



# AIU EARLY CHILDHOOD EDUCATION HEAD START & PRE-K COUNTS APPLICATION 2016-2017

## Eligible Child Information

**Child's Legal Name:** (from Birth Certificate, Green Card or I-94) \_\_\_\_\_ **Application Date:** (MM/ DD/ YYYY) \_\_\_\_\_  
**Birth Date:** (MM/ DD/ YYYY) \_\_\_\_\_ **Gender:**  Female  Male  
**Ethnicity:** \_\_\_\_\_ **Latino:**  Yes  No  
**Primary Language:** \_\_\_\_\_ **Other Language:** \_\_\_\_\_  
**Non-English Speaking:**  Yes (eligible child does NOT speak English)  Needs Interpreter  Needs Referral  
**Relationship to Primary Caregiver:** \_\_\_\_\_  
**Active IEP or IFSP:**  Yes  No **Child has received services at other preschool:**  Yes  No **Site Name:** \_\_\_\_\_  
**Child was referred to program:**  Yes  No **If Yes, please list referring agency:** \_\_\_\_\_  
**Comments:** \_\_\_\_\_

## Program Information

**Desired Center 1<sup>st</sup> Choice:** \_\_\_\_\_ **Desired Center 2<sup>nd</sup> Choice:** \_\_\_\_\_

## Primary Caregiver General Information

**Name (first/ mi/ last):** \_\_\_\_\_ **Birth Date:** (MM/ DD/ YYYY) \_\_\_\_\_  
**Gender:**  Female  Male **Ethnicity:** \_\_\_\_\_ **Latino:**  Yes  No  
**Education Level:** \_\_\_\_\_ **Education Completion Date:** (MM/ DD/ YYYY) \_\_\_\_\_  
**Employment Status:** \_\_\_\_\_  Veteran of the US Military  Member of the US Military on Active Duty  
**Completed a job training program, professional certificate, or license.**  **Program Completion Date** (MM/ DD/ YYYY) \_\_\_\_\_  
**Primary Language:** \_\_\_\_\_ **English as a Second Language:**  Yes  No  
**Phone (home):** \_\_\_\_\_ **Phone (cell):** \_\_\_\_\_ **Phone (work):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Disabled:**  Yes  No  
**City:** \_\_\_\_\_ **School District of Residence:** \_\_\_\_\_  
**State:** PA Zip Code: \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
**# in Family:** \_\_\_\_\_ **# in Household:** \_\_\_\_\_ **Family Structure:** \_\_\_\_\_  
**Staff Completing Paperwork:** \_\_\_\_\_ **Family in transition within the past 12 months:** \_\_\_\_\_  
**Family Advocate:** \_\_\_\_\_ **Parent(s) / Guardian(s) Best Descriptor:** \_\_\_\_\_  
**Are you staying in a permanent or temporary living arrangement:** \_\_\_\_\_ **Are you staying with friends/ relatives for just a little while:**  Yes  No  
**Do you stay in the same place every night:**  Yes  No **Does the place where you stay have heat/ electricity/ running water?**  Yes  No  
**Is there shared custody of eligible child with any other individual?**  Yes  No  
**Comments:** \_\_\_\_\_

## Secondary Caregiver General Information REFUSED DECEASED NO SECONDARY CAREGIVER

**Name (first/ mi/ last):** \_\_\_\_\_ **Birth Date:** (MM/ DD/ YYYY) \_\_\_\_\_  
**Gender:**  Female  Male **Ethnicity:** \_\_\_\_\_ **Latino:**  Yes  No  
**Education Level:** \_\_\_\_\_ **Education Completion Date:** (MM/ DD/ YYYY) \_\_\_\_\_  
**Employment Status:** \_\_\_\_\_  Veteran of the US Military  Member of the US Military on Active Duty  
**Completed a job training program, professional certificate, or license.**  **Program Completion Date** (MM/ DD/ YYYY) \_\_\_\_\_  
**Primary Language:** \_\_\_\_\_ **English as a Second Language:**  Yes  No  
**Phone (home):** \_\_\_\_\_ **Phone (cell):** \_\_\_\_\_ **Phone (work):** \_\_\_\_\_  
**Address:**  Same as Primary Caregiver  Unknown \_\_\_\_\_  
**City:** \_\_\_\_\_ **School District of Residence:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Relationship to Eligible Child:** \_\_\_\_\_

## Does Family Receive any of the following? (mark all that apply): NO SERVICES RECEIVED

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> TANF-CASH                 | <input type="checkbox"/> TANF-Food Stamps                      | <input type="checkbox"/> WIC                       |
| <input type="checkbox"/> TANF-Child Care Subsidy   | <input type="checkbox"/> TANF-Medical Assistance               | <input type="checkbox"/> Energy Program Assistance |
| <input type="checkbox"/> TANF-Job Training Program | <input type="checkbox"/> Unemployment                          | <input type="checkbox"/> Subsidized Housing        |
| <input type="checkbox"/> Foster Child              | <input type="checkbox"/> SSI (Immediate Family Member(s) ONLY) |  |

## Child Emergency Information (PLEASE do not use Primary and Secondary Caregiver(s))

First Name	Last Name	Home Phone	Cell Phone	Language Spoken	Release To	Emergency Contact
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

## Head Start and Pre-K Counts Application 16-17

**Child's Legal Name:**  
(from Birth Certificate, Green Card or I-94)

Birth Date: \_\_\_\_\_

Classroom: \_\_\_\_\_

### Misc Information for PIR

- |   |  |
|---|--|
| <input type="checkbox"/> Child needs full-year day care   | <input type="checkbox"/> Child needs full-day day care |
| <input type="checkbox"/> Child has secondary source of child care   | Type of secondary child care: _____                    |
| <input type="checkbox"/> Child is receiving a childcare subsidy (Voucher or Contracted slot)                                |  |
| <input type="checkbox"/> Father/father figure participates in regularly scheduled activities designed for involvement in HS |  |

**NO OTHER HOUSEHOLD MEMBERS (Continue to page 3)**

### Household Information (include ALL children and adults in the household EXCEPT Primary and Secondary Caregiver)

<b>Full Name:</b> _____	<b>Gender:</b> _____
<b>Date of Birth:</b> (MM/DD/YYYY) _____	<b>Disabled:</b> _____
<b>Ethnicity:</b> _____	<b>Relation to Eligible Child:</b> _____
<b>Full Name:</b> _____	<b>Gender:</b> _____
<b>Date of Birth:</b> (MM/DD/YYYY) _____	<b>Disabled:</b> _____
<b>Ethnicity:</b> _____	<b>Relation to Eligible Child:</b> _____
<b>Full Name:</b> _____	<b>Gender:</b> _____
<b>Date of Birth:</b> (MM/DD/YYYY) _____	<b>Disabled:</b> _____
<b>Ethnicity:</b> _____	<b>Relation to Eligible Child:</b> _____
<b>Full Name:</b> _____	<b>Gender:</b> _____
<b>Date of Birth:</b> (MM/DD/YYYY) _____	<b>Disabled:</b> _____
<b>Ethnicity:</b> _____	<b>Relation to Eligible Child:</b> _____
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<b>Ethnicity:</b> _____	<b>Relation to Eligible Child:</b> _____
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<b>Ethnicity:</b> _____	<b>Relation to Eligible Child:</b> _____
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<b>Date of Birth:</b> (MM/DD/YYYY) _____	<b>Disabled:</b> _____
<b>Ethnicity:</b> _____	<b>Relation to Eligible Child:</b> _____
<b>Full Name:</b> _____	<b>Gender:</b> _____
<b>Date of Birth:</b> (MM/DD/YYYY) _____	<b>Disabled:</b> _____
<b>Ethnicity:</b> _____	<b>Relation to Eligible Child:</b> _____
<b>Full Name:</b> _____	<b>Gender:</b> _____
<b>Date of Birth:</b> (MM/DD/YYYY) _____	<b>Disabled:</b> _____
<b>Ethnicity:</b> _____	<b>Relation to Eligible Child:</b> _____

## Head Start and Pre-K Counts Application 16-17

**Child's Legal Name:**

(from Birth Certificate, Green Card or I-94)

Birth Date: \_\_\_\_\_

Classroom: \_\_\_\_\_

### INCOME ELIGIBILITY AMOUNT Based on Annual Income for 2016

SIZE OF FAMILY	ANNUAL INCOME	130%	SIZE OF FAMILY	ANNUAL INCOME	130%
1	\$11,880	\$15,444	5	\$28,440	\$36,920
2	\$16,020	\$20,826	6	\$32,580	\$42,354
3	\$20,160	\$26,208	7	\$36,730	\$47,749
4	\$24,300	\$31,590	8	\$40,890	\$53,157

For family units with more than 8 members, add \$4,160 for each additional member (\$5,408 for 130%) (Family means all persons living in the same household who are supported by the income of the parent(s) or guardian of the child enrolling or participating in the program, and related to the parent(s) or guardian by blood, marriage, or adoption.)

Child Eligible Next Year: \_\_\_\_\_

Sibling(s) Eligible Next Year: \_\_\_\_\_

Eligibility Status: \_\_\_\_\_

( TANF is TANF Cash/Foster Child/SSI) **Number in Family**

Family Annual Income: \_\_\_\_\_

DO NOT COMPLETE IF QUALIFIED BY TANF CASH, FOSTER CHILD, OR SSI

### ELIGIBILITY POINTS

Within Income (up to 130%), TANF Cash/ Foster Child /SSI <b>10 PTS:</b>		Families in Transition (Automatically Eligible) <b>10 PT:</b>		Single Parent (including Designated Relative Caregiver, Family with an Incarcerated Parent, or Military Deployment of a Parent) <b>3 PTS:</b>		Eligible Child has an IEP <b>2 PTS:</b>		Families with Limited English Proficiency (Home language is other than English) or Refugee <b>2 PTS:</b>	
Families in Crisis (i.e. Death in the immediate family) <b>2 PTS:</b>		Employed, Job Training <b>NON-TANF</b> / Education Program <b>2 PTS:</b>		Income 100% or below Federal Head Start Guidelines <b>1 PT:</b>		Returning Child (including AIU Early Head Start) <b>1 PT:</b>		NON-AIU Early Head Start <b>2 PT:</b>	
Families Experiencing Domestic/ Sexual Abuse <b>1 PT:</b>		Families Experiencing Mental Health Issues <b>1 PT:</b>		Families Experiencing Drug & Alcohol Abuse <b>1 PT:</b>		Agency Referral <b>1 PT:</b>		Unemployed <b>1 PT:</b>	
Other TANF (Food Stamps /MA) ONLY <b>1 PT:</b>		CYF Referral <b>2 PTS:</b>						<b>TOTAL (max 43)</b>	

### INCOME VERIFICATION

**Income Verified?**  Yes  No

**If By Actual Income:**  W-2  Check Stub  Zero Income Letter  County Case Message

Employer Letter  Tax Return  Child Support  Other \_\_\_\_\_

**If By TANF:**  County Case Message  TANF Printout (DPW)  SSI  Foster Care Letter

**Birth Verified?**  Yes  No **Verified By:**  Birth Certificate  Baptismal Certificate

Other \_\_\_\_\_

I declare under penalty of perjury and the laws of the State of Pennsylvania that the information and income contained herein is true and correct to the best of my knowledge. If any part is false, my participation in this agency's program(s) may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

I certify that I have examined the above income documentation.

Primary Caregiver's Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date Signed: \_\_\_\_\_  
(MM/DD/YYYY)

Date Signed: \_\_\_\_\_  
(MM/DD/YYYY)



## Consent for Release of Information Form

Child's Name:			Date of Birth:	
Parent/Guardian's Name:			Phone:	
Address:	PA			
Classroom/Site:			Program Year:	2016-2017
Parent Signature:			Date:	
Staff Signature:			Date:	

I, \_\_\_\_\_ grant permission to release the following information in my child's records:  
Print Name

<input checked="" type="checkbox"/> Evaluation Report (ER)	<input checked="" type="checkbox"/> Screenings Records
<input checked="" type="checkbox"/> Individualized Education Plan (IEP)	<input checked="" type="checkbox"/> Assessment Records
<input type="checkbox"/> Physical/Health Records	<input checked="" type="checkbox"/> Verbal communication between appropriate program staff
<input type="checkbox"/> Emergency Contacts	<input type="checkbox"/> Other _____

**From:** DART  
Allegheny Intermediate Unit  
475 East Waterfront Drive  
Homestead, PA 15120-1144  
**ATTN:** Susan Sams or designee

**To:** HEAD START /PREKCOUNTS  
Allegheny Intermediate Unit  
475 East Waterfront Drive  
Homestead, PA 15120-1144  
**ATTN:** Chris Rodgick or designee

**-OR-**

**From:** HEAD START/PREKCOUNTS  
Allegheny Intermediate Unit  
475 East Waterfront Drive  
Homestead, PA 15120-1144  
**ATTN:** Chris Rodgick or designee

**To:** DART  
Allegheny Intermediate Unit  
475 East Waterfront Drive  
Homestead, PA 15120-1144  
**ATTN:** Susan Sams or designee

HEAD START ELIGIBILITY VERIFICATION FORM

1. Child's Name \_\_\_\_\_

2. Child's Date of Birth \_\_\_\_\_

3. Child is Eligible to Participate in the Program: Yes \_\_\_\_\_ No \_\_\_\_\_

4. Check the Applicable Category of Eligibility for this Child

- SSI
- Homeless
- Foster Care
- Public Assistance
- Income (Check the box that applies.)
  - Below federal poverty guidelines
  - Between 100-130% of federal poverty guidelines
    - (No more than 35% of enrolled children may fall into this category)
  - Over-Income
    - Counted as part of the 10% **maximum** for non-AI/AN programs
    - Counted as part of the 49% **maximum** for AI/AN programs

5. What documentation was used to determine eligibility?

- Income Tax Form 1040
- W-2
- TANF Documentation
- Zero Income Form
- Unemployment
- Written Statements from Employers
- Foster Care Reimbursement
- SSI Documentation
- Pay Stub or Pay Envelopes
- Other: If other, please explain: \_\_\_\_\_

6. Staff Signature: \_\_\_\_\_ Date of Eligibility Verification: \_\_\_\_\_

7. Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

THE PAPERWORK REDUCTION ACT OF 1995 (Pub L 104-13) Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



ECE  
Allegheny Intermediate Unit  
475 East Waterfront Drive  
Homestead, PA 15120

**CONSENT FOR RELEASE OF INFORMATION • HEALTH or DENTAL ASSESSMENT**

I hereby authorize \_\_\_\_\_ to  
*(Doctor's/Dentist's Office or Agency – include address and/or phone #)*

release information from the records of: \_\_\_\_\_  
*(Name of Child) (DOB • mm/dd/yyyy)*

attending \_\_\_\_\_  
*(Name of childcare site or location of child / client)*

**Request for the following information:**

- Physical Health Assessment w/Immunizations-Including Lead and Hemoglobin Screening Results
- Dental Exam Form

To: Allegheny Intermediate Unit- Head Start Program  
475 East Waterfront Dr.  
Homestead, PA 15120  
**FAX: 412-461-0727**

\_\_\_\_\_  
*(Date)*

(X) \_\_\_\_\_  
*(Signature of Parent / Legal Guardian)*

\_\_\_\_\_  
*(Print Name of Parent / Legal Guardian)*

-----  
*(FOR AIU INTERNAL REPORTING • DO NOT WRITE BELOW THIS LINE)*

**Please forward this completed and signed consent form to:**

Head Start-Health Advisor

- Carman Brown
- Mecca Malloy
- Lisa Tkach
- Cheryl Smith

1705 Maple St.  
Homestead, PA 15148  
**Fax: 412-461-0727**