

AARDVARK 2019 PRE-K COUNTS APPLICATION

Center Selection: PRIMOS ___ GLEN MILLS ___

Date Form Completed: ___/___/___

The following information is confidential to the Pre-K Counts program.

<u>Last Name (Child):</u>	<u>First Name (Child):</u>	<u>Middle Name (Child):</u>

Child's Date of Birth:	Child's Age as of August 30, 2019:	Household (Family) Size:
/ /	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

Primary Language:	Family Type:
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (Please Specify)	<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster Child <input type="checkbox"/> Child Living with Relative <input type="checkbox"/> Other _____ (Please Specify) Is there a court order for custody? ___ Yes ___ No If yes, who has legal custody? _____ (Certified court orders must be provided)

Parent's Name:		E-mail Address: <i>write clearly please this is how we contact you</i>	
Street Address:		City:	
State:	Zip Code:	County:	
Pennsylvania			
Home Telephone:	Work Telephone:	Cellular Telephone:	
()	()	()	
School District Child Will Attend:	Elementary School Child Will Attend:	Childs Gender:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
I certify that I am a legal resident of Pennsylvania. Signature:			

Household Yearly Income (Required, please check one):

- | | | |
|-----------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$5,001 - \$10,000 | <input type="checkbox"/> \$10,001 - \$15,000 |
| <input type="checkbox"/> \$15,001 - \$20,000 | <input type="checkbox"/> \$20,001 - \$25,000 | <input type="checkbox"/> \$25,001 - \$30,000 |
| <input type="checkbox"/> \$30,001 - \$35,000 | <input type="checkbox"/> \$35,001 - \$40,000 | <input type="checkbox"/> \$40,001 - \$45,000 |
| <input type="checkbox"/> \$45,001 - \$50,000 | <input type="checkbox"/> \$50,001 - \$60,000 | <input type="checkbox"/> \$60,001 - \$70,000 |
| <input type="checkbox"/> \$70,001 - \$100,000 | <input type="checkbox"/> More than \$100,000 | |

This application must include proper documentation (see below) to verify income.

Applications submitted without income verification will be considered incomplete.

Income Includes:	Income Verification:
<ul style="list-style-type: none"> ✓ Earned income: gross wages from work cash-in-hand/self-employment. ✓ Unearned income: alimony, child support, military family allotments, pensions, public assistance, Supplemental Security Income (SSI). ✓ Unearned benefits: worker's compensation, unemployment, lottery winnings, retirement benefits. 	<ul style="list-style-type: none"> ✓ Pay stubs. ✓ W-2s. ✓ Internal Revenue Service income tax forms. ✓ Written employer statement of anticipated earnings. ✓ Self-employment: tax returns, business records. ✓ Benefit check, bank statement, court order.

<i>The 2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia</i>			
persons in household	100%	200%	300%
2	\$16,910	\$33,820	\$50,730
3	\$21,330	\$42,660	\$63,990
4	\$25,750	\$51,500	\$77,250
5	\$30,170	\$60,340	\$90,510
6	\$34,590	\$69,180	\$103,770
<i>For families with more than 6 persons, add \$4,320 for each additional person.</i>			

Federal Income Guidelines for 2019, <https://aspe.hhs.gov/poverty-guidelines>, DEPARTMENT OF HEALTH AND HUMAN SERVICES, Office of the Secretary Annual Update of the HHS Poverty Guidelines AGENCY: Department of Health and Human Services.

Please check all boxes that pertain to your family:

- Family income is at or below 300% of federal poverty level.** (Required risk factor for enrollment.) Consider all sources of income as listed above. Income will be reviewed and verified prior to enrollment.

Other Child Eligibility Risk Factor Criterion (Must check all that apply. Verification is required for each risk factor identified.):

- Behavioral or Health Support Services:** A child who was referred to Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the Pre-K Counts program; a child who is receiving mental health treatment.
- Child Protective Services:** A child who is a foster child, a kinship care child, or receiving Children, Youth and Family services.
- Education Level of Guardian:** Parent/Guardian does not have or is in the process of obtaining a high school diploma or post-secondary degree.

English Language Learner: A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.

Other Child Eligibility Risk Factor Criterion (Must check all that apply. Verification required for each risk factor.):

Incarcerated Parent: A child, of which: one of the child's parents is currently incarcerated. Possible release from prison date: _____.

Teen Mother: A child whose mother was under the age of 18 when the child was born

Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:

- A. A child who is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; is living in motels, hotels, or camping grounds due to the lack of alternative accommodations; is living in emergency or transitional shelters; is abandoned in hospitals; or is awaiting foster care placement;
- B. A child who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- C. A child who is living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

Individualized Education Plan (IEP): A child who is currently enrolled in the preschool early intervention program with an active Individual Educational Plan (IEP). Verification would be a copy of the IEP or other source of documentation from the parent or early intervention provider.

Migrant (Non-Immigrant)/Seasonal Student: A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agricultural-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.

Have you applied for any other sources of funding or to any other agencies for the **2017-2018** school year, including but not limited to: Pre-K Counts, Head Start, Child Care Information Services (Child Care Works), scholarships, etc.?

Check one: Yes ____ No ____ **If yes, please list all:** _____

Do you anticipate needing child care before or after the Pre-K Counts school day?

Check one: Before ____ After ____ Both ____

How did you hear about Aardvark? _____

To the best of my/our knowledge, the information provided is accurate. I/We understand that I/we will be asked to verify or substantiate the information provided to Aardvark and PreK Counts. **This application is incomplete if proof of income and verification of child risk factor criterion is not attached.**

Parent/Guardian Signature:	Parent/Guardian Name (please print):	Date:
Parent/Guardian Signature:	Parent/Guardian Name (please print):	Date:
Staff Verifying Income:	Staff Print Name:	Date:
Staff Verifying Risk Factors:	Staff Print Name:	Date:

Office Use Only:

Actual Annual Verified Gross Household (Family) Income: \$ _____ Initials & Date _____