

NORTHERN TIER COMMUNITY ACTION PRE-K COUNTS APPLICATION INSTRUCTIONS

Welcome! Please print to complete this application. This application contains important information that is used to determine your child's eligibility for Pre-K Counts. If you need help in completing the application, or have questions, please call us at 486-1161 Ext. 224.

***General Information:** Children must be 3 by the kindergarten cutoff date for the school district you are enrolling.

You must provide:

- Immunization record- copy of child's most recent record**
- Child's birth certificate-copy**
- Proof of Income-copy**
 - _Last year's W-2
 - _Pay Stubs for each working parent
 - _TANF Determination Letter
 - _Social Security/SSI/SSDI Determination Letter
 - _Child Support
 - _Unemployment Determination Letter
 - _Foster Care
 - _Other _____

Do NOT send original documents.

***We must have a copy of any custody agreements, court orders, or other documentation regarding parental rights.**

***Parent/ Guardian Information:** List the Primary Adult Name; Address where the child resides, and income of Household. Please be sure to sign the application on the last page.

* If you move or change your phone number after completing this application, it is your responsibility to notify Northern Tier Community Action at 486-1161 Ext. 224.

Once you have completed the application, mail or drop off your application:

**Northern Tier Community Action Corp.- Pre-K Counts
PO Box 389
135 West 4th St.
Emporium, PA 15834**

PRE-K COUNTS Enrollment Information

Child's Name:

First: _____ MI: ____ Last: _____ Age _____

Date of Birth: _____ Gender: Female Male

Child's Social Security Number: _____

Primary Race:

American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

Secondary Race:
(Secondary Race value cannot be the same as Primary Race value)

American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

Ethnicity: Hispanic Non-Hispanic

Street Address: _____ Mailing Address: _____

City: _____ State: ____ Zip Code: _____

School District of Residence: _____

Primary Guardian 1:

First: _____ MI: ____ Last: _____

Date of Birth: _____

Landline Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: Father Mother Grandparent Guardian Other: _____

Select: Biological Foster Adoptive (age at adoption) _____ Guardian Other: _____

Education Status of Guardian 1:

Up to 8th Grade
 9th to 11th Grade
 High School Diploma GED Vocational or Technical Program after High School
 Some College
 Associates Degree
 Bachelor's Degree
 Graduate/Professional School
 Unknown

Employment Status of Guardian 1:

Employed Full-Time (30 hours/week and over) Seasonal
 Employed Part-Time (Fewer than 30 hours/week) Student or Job Trainee
 Multiple Part-Time Unemployed

Primary Guardian 2:

First: _____ MI: ____ Last: _____

Date of Birth: _____

Landline Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: Father Mother Grandparent Guardian Other: _____

Select: Biological Foster Adoptive (age at adoption) _____ Guardian Other: _____

Education Status of Guardian 2:

- Up to 8th Grade
- 9th to 11th Grade
- High School Diploma GED Vocational or Technical Program after High School
- Some College
- Associates Degree
- Bachelor's Degree
- Graduate/Professional School
- Unknown

Employment Status of Guardian 2:

- Employed Full-Time (30 hours/week and over)
- Employed Part-Time (Fewer than 30 hours/week)
- Multiple Part-Time
- Seasonal
- Student or Job Trainee
- Unemployed

Child's Birth Weight:

- Normal (Greater than or equal to 5.8 lbs)
- Low (Greater than 3.4 lbs and Less than 5.8 lbs)
- Very Low (Less than or equal to 3.4)
- Unknown

Immunizations Up-to-Date: Yes No

What type of insurance does your child have? CHIP Medical Assistance Private
 None Unknown

Does your child have a physician they see regularly? Yes No

Does your child have a dentist they see regularly? Yes No

Is your family homeless? Yes No

Primary Language: _____ Secondary Language: _____

Language spoken in the home: English Non-English Multi-Lingual

Household Income: 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 Unknown

2020 Federal Poverty Level Guidelines (300%)

Family Size	Annual
1	38,280
2	51,720
3	65,160
4	78,600
5	92,040
6	105,480
7	118,920
8	132,360
Each Additional Add:	13,440

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

*Attach copies of documents used to verify income prior to enrollment

Number in your immediate family: _____ List siblings below: (Include all siblings related by blood or marriage)

Last Name	First Name	Date of Birth	Sex	Race	Hispanic? Yes or No

How many people are over the age of 18? _____

How often do family members read to your Child? At least once a day At least once a week
 At least once a month Less than once a month

How many children's books are in your home? 0 – 5 5 – 10
 11 – 20 More than 20

Check any community-based services the family has participated in:

- | | |
|--|--|
| <input type="checkbox"/> Emergency/Crisis Intervention | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> English as a Second Language (ESL) Training | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Substance Abuse Prevention or Treatment | <input type="checkbox"/> Job Training |
| <input type="checkbox"/> Child Abuse and Neglect Services | <input type="checkbox"/> Domestic Violence Services |
| <input type="checkbox"/> Child Support Assistance | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Assistance to Families of Incarcerated Individuals | <input type="checkbox"/> Parenting Education |
| <input type="checkbox"/> Assistance in Obtaining Health Insurance | <input type="checkbox"/> Marriage Education Services |
| <input type="checkbox"/> Assistance in Identifying Health Care/Medical Providers | <input type="checkbox"/> None |

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"/>	Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: 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; 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; 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 including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.
<input type="checkbox"/>	Teen Mother: A child whose mother was under the age of 18 when the child was born.

If my child is eligible to receive Head Start services, I give my consent for PRE-K Counts staff to refer this application to the Northern Tier Community Action Corporation Head Start Program? Yes No

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