

Date Application Received: \_\_\_\_\_

## PREK COUNTS APPLICATION FORM FOR 20\_\_-20\_\_ SCHOOL YEAR

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_ Social Sec # \_\_\_\_\_

School District: \_\_\_\_\_ Phone No. \_\_\_\_\_

Email: \_\_\_\_\_ Household Size: \_\_\_\_\_

Primary Language:  English  Spanish  Other \_\_\_\_\_  
(please specify)

Family Type:  One Parent  Two Parent  
 Foster  Relative  Other

Household Income (required) check box: Attach a copy of 2010 1040 page 1  
or current pay stub for verification of income for eligibility

Less than \$5,000  \$5,001 - \$10,000  \$10,001 - \$15,000  
 \$15,001 - \$20,000  \$20,001 - \$25,000.  \$25,001 - \$30,000  
 \$30,001 - \$35,000  \$35,001 - \$40,000  \$40,001 - \$45,000  
 \$45,001 - \$50,000  \$50,001 - \$60,000  \$60,001 - \$70,000  
 \$70,001 - \$100,000  More than \$100,000

Family Income is at or below 300% of federal poverty level

Family Income is at or below 100% of federal poverty level and  
Head Start eligible (make referral to Head Start \_\_\_\_\_)

PreK Counts Only  Summer Care needed  
 Wraparound Care needed  Title XX funding

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Other Child Eligibility Risk Factor Criterion (Check all that apply):

Disability or developmental delay (verified with copy of IEP or other source of documentation from the parent or EI provider) and/or participation in one of the Early Intervention programs

Specify which one: \_\_\_\_\_

English Language Learner: A child whose first language is not English and who is the process of learning English is considered an English Language Learner

Behavior Supports (A child who is receiving mental health treatment or who was referred from a health practitioner)

Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth Services

Education level of Guardian: does not have a high school diploma or GED

Homeless: A child who lacks a fixed, regular and adequate nighttime residence

Incarcerated Parent: A child for whom one of the child's parents is currently in prison

Teen mother: A child whose mother was under the age of 18 when the child was born

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

For Office Use:

Actual Annual Verified Gross Household (Family) Income: \_\_\_\_\_

\_\_\_\_\_  
Staff Verifying Income and Risk Factors Signature/Title

PreK Counts Only

Wraparound Care needed

Summer Care needed

Title XX funding