

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 WV Universal 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 information will be kept confidential and will only be shared with collaborating partners of the WV Pre-Kindergarten program).

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 \$ _____
(If family indicates zero income, a statement from the parent needs to be included.)

Proof of income reviewed and verified by: _____ Date: _____
Head Start Staff Member

*My preference of existing Pre-K Services is (optional):
MES _____ PES _____ Head Start _____ TB Daycare _____ LP Daycare _____ Any _____
The Pre-K Collaborative Team will attempt to accommodate parents choice of placement; however, availability of placement may be determined by additional factors.*

****All required information must be submitted no later than April 15, 2011**
**If information is not submitted by April 15, 2011, this application
will be considered incomplete****

Documentation provided 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.

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

Pre-K Staff Signature/Date

Area Supervisor Signature/Date

Family Services/Mental Health Coordinator/Date

Total Score of WV Pre-K Application