

APPLICATION CHECKLIST FOR FAMILIES

1. Age Document (REQUIRED):

- | | |
|---|--|
| <input type="checkbox"/> Birth Record/Certificate | <input type="checkbox"/> Hospital Record |
| <input type="checkbox"/> Hospital Certificate | <input type="checkbox"/> Certificate of Indian Blood (If applicable) |

2. Proof of Income (REQUIRED for all parents/guardians in the household):

- Last Year's Income Tax Form 1040, 1040EZ, or 1040A
- Last Year's W-2 Form
- Most Recent Pay Stubs – One month's worth (2 = bi-weekly, 4 = weekly)
- Employer Statement – Including salary and frequency of pay, dated within past 6 months
- No Income – Self-Written Statement (for Head Start ONLY)
- Child Support Documentation Date within the past 6 months
- Social Security Benefits Award Letter Dated within the past 12 months

3. Proof of Categorical Eligibility (If applicable – bring at least one):

- Proof of Supplemental Security Income Award Letter dated within the past 12 months
- Proof of TANF or Cash Assistance Award Letter dated within the past 12 months
- Proof of Foster/Kinship Care

4. Health/Mental Health Records (REQUIRED for applicant):

- | | |
|---|---|
| <input type="checkbox"/> Immunization Records – Most recent | <input type="checkbox"/> Physical Exam Records – Well child visit |
| <input type="checkbox"/> Dental Exam Records | <input type="checkbox"/> IEP and/or Behavior/Treatment Plans |

5. Proof of Residency (REQUIRED):

- | | |
|--|--|
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Rental Agreement |
| <input type="checkbox"/> Letter from Landlord/Owner | <input type="checkbox"/> Utility Bill (power, water, etc.) |
| <input type="checkbox"/> Statement of current living situation | |

6. Other Documents:

- Custody Orders (If applicable)

**YOU MUST PROVIDE ALL REQUIRED DOCUMENTS BEFORE YOUR APPLICATION WILL BE PROCESSED.
PLEASE CALL THE MAIN OFFICE TO SPEAK WITH A REPRESENTATIVE:**

MCIU HEAD START MAIN OFFICE: 484-868-9800
FAX: 844-213-1103

MCIU PRE-K COUNTS MAIN OFFICE: 484-868-9550
FAX: 844-828-4199

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**EARLY LEARNING PROGRAMS APPLICATION
2020-2021 PROGRAM YEAR**

Application Date:	School District you live in:
How did you hear about Head Start/Pre-K Counts?	
Program Preference (Please check all that apply):	
<input type="checkbox"/> Head Start <input type="checkbox"/> Pre-K Counts	

Location Preference (Please check all that apply):		
<input type="checkbox"/> Abington SD	<input type="checkbox"/> Ambler	<input type="checkbox"/> Central Norristown
<input type="checkbox"/> Cheltenham SD	<input type="checkbox"/> Early Learning Academy (West Norristown)	<input type="checkbox"/> Hancock Elementary
<input type="checkbox"/> Lansdale YMCA	<input type="checkbox"/> Perkiomen Valley SD	<input type="checkbox"/> Methacton SD
<input type="checkbox"/> North Penn SD	<input type="checkbox"/> Upper Dublin SD	<input type="checkbox"/> Pottstown SD
<input type="checkbox"/> Souderton Area SD		<input type="checkbox"/> Upper Merion SD

SECTION 1: APPLICANT INFORMATION

CHILD's Name:			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	
Street Address:			
City:	State:	Zip:	
Mailing Address (if different):			
CHILD's Ethnicity (Please check one):			
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino			
CHILD's Race (Please check ALL that apply):			
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other (Specify):	
Language used in the HOME:			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic	
<input type="checkbox"/> Bengali	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Other (please specify):			
My CHILD's HOME language use is:			
<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Little	<input type="checkbox"/> None
My CHILD's ENGLISH language use is:			
<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Little	<input type="checkbox"/> None
How often do you READ with your CHILD every week?			
<input type="checkbox"/> 1-2 hours	<input type="checkbox"/> 3-4 hours	<input type="checkbox"/> 4-5 hours	<input type="checkbox"/> 5+ hours

Are there custody orders in place for the CHILD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Process
If "Yes" a copy of the CHILD's custody orders are required prior to enrollment.			

SECTION 2: PARENT/GUARDIAN INFORMATION			
PRIMARY Parent/Guardian Name:			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	Highest Education Level:
Cell Phone:		E-mail:	
Employment Status (Please check one):		Employer Name/Address:	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time		
<input type="checkbox"/> Seasonal/Temporary	<input type="checkbox"/> Unemployed		
Work Phone:			
Currently enrolled in Educational Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PRIMARY Parent/Guardian Ethnicity (Please check one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino			
PRIMARY Parent/Guardian Race (Please check ALL that apply):			
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other (Specify):	
PRIMARY Parent/Guardian HOME language use is:			
<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Little	<input type="checkbox"/> None
PRIMARY Parent/Guardian ENGLISH language use is:			
<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Little	<input type="checkbox"/> None
Will you need interpretive services to participate in one-on-one meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you interested in English as a Second Language (ESL) classes? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECONDARY Parent/Guardian Name:		<input type="checkbox"/> No SECONDARY Parent/Guardian	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	Highest Education Level:
Street Address (if different):			
Cell Phone:		E-mail:	
Employment Status (Please check one):		Employer Name/Address:	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time		
<input type="checkbox"/> Seasonal/Temporary	<input type="checkbox"/> Unemployed		
Work Phone:			
Currently enrolled in Educational Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECONDARY Parent/Guardian Ethnicity (Please check one): <input type="checkbox"/> Hispanic <input type="checkbox"/> NOT Hispanic or Latino			
SECONDARY Parent/Guardian Race (Please check ALL that apply):			
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other (Specify):	
SECONDARY Parent/Guardian HOME language use is:			
<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Little	<input type="checkbox"/> None
SECONDARY Parent/Guardian ENGLISH language use is:			
<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Little	<input type="checkbox"/> None

SECTION 3: DISABILITIES

Has your child been diagnosed with a disability or mental health/behavioral disorder?

Yes (please provide a copy of the IFSP/IEP/Behavior Intervention Plan) No

If "Yes" please provide your child's service coordinator/case manager name:

Do you have any concerns about your child's development? Yes No

If "Yes" please list concerns:

SECTION 4: HEALTH AND NUTRITION INFORMATION

What kind of insurance do you use for your CHILD's medical/dental care (check at least one)?

- Medicaid CHIP (Children's Health Insurance Program)
 State-only funded insurance (medically indigent) TriCare or Military Health Insurance Program
 Private Insurance (employer provided) Indian Health Services
 I do not currently have health insurance for my CHILD

CHILD's Primary Care Provider (PCP)/Clinic Information Does not have a PCP
Name and Address:

Phone Number:

E-Mail:

Date of Last Physical Exam:

Did your CHILD receive a lead test at 2 yrs. old?

Yes (provide copy of results) No Unsure

Is your CHILD up-to-date on immunizations?

- Yes (provide copy of records)
 No (complete Immunization Exemption Form)

Does your CHILD have a diagnosed medical condition such as asthma, diabetes, allergies, etc.?

Yes (IHP must be completed) No

CHILD's Dental Care Provider Information
Name and Address:

Does not have a Dentist/has not seen a Dentist

Phone Number:

E-Mail:

Date of Last Dental Exam:

Is your CHILD toilet trained?

Yes No (Size of Pull-Ups:)

Does your CHILD have food allergies or dietary needs?

- Yes (IHP must be completed)
 No

Does your CHILD observe dietary restrictions due to religious/personal beliefs?

- Yes (please detail:)
 No

"Within the past twelve (12) months, we were worried whether our food would run out before we got money to buy more."

Often True Sometimes True Never True

"Within the past twelve (12) months, the food we bought just didn't last, and we didn't have money to get more."

Often True Sometimes True Never True

SECTION 5: FAMILY INFORMATION

In Head Start/Pre-K Counts regulations, family are people who are living in the same household and supported by the income of the parent(s)/guardian(s) of the child enrolling in the program AND related to the child by blood, marriage, or adoption. Guardian means a person who is legally responsible for the child.

Please list all persons in your family household, including PRIMARY Parent/Guardian and CHILD:			
FULL NAME	Date of Birth	Relationship to CHILD	School/Work FT/PT?

Total Number of Adults:	Total Number of Children:	Total Number in Family:
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Type of Family (check one):	
<input type="checkbox"/> Two parent family (married/common law) <input type="checkbox"/> Other relative family – please detail: <input type="checkbox"/> Other family type – please detail:	<input type="checkbox"/> Single parent family, mother <input type="checkbox"/> Single parent family, father <input type="checkbox"/> Foster family

For Families Expecting a Baby	
Current month of Pregnancy:	Expected Due Date:

Does the family currently receive any of the following state assistance?			
<input type="checkbox"/> TANF/Cash Assistance	<input type="checkbox"/> HUD/Section 8 Housing	<input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> WIC
<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Social Security Benefits (Death or Survivors)	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Other – please list:

SECTION 6: HOUSING/TRANSPORTATION INFORMATION	
Length of time at current address:	Has the family moved in the past 12 months? <input type="checkbox"/> Yes (Number of times: _____) <input type="checkbox"/> No
In the last 12 months was family forced to stay with friends or family, in a car, hotel, shelter or similar situation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the family worked with Your Way Home in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no vehicle, do you have reliable transportation to and from the site? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7: AGREEMENT SIGNATURE

To the best of my knowledge, all of the information provided in this application is true and correct. I attest that this eligibility information is true, complete, and correct, and that the income documentation provided to the program staff reflects the TOTAL family income. I further understand that falsification of this documentation in any way may result in program action up to and including disenrollment of my child(ren) from the program based on a later ineligibility determination. By signing this, I authorize and give consent for the release of information regarding my child’s educational program, planning, and documents including but not limited to, Individualized Educational Plans, Evaluations, and Re-evaluation reports.

Primary Parent/Guardian Signature:	Date:
Family Engagement Worker (FEW) Completing Intake Name:	Type of Intake: <input type="checkbox"/> In Person <input type="checkbox"/> Phone
FEW Signature:	Date:

If the application was interpreted/transliterated please complete the following:	
Interpreter/Transliterator Name:	Phone:
Interpreter/Transliterator Signature:	Date:

SECTION 8: OPTIONAL RESOURCES

Would you like to receive additional resources on the following services (Please check all that apply):

<input type="checkbox"/> Area specifics (new to the area)	<input type="checkbox"/> Military/Veteran resources	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Mental/Behavior Health Assistance	<input type="checkbox"/> Alcohol/Substance Abuse Treatment	<input type="checkbox"/> Adult Education/Vocational Training

* Your response to this question does not affect your application status or enrollment eligibility.