type="checkbox"/> DHS
Fluoride Treatment Form	<input type="checkbox"/> Foster parents	<input type="checkbox"/> Biological parents	<input type="checkbox"/> DHS

The Head Start acceptance packet includes a letter of acceptance, the physical exam form, dental exam form, and an optional vision exam card. This packet should be sent to:

Biological parent Foster parent

We will send a welcome back to school letter in July, including the calendar, school start date and other information. This packet will be mailed to the address where the child resides.

Children need strong, healthy and effective home-school partnerships to succeed in their education and life. Ongoing daily communication helps the teacher to be more effective in the classroom, informs the child's caretaker of the days activities, and allows the caretaker to communicate what has happened at home and concerns or events that might affect the child at school. This daily communication will be held with whom the child resides.

Parent involvement is an integral part of the Head Start program. We will make every effort to include both biological parents and the foster parents in school activities, volunteer opportunities, and special events.

The following information should be sent to?

Parent meeting/Special Event notices	<input type="checkbox"/> Biological parent	<input type="checkbox"/> Foster parent	<input type="checkbox"/> Both
Newsletters/Classroom calendars	<input type="checkbox"/> Biological parent	<input type="checkbox"/> Foster parent	<input type="checkbox"/> Both
Parent education materials	<input type="checkbox"/> Biological parent	<input type="checkbox"/> Foster parent	<input type="checkbox"/> Both
Screening results/information	<input type="checkbox"/> Biological parent	<input type="checkbox"/> Foster parent	<input type="checkbox"/> DHS
Notices for AEA problem solving Meetings/Staffings	<input type="checkbox"/> Biological parent	<input type="checkbox"/> Foster parent	<input type="checkbox"/> DHS

Head Start also offers family support and advocacy services. Our family service workers have ongoing contact with families to provide support and also complete two home visits per year with each family to complete a family assessment and develop a family partnership plan. We will coordinate with DHS and other agencies to support families in meeting their needs, accessing resources, and pursuing their goals while avoiding duplication of effort.

Does this family have an ongoing family services worker? Yes No

If yes, name and phone number of worker: _____

Does this family have a family goal plan? Yes (please attach copy) No

Head Start family services worker should visit (check all that apply):

Biological father Biological mother Foster parent

For the best interest of the family, Head Start family services worker should not complete a home visit/family partnership plan with this family at this time.

We are aware that this child is applying for Head Start and authorize Head Start to carry out the activities required for their program as outlined above.

Parent signature _____ Date _____

Parent signature _____ Date _____

DHS representative signature _____

Title _____ Date _____

Foster parent _____ Date _____

Please attach copy of:

- Foster care placement contract, including amount of stipend paid to foster parents for purposes of determining income eligibility for Head Start.
- Family Goal plan
- No contact orders (if applicable)