



pennsylvania
PRE-K COUNTS

For A Brighter Future

**NORTHERN TIER COMMUNITY ACTION CORP
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 814-486-1161 Ext. 224.

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

You must provide: (Do NOT send original documents)

- 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 _____

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

2023 Federal Poverty Level Guidelines

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$14,580	\$43,740
2	\$19,720	\$59,160
3	\$24,860	\$74,580
4	\$30,000	\$90,000
5	\$35,140	\$105,420
6	\$40,280	\$120,840
7	\$45,420	\$136,260
8	\$50,560	\$151,680
Each Additional Member	+\$5140	+\$15,420

* If you move or change your phone number after completing this application, it is your responsibility to notify Northern Tier Community Action at 814-486-1161 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 2023-2024 Enrollment Information

Child's First Name: _____ MI _____ Last: _____ Age _____

Date of Birth: _____ Gender: Female Male Child's Social Security #: _____

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: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Email address: _____

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: _____

Currently living at same address as child yes: _____ Email: _____

If not:

Street Address: _____ Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Relationship to Child: Father Mother Grandparent Guardian Other: _____

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

Education Status of Guardian 2:
<input type="checkbox"/> Up to 8 th Grade
<input type="checkbox"/> 9 th to 11 th Grade
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Vocational or Technical Program after High School
<input type="checkbox"/> Some College
<input type="checkbox"/> Associates Degree
<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Graduate/Professional School
<input type="checkbox"/> Unknown

Employment Status of Guardian 2:
<input type="checkbox"/> Employed Full-Time (30 hours/week and over) <input type="checkbox"/> Seasonal
<input type="checkbox"/> Employed Part-Time (Fewer than 30 hours/week) <input type="checkbox"/> Student or Job Trainee
<input type="checkbox"/> Multiple Part-Time <input type="checkbox"/> Unemployed

Receiving SNAP? Yes No

Primary Guardian 1: Annual Gross Income (Proof Attached): _____

Primary Guardian 2: Annual Gross Income (Proof Attached): _____

TOTAL: _____

Child's Birth Weight:

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

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

<p>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.</p>
<p><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.</p>
<p><input type="checkbox"/> Teen Mother: A child whose mother was under the age of 18 when the child was born.</p>

According to the current Federal Poverty Guidelines, my child is eligible to receive Head Start services. I give my consent for PRE-K Counts staff to refer this application to the 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

**PLEASE FILL OUT THE SECTION BELOW ONLY
 IF YOUR CHILD HAS A CURRENT IEP**

IEP/ER Release of Information

I give my permission for Northern Tier Community Action Corporation Pre-K Program to obtain a copy of the most recent IEP/ER from Seneca Highlands Intermediate Unit Nine for my child,

 (Print Child's Name)

I understand this information is being requested for the purpose of program enrollment and provision of service. In order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the agency listed above, and will be effective for one year from the date signed below. I understand that I may withdraw my permission at any time. I also understand that upon request I will receive a copy of the information.

 Signature of Parent/Guardian

 Town/City

 Date