

# Eligibility and Enrollment Form for School Readiness Services

## I. ELIGIBILITY

## II. ELIGIBILITY REDETERMINATION

<b>Funding Agency:</b> _____	<b>Initial Eligibility Date:</b> _____ <b>Redetermination Date:</b> _____
<b>Billing Group:</b> _____	<b>Is a Follow-up review required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Eligibility:</b> _____	<b>Reason:</b> _____
	<b>If Yes, Frequency?</b> <input type="checkbox"/> 30 Days <input type="checkbox"/> 2 Weeks (pending income verification)
	<input type="checkbox"/> Other: _____

## III. CAREGIVER/GUARDIAN IDENTIFYING INFORMATION

<b>1. Parent/Caregiver/Guardian Name:</b>		<b>SSN:</b>	<b>2. Parent/Caregiver/Guardian Name:</b>		<b>SSN:</b>
<b>Date of Birth:</b>	<b>Eth./Race:</b>		<b>Date of Birth:</b>	<b>Eth./Race:</b>	
<b>Relationship to Child:</b>	<b>Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender:</b>	<b>Relationship to Child:</b>	<b>Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender:</b>
<b>Marital Status:</b> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/>			<b>Home Phone #:</b> _____ <b>2<sup>nd</sup> Phone #:</b> _____		
<b>Residential Address:</b>			<b>Mailing Address:</b>		
<b>Name of Guardian if parent is a minor:</b>			<b>Guardian's SS#:</b> _____ <b>Relationship to caregiver:</b>		

## IV CHILD(REN) REQUIRING SERVICES

Name	Prog Type	Relationship	Spec. Needs	Gender	Child SSN	D.O.B.
Eth. / Race	Fees	Center / Home Chosen			Date Enrol.	EPSOT
1.						
2.						
3.						
<b>Is this child or another child in the family currently enrolled with another School Readiness Program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Name of Program:</b> _____ <b>Name of Child:</b> _____						

## V: PURPOSE OF CARE

<input type="checkbox"/> Protection from abuse and/or neglect	<input type="checkbox"/> Therapeutic Plan	<input type="checkbox"/> Special Needs
<input type="checkbox"/> Employment (____ hours weekly) (____ hours weekly)	<input type="checkbox"/> Work Activity	<input type="checkbox"/> Non-CCDF funding purpose of care
<input type="checkbox"/> At-Risk for Welfare Dependency (HS)	<input type="checkbox"/> Education and/or Job Training	<input type="checkbox"/> Other _____
<b>Total hours of Care needed Daily:</b> _____		
<input type="checkbox"/> Income eligible < 100% <input type="checkbox"/> Income eligible 100% <= 150% <input type="checkbox"/> Income eligible > 150%		

## VI: ELIGIBILITY DOCUMENTED

<input type="checkbox"/> Child is eligible based on Migrant requirements and documented. (Please select additional eligibility below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Child referred by Children and Families for At-Risk services (BG1) and documented:	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of Referral:</b> _____
<input type="checkbox"/> Child referred by WAGES (BG3, BG3W, BG3T) and work activity documented:	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of Referral:</b> _____
<input type="checkbox"/> Transitional Child Care (BG5, BG5N, BG5T) with eligibility and purpose documented:	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of Referral:</b> _____
<input type="checkbox"/> Child referred by RCG (BG3R) with eligibility and purpose documented:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Child eligible based on family size and income/employment requirements (BG8) and documented:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Child referred by CCEPP donor or meets donor's requirements (CCEPP) and documented:	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of Referral:</b> _____
<input type="checkbox"/> Child eligible based on <input type="checkbox"/> Head Start (HS) or <input type="checkbox"/> Early Head Start (EHS) requirements and documented:	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of Referral:</b> _____
<input type="checkbox"/> Child eligible based on Teen-Age Parent Program (TAPP) requirements and documented:	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of Referral:</b> _____
<input type="checkbox"/> Other Source with eligibility documented: <input type="checkbox"/> Non-CCDF Funding <input type="checkbox"/> CCDF Funding	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of Referral:</b> _____
<b>Explain:</b> _____	

## VII. SIGNATURES

<b>I have reviewed, understand and agree with all information listed on this application and the Terms and Conditions for School Readiness Programs.</b>	
<b>Signature of Caregiver:</b>	<b>Signature of Case Worker:</b>
<b>Date:</b>	<b>Date:</b>
<b>Name of School Readiness Program Provider:</b>	