



AIU EARLY CHILDHOOD EDUCATION HEAD START & PRE-K COUNTS APPLICATION 2014-2015

Eligible Child Information

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

Application Date: (MM/DD/YYYY) _____ **Birth Date:** (MM/DD/YYYY) _____

Gender: _____

Ethnicity: _____ **Latino:** _____

Primary Language: _____ **Other Language:** _____

Non-English Speaking: _____ **Relationship to Primary Caregiver:** _____

Active IEP or IFSP: _____ **Child has received services at other preschool:** _____ **Site Name:** _____

Child was referred to program: _____ **If Yes, please list referring agency:** _____

Comments: _____

Program Information

Desired Center 1st Choice: _____ **Desired Center 2nd Choice:** _____

Primary Caregiver General Information

Name (first/mi/last): _____ **Birth Date:** (MM/DD/YYYY) _____

Gender: _____

Ethnicity: _____ **Latino:** _____

Education Level : _____ **Employment Status:** _____

Primary Language: _____ **English As a Second Language:** _____ **Disabled:** _____

Phone (primary): _____ **Phone (cell):** _____ **Phone (work) :** _____

Address: _____ **E-mail Address:** _____

City: _____ **School District of Residence:** _____

State: PA _____ **Zip Code:** _____

in Family: _____ **# in Household:** _____

Staff Completing Paperwork: _____ **Family in transition within the past 12 months:** _____

Family Advocate: _____ **Household Type:** _____

Are you staying in a permanent or temporary living arrangement: _____ **Are you staying with friends/relatives for just a little while:** _____

Do you stay in the same place every night: _____ **Does the place where you stay have heat/electricity/running water?** _____

Is there shared custody of eligible child with any other individual? _____

Comments: _____

Secondary Caregiver General Information REFUSED DECEASED NO SECONDARY CAREGIVER

Name (first/mi/last): _____ **Birth Date:** (MM/DD/YYYY) _____

Gender: _____

Ethnicity: _____ **Latino:** _____

Education Level : _____ **Employment Status:** _____

Primary Language: _____ **English As a Second Language:** _____ **Disabled:** _____

Phone(primary): _____ **Phone(cell):** _____ **Phone (work) :** _____

Address: Same as Primary Caregiver Unknown

City: _____

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

Head Start and Pre-K Counts Application 14-15

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

Birth Date: _____

Classroom: _____

Misc Information for PIR

- Child needs full-year day care Child needs full-day day care
 Child has secondary source of child care Type of secondary child care: _____
 Child is receiving a childcare subsidy (Voucher or Contracted slot)
 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)

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

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INCOME ELIGIBILITY AMOUNT Based on Annual Income for 2014

SIZE OF FAMILY	ANNUAL INCOME	130%	SIZE OF FAMILY	ANNUAL INCOME	130%
1	\$11,670	\$15,171	5	\$27,910	\$36,283
2	\$15,730	\$20,449	6	\$31,970	\$41,556
3	\$19,790	\$25,727	7	\$36,030	\$46,839
4	\$23,850	\$31,005	8	\$40,090	\$52,117

For family units with more than 8 members, add \$4,060 for each additional member (\$5,278 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/ CCIS/Foster Child/SSI) **Number in Family** _____

Family Annual Income: _____

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

ELIGIBILITY POINTS

Within Income (up to 130%), TANF Cash/ CCIS/ Foster Child /SSI 10 PTS:		Families in Transition (Automatically Eligible) 10 PT:		Single Parent (including Designated Relative Caregiver, Family with an Incarcerated Parent, or Military Deployment of a Parent) 3 PTS:		Eligible Child has an IEP 2 PTS:		Families with Limited English Proficiency (Home language is other than English) or Refugee 2 PTS:	
Families in Crisis (i.e. Death in the immediate family) 2 PTS:		Employed, Job Training NON-TANF / Education Program 2 PTS:		Income 100% or below Federal Head Start Guidelines 1 PT:		Returning Child (including AIU Early Head Start) 1 PT:		NON-AIU Early Head Start 2 PT:	
Families Experiencing Domestic/ Sexual Abuse 1 PT:		Families Experiencing Mental Health Issues 1 PT:		Families Experiencing Drug & Alcohol Abuse 1 PT:		Agency Referral 1 PT:		Unemployed 1 PT:	
Other TANF (Food Stamps /MA) ONLY 1 PT:								TOTAL (max 41)	

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 (CCIS/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: _____ <div style="text-align: center;">PA</div> _____	
Classroom/Site: _____	Program Year: <u>2014-2015</u>
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: _____

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