

2020-2021 PA Pre-K Counts Application Form

Date Form Completed: _____

Last Name (Child)	First Name (Child)	Middle Initial
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Street Address		School District of Residence	
City		State PA	Zip Code
Home Phone	Work Phone	Email Address	

Child's Date of Birth	Current Age <input type="checkbox"/> 3 <input type="checkbox"/> 4	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (please specify)	Has Your Child Ever Been Enrolled In Head Start? _____ Yes _____ No
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Last Name Legal Guardian	First Name (Legal Guardian)	Relationship to Child

Household (Family) Size: _____

Please provide the names and ages of people in the household counted for reported family size. If you have a question about whether a person living in your household can be counted for family size, please contact us.

NAME	AGE

Risk Factors (Please check all that apply):

<input type="checkbox"/>	Family is Below 250% of the Federal Poverty Level , but not eligible for Head Start.
<input type="checkbox"/>	Child Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
<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"/>	Teen Mother: A child whose mother was under the age of 18 when the child was born.

Additional Risk Factors (Please check all that apply):

<input type="checkbox"/>	<p>Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <ul style="list-style-type: none"> 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; 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; C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<input type="checkbox"/>	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 (ex: related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming).
<input type="checkbox"/>	Education Level of Guardian: Does not have high school diploma or GED.
<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 Learner.
<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.

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).

Actual Annual Verified Gross Household (Family) Income including **wages, child support, public assistance, interest, unemployment compensation, etc.** \$ _____

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided. I give permission for the Penn Cambria School District to provide this information to the Pennsylvania Department of Education as required for PA Pre-K Counts program reporting.

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)