

2017 PA Pre-K Counts Enrollment Form

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed: _____

| | | |
|-------------------|--------------------|----------------|
| Last Name (Child) | First Name (Child) | Middle Initial |
|-------------------|--------------------|----------------|

| | | |
|------------------------------|-------------|---------------|
| Street Address | County | |
| City | State PA | Zip Code |
| School District of Residence | | |
| Home Phone | Work Phone | Email Address |

| | | |
|-----------------------|---|--|
| Child's Date of Birth | Age <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
|-----------------------|---|--|

| | |
|--|---|
| Race (optional) | |
| <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> Not Applicable | <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input type="checkbox"/> Other |
| Ethnicity (optional) | |
| <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable | Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(please specify)</div> |

| | | |
|----------------------------|-----------------------------|--|
| Last Name (Legal Guardian) | First Name (Legal Guardian) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
|----------------------------|-----------------------------|--|

| | |
|---|--|
| Relationship to Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(please specify)</div> | (Select) <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(please specify)</div> |
|---|--|

| | |
|--|---|
| Role | |
| <input type="checkbox"/> Primary Guardian <input type="checkbox"/> Secondary Guardian | <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(please specify)</div> |

Household (Family) Size

1 2 3 4 5 6 7 8 _____

Household Income (required) check box:

Less Than \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000
 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000
 \$30,001 - \$35,000 \$35,001 - \$40,000 \$40,001 - \$45,000
 \$45,001 - \$50,000 \$50,001 - \$60,000 \$60,001 - \$70,000
 \$70,001 - \$100,000 More Than \$100,000

2017 Federal Poverty Level Guidelines

| 300% | | | |
|-------------------|-----------------|----------------|--------------|
| Family Size | Annual | Monthly | Weekly |
| 1 | \$36,180 | \$3,015 | \$696 |
| 2 | \$48,720 | \$4,060 | \$937 |
| 3 | \$61,260 | \$5,105 | \$1,178 |
| 4 | \$73,800 | \$6,150 | \$1,419 |
| 5 | \$86,340 | \$7,195 | \$1,660 |
| 6 | \$98,880 | \$8,240 | \$1,901 |
| 7 | \$111,420 | \$9,285 | \$2,142 |
| 8 | \$123,960 | \$10,330 | \$2,383 |
| Each Add'l | \$12,540 | \$1,045 | \$241 |

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

(Attach copies of documents used to verify income prior to enrollment)

Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income. See **Federal Poverty Level Guidelines** relative to family size (must be verified prior to enrollment).

Other Child Eligibility Risk Factor Criterion (Must check all that apply):

| | |
|--------------------------|---|
| <input type="checkbox"/> | Behavioral Supports: A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required. |
| <input type="checkbox"/> | Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services. |
| <input type="checkbox"/> | Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | Individualized Education Plan (IEP): A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider. |
| <input type="checkbox"/> | Incarcerated Parent: A child for whom one of the child's parents is currently in prison. |

| | |
|--------------------------|---|
| <input type="checkbox"/> | <p>Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <p>A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;</p> <p>B. Children who have 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;</p> <p>C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p> |
| <input type="checkbox"/> | <p>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 agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.</p> |
| <input type="checkbox"/> | <p>Teen Mother: A child whose mother was under the age of 18 when the child was born.</p> |

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

Parent/Guardian (Signature)

Date

Parent/Guardian Name (Print Name)

Staff Verifying Income and Risk Factors (Signature)

Date

Staff Verifying Income and Risk Factors (Print Name)