

Date: _____

1st _____ 2nd _____ 3rd _____

HAMPSHIRE COUNTY UNIVERSAL PRE-K APPLICATION

NO APPLICATION WILL BE PROCESSED WITHOUT THE FOLLOWING INFORMATION:

- ____ Child's "*Certified Birth Certificate*" or official evidence of request from the Department of Vital Statistics. It must be the **Original!**
- ____ *Certificate of Immunization* from a physician or health department. (Children's shots **must** be up to date for their age.)
- ____ Completed *Health Check* form from a physician.
- ____ Completed *Dental Screening* form from a dentist.
- ____ Proof of *Family Income*. (Copy of W-2, Pay stubs, 1040)
- ____ Child's *Social Security number*.
- ____ Proof of *Residency*. **(Final application review will be completed by the Hampshire Co. Universal Prek Team)**

I. GENERAL INFORMATION

Child's name: _____ Birth date: _____
(First) (Middle) (Last) (Month/Day/Year)

Sex: _____ Race: _____ Age: _____ Social Security number: _____

Telephone number: _____ Cell Phone number: _____

Mailing address: _____ City: _____ Zip Code: _____

E-mail address: _____

Exact directions to home (physical address): _____

Emergency contact: _____
(Name) (Address) (Relationship) (Phone)

II. FAMILY INFORMATION

Marital status of parents: Single, Married, Separated, Widowed, Divorced
****(Circle one above)****

Child resides with: _____ *(If child is in the custody of a legal guardian or only one parent has custody, court ordered documentation must be attached to this application.)*

Foster care placement (Y/N) _____ Agency/Representative: _____

MOTHER/LEGAL GUARDIAN	FATHER/LEGAL GUARDIAN	STEP PARENT
Name: _____ (First) (Last)	Name: _____ (First) (Last)	Name: _____ (First) (Last)
DOB: _____ (for data entry purposes)	DOB: _____ (for data entry purposes)	DOB: _____ (for data entry purposes)
Address: _____	Address: _____	Address: _____
Race: _____	Race: _____	Race: _____
Employer: _____	Employer: _____	Employer: _____
Work phone: _____	Work phone: _____	Work Phone: _____
Enrolled in Training: _____ School: _____ (Y/N) (Y/N)	Enrolled in Training: _____ School: _____ (Y/N) (Y/N)	Enrolled in Training: _____ School: _____ (Y/N) (Y/N)
Highest completed education level: _____	Highest completed education level: _____	Highest completed education level: _____

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>Birth Date:</u>	<u>Relationship to child:</u>
1. _____	_____	_____
2. _____	_____	_____

Total number in family _____

Which primary language is spoken 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

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 (WV Birth to Three/Pre-School Special Needs, etc)? (Y/N) _____

If yes, who? _____

Do you suspect that your child may have a disability? Yes ____ No ____

If yes, please describe: _____

Does your child have any diagnosed disabilities? Yes ____ No ____

If yes, you must provide documentation.

Does your child have any medical condition / allergies, etc? Yes ____ No ____

If yes, you must provide medical documentation.

Does your child have health insurance? Yes ____ No ____

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

(If private indicate company)

IV. FINANCIAL INFORMATION

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

Supplemental Nutrition Assistance Program (SNAP) WIC Social Security
 Supplemental Security Income (SSI) TANF Foster Care Subsidy
 Child Support/Alimony Energy Program Assistance Veteran's Benefits
 Unemployment Compensation Public Housing Assistance

TO BE COMPLETED BY HEAD START STAFF

Form of income(s) that were verified by staff: (Place a checkmark beside documents below that were reviewed.)

W-2 form; 1040 tax return; Pay stub; Written statement from employer;
 Unemployment; Worker's compensation; Child support; Social security;
 Veteran's benefits; Statement of no income

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

If the child meets the McKinney-Vento definition of homeless; is a foster child; or the family receives SSI or TANF, no income calculation is to be completed. Indicate which area applies by writing it in the calculation area.

Calculation:

Show the calculation below 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)

Total Gross Annual Family Income \$ _____

Is family income eligible? Yes _____ No _____

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

Completing this application does not ensure your child's placement into Head Start or Pre-K.

All information on this application will be kept confidential and will only be shared with collaborating partners of the Hampshire County Universal Pre-K 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 / Position / Date

Area Supervisor Signature / Date

Family Service Coordinator Signature / Date

Education/Disabilities Coordinator / Date (If disability is indicated)