**2019 PA Pre-K Counts Enrollment Form**

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

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| **Date Form Completed:** |  | / |  | / |  |
|  | **MM** |  | **DD** |  | **YY** |

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| **Last Name (Child)** | **First Name (Child)** | **Middle Initial**  |
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| --- | --- |
| **Street Address** | **County** |
|  |  |
| **City**  | **State** | **Zip Code** |
|  | PA |  |
| **School District of Residence**  |
|  |
| **Home Phone** | **Work Phone** | **Email Address** |
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| --- | --- | --- |
| **Child’s Date of Birth** | **Age** | **Gender** |
|  |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |[ ]  Male |[ ]  Female |

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| **Race *(optional)*** |
|[ ]  Black or African American |[ ]  American Indian or Alaskan |
|[ ]  Asian |[ ]  White |
|[ ]  Native Hawaiian or Pacific |[ ]  Other |
|[ ]  Not Applicable |
|  |
| **Ethnicity *(optional)*** | **Primary Language** |
|[ ]  Hispanic |[ ]  English |
|[ ]  Non-Hispanic |[ ]  Spanish |
|[ ]  Not Applicable |[ ]  Other |  |  |
|  |  | (please specify) |

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| **Last Name (Legal Guardian)** | **First Name (Legal Guardian)** | **Gender** |
|  |  | [ ]  | Male |[ ]  Female |

|  |  |
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| **Relationship to Child** | **(Select)** |
|[ ]  Father |[ ]  Biological |
|[ ]  Mother |[ ]  Foster |
|[ ]  Guardian |[ ]  Adoptive |
|[ ]  Other |  |  |[ ]  Other |  |  |
|  | (please specify) |  | (please specify) |

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| **Role** |
|[ ]  Primary Guardian  |[ ]  Legal Guardian  |
|[ ]  Secondary Guardian |[ ]  Other |  |  |
|  | (please specify) |

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| **Household/Family Size** *(required)* check box: |
|[ ]  1 |[ ]  4 |[ ]  7 |
|[ ]  2 |[ ]  5 |[ ]  8 |
|[ ]  3 |[ ]  6 |[ ]   |  |
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| **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 |
|  |

**2019 Federal Poverty Level Guidelines**

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| **300%** |
| **Family Size** | **Annual** | **Monthly** | **Weekly** |
| **1** | $37,470 | $3,123 | $721 |
| **2** | $50,730 | $4,228 | $976 |
| **3** | $63,990 | $5,333 | $1,231 |
| **4** | $77,250 | $6,438 | $1,486 |
| **5** | $90,510 | $7,543 | $1,741 |
| **6** | $103,770 | $8,648 | $1,996 |
| **7** | $117,030 | $9,753 | $2,251 |
| **8** | $130,290 | $10,858 | $2,506 |
| **Each Additional** | **$13,260** | **$1,105** | **$255** |

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| **Actual Annual Verified Gross Household (Family) Income:** | $ |  |
| \*Attach copies of documents used to verify income prior to enrollment |

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|[ ]  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).  |

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| Please include the date and the signature of parent or guardian and the staff person to document that any family who is Head Start income eligible **(100% of FPL or below)** has been informed of their eligibility for Head Start.  |
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| **Parent Signature** | **Date** |
|  |  |  | or |[ ]
| **Staff Signature** | **Date** |  | Check if not applicable |

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

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|[ ]  **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.  |
|[ ]  **Child Protective Services:** A child who is a foster child, a kinship care child or receiving Children and Youth services.  |
|[ ]  **Education Level of Guardian:** Does not have high school diploma or GED 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.  |
|[ ]  **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.  |
|[ ]  **Incarcerated Parent:** A child for whom one of the child’s parents is currently in prison.  |
|[ ]  **Homeless:** A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:1. 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;
2. 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;
3. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
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|[ ]  **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.  |
|[ ]  **Teen Mother:** A child whose mother was under the age of 18 when the child was born.  |

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

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| **Parent/Guardian** (Signature) | **Date** |
|  |  |
| **Parent/Guardian Name** (Print Name) |
|  |  |
| **Staff Verifying Income and Risk Factors** (Signature) | **Date** |

Updated June 19, 2019