

Other Children living in the home:

| <u>Name:</u> | <u>Birth Date:</u> | <u>Name:</u> | <u>Birth Date:</u> |
|--------------|--------------------|--------------|--------------------|
| 1. _____ | _____ | 4. _____ | _____ |
| 2. _____ | _____ | 5. _____ | _____ |
| 3. _____ | _____ | 6. _____ | _____ |

If children are school age which school(s) do they attend? _____

Other Adults living in the home:

| <u>Name:</u> | <u>Age:</u> | <u>Relationship to Child:</u> |
|--------------|-------------|-------------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

Total number in family _____

What is your primary language used at home? _____

Check the following living situations that apply:

- _____ Living in own home, rented home or apartment
- _____ Living with friends or relatives temporarily
- _____ Living in a shelter
- _____ Living in a hotel or motel
- _____ Living in other circumstances (explain) _____

III. OTHER INFORMATION

Where did you learn about Head Start/Pre-K? _____

Is your child enrolled in another day care/head start/preschool program? Yes ____ No ____

If yes, where? _____

Is there a Primary Caregiver in your home? Yes ____ No ____

If no, Name/Location/Phone # of Babysitter/Day Care Provider: _____

Has any other agency worked with your child e.g. RESA WV Birth to Three, Pre-School Special Needs, etc.? ____

If yes, who? _____

Do you suspect your child to have a disability? (Y/N) ____ Describe: _____

Does your child have any diagnosed disabilities? (Y/N) ____ Describe: _____

(Please provide documentation)

Does your child have health insurance? _____

If yes, is it Chips/Medical Card/Private, etc.: _____ Recipient Number _____

(If private indicate company)

Does your child have any medical conditions/allergies, etc? (Y/N) ____ Describe: _____

IV. INCOME INFORMATION

(This section is used to determine eligibility for WV Pre-K, it is critical information that is needed for determining eligibility for additional service/programs)

Does your family receive any of the following types of services or financial assistance?

- | | |
|---|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Foster Care/Adoption Subsidy |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Public Housing Assistance |
| <input type="checkbox"/> Child Support/Alimony | <input type="checkbox"/> Energy Program Assistance |
| <input type="checkbox"/> WIC | <input type="checkbox"/> WV Works/TANF Benefits |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Unemployment Compensation |

Form of income(s) that were verified: (Circle documents listed below that were reviewed)

W-2 form, Tax form 1040, Pay Stub, Written Statement from Employer, Veteran's Benefits, Social Security Benefits, Unemployment Compensation, TANF/WV Works, Child Support/Alimony

If pay stubs were used to verify income, please indicate if pay is **weekly** or **biweekly** by circling one.

Show calculation used to obtain gross annual family income. (If paid weekly multiply pay by 52 weeks, if biweekly multiply by 26 weeks, if monthly multiply by 12)

Calculation:

Total Gross Annual Family Income \$_____

Proof of income reviewed and verified by: _____ Date: _____
Grant County PreK Staff Member

****All required information must be submitted no later than May 21, 2010****
****If information is not submitted by May 21, 2010, this application will be considered incomplete****

Documentation provide with this application (check where appropriate)

- _____ Proof of Residency
- _____ Copy of State Issued Birth Certificate
- _____ Copy of Immunization Report
- _____ Copy of Social Security Card
- _____ Documentation of Disability
- _____ Documentation of Agency Referral
- _____ Verification of Income

WV Pre-Kindergarten programs/services will be provided to children according to an established attendance area, as well as selection criteria.

Completing this application does not ensure your child's placement into the Pre-K program.

All information on this application will be kept confidential and will only be shared with collaborating partners of the WV Pre-Kindergarten program.

To the best of my ability and knowledge, the information on this form is correct. I understand that it is my responsibility to report any changes to this information immediately.

Parent or Guardian Signature/Date

Family Services Coordinator/Date

Education/Disabilities Coordinator/Date

Total Score of WV Pre-K Application