

Mail-In Application

for 2016-17 Preschool Benefits



Directions: If you would like to apply for preschool benefits from Head Start and GSRP (Great Start Readiness Program) in our Calhoun County, MI, area, please complete the form below. You may be eligible for up to \$7,230 in free preschool tuition, but you must complete the application find out. *Your child is worth it!* After completing this form, **please mail it to:**

Calhoun Area Career Center

Attention: GSRP - Christie Cipic
475 East Roosevelt Ave. Battle Creek, MI 49017

Phone: (269) 660-1606 ext. 6141

Website: www.MyChildNeedsPreschool.com

Child Information (Applicant): Male Female

Legal Name (First and Last name): _____

Date of Birth: ____/____/____ Place of Birth (City, State): _____

Race/Ethnicity (Check all that apply): Black White Asian Native American Pacific Islander Hispanic

Other: _____

Foster Child? Yes No Foster Child for less than 6 months? Yes No

Home Address: _____

City: _____ State _____ ZIP: _____ County: _____

School District you reside in: _____ Are you able to provide transportation? Yes No

Is your current address temporary? Yes No

If temporary, where is the child currently living? In a motel In a shelter Moving from place to place

In a place not designed for ordinary sleeping accommodations such as a car, park or campsite

More than one family living in a house or apartment Other (explain): _____

Phone number: (____) _____ This number is: Home Number Cell Number Work Number

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E-mail address: _____

Alternative contact person (adult) -- This person will be contacted in the event that the parent(s) are unreachable:

Name: _____ Phone number: (____) _____

Family language: English Spanish Other: _____

Do you require an interpreter? Yes No

Parent / Guardian Information:

Name(s)	Date of birth	Relationship to applicant (Child)	Living with the child?
_____	____/____/____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	____/____/____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all other adults or children in the family:

Name(s)	Date of birth	Relationship to applicant (Child)
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

Does the child you are applying for receive Special Education services? Yes No

Release of Information & Consent:

This is the Community Action Education and Children's Services Release of Information regarding

(Child's name): _____

I, _____, as parent/guardian, hereby give my permission for Community Action ECS to contact the Calhoun ISD for information regarding my child. I consent to have the Calhoun County ISD share my child's preschool application with Community Action, Child Care Resources, Great Start Collaborative, local school district and other ISD Birth to 5 programs.

Signature of Parent / Guardian: _____ Date: ___/___/___

Income Information: *(Please attach proof of income such as)*

Does anyone in the family receive Supplemental Security Income (SSI)? Yes No

Do you receive DHS Cash Assistance, FIP, DHS Dollars or TANF Money? Yes No

What is the total gross income for your family per year: \$_____ (Put "0" if no income received in past 12 months.)

Number of people in your family *who are supported by* the parent(s)/ guardians of the child: _____

Agreement Statement:

I understand that the completion of this application does not guarantee that my child is qualified or enrolled in any program. I certify that all the information submitted is true and accurate. I understand that if any part this application is false, it may hinder the application process. I also understand that the information submitted will be held in confidence and used to determine eligibility for preschool only.

Signature of Parent / Guardian: _____ Date: ___/___/___

Where did you hear about our programs? *(Check all that apply)*

- Newspaper Local free paper Sign at center Previous involvement with program Other agency or school
- Flyer Doorhanger left at your home Poster Website E-mail Word of Mouth Facebook or Social Media
- Radio Television Internet Search Friend or relative involved in program From Intermediate School District
- Other source of information about our programs: _____

Important: Please also complete the check boxes on the next two pages.

Need Help? Call our Help Line at (269) 660-1606 ext. 6141 from 7:30 a.m. to 3:30 p.m., Monday - Friday.

Early Childhood Risk Factors

Please answer each question in the right hand column with a yes or no.

Parents do not fill out sections under “FOR OFFICE USE ONLY”

Risk Factor	Definition	Please check Yes or No on each question.
Child is diagnosed with a disability or has an identified developmental delay	Child is eligible for special education services or child’s developmental progress is less than that expected for his/her age or has chronic health issues causing development or learning problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No – Child has active IEP and is receiving special education services <input type="checkbox"/> Yes <input type="checkbox"/> No – Child has an IFSP and received Early On Services <input type="checkbox"/> Yes <input type="checkbox"/> No – Child has health issues that could result in a developmental delay or learning difficulty. <input type="checkbox"/> Yes <input type="checkbox"/> No – Physician has referred for special education services <input type="checkbox"/> Yes <input type="checkbox"/> No – Child has received a low score on a developmental screening
Severe or challenging behavior	Child has been expelled from a preschool or child care center	<input type="checkbox"/> Yes <input type="checkbox"/> No – Child’s behavior has repeatedly prevented him/her from participating in a group setting (for example: preschool, church, or day care) <input type="checkbox"/> Yes <input type="checkbox"/> No – A mental health professional has referred child for services.
Primary home language other than English	English is not spoken in child’s home; English is not the child’s first language.	<input type="checkbox"/> Yes <input type="checkbox"/> No – Your child is entering school not able to speak English and must learn the language. <input type="checkbox"/> Yes <input type="checkbox"/> No – English is your child’s second language.
Parent/s with low educational attainment	Parent has not graduated from high school or is struggling with illiteracy.	<input type="checkbox"/> Yes <input type="checkbox"/> No – One or both parents did not graduate from high school <input type="checkbox"/> Yes <input type="checkbox"/> No – One or both parents have difficulty with reading or cannot read.
Abuse/neglect of child or parent	Domestic, sexual, or physical abuse of child or parent; child neglect issues.	<input type="checkbox"/> Yes <input type="checkbox"/> No – Child has been abused or neglected or there has been domestic or spousal abuse of parent or sibling. <input type="checkbox"/> Yes <input type="checkbox"/> No – There has been abuse of alcohol, prescription or non-prescription drugs by family members or in the home.
Environmental Risks	Parental loss due to death, divorce, incarceration, military service, or absence.	<input type="checkbox"/> Yes <input type="checkbox"/> No – Parent deployed in the military <input type="checkbox"/> Yes <input type="checkbox"/> No – Parent incarcerated <input type="checkbox"/> Yes <input type="checkbox"/> No – Parent suffers from chronic illness (physical, emotional, mental) <input type="checkbox"/> Yes <input type="checkbox"/> No – Frequent changes in custody of child. <input type="checkbox"/> Yes <input type="checkbox"/> No – Grandparent raising grandchild <input type="checkbox"/> Yes <input type="checkbox"/> No – Single parent or parents have divorced or separated <input type="checkbox"/> Yes <input type="checkbox"/> No – Child is in foster care.

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Environmental Risks (continued)	Sibling Issues exist	<input type="checkbox"/> Yes <input type="checkbox"/> No – Child’s situation is negatively effected by issues related to a sibling (chronic illness, behavior issues, disability, death)
	Teen parent	<input type="checkbox"/> Yes <input type="checkbox"/> No – Parent was not yet 20 at the birth of first child.
	Family is homeless or without stable housing	<input type="checkbox"/> Yes <input type="checkbox"/> No – Family is homeless, living in a shelter, or with other families <input type="checkbox"/> Yes <input type="checkbox"/> No – Family home is in foreclosure or there are frequent changes in your residence.
	Residence in a high risk neighborhood	<input type="checkbox"/> Yes <input type="checkbox"/> No – Child experiences daily exposure to environmental pollutants (lead exposure, rodents, insect infestations). <input type="checkbox"/> Yes <input type="checkbox"/> No – Neighborhood has a high crime rate, violence, injury, drug abuse or death rates <input type="checkbox"/> Yes <input type="checkbox"/> No – Home is unsafe or crowded <input type="checkbox"/> Yes <input type="checkbox"/> No – Home has lack of utilities or no space for children’s play.
	Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays.	<input type="checkbox"/> Yes <input type="checkbox"/> No – Child born with Fetal Alcohol Syndrome <input type="checkbox"/> Yes <input type="checkbox"/> No – Child born addicted to drugs <input type="checkbox"/> Yes <input type="checkbox"/> No – Child suffers from respiratory problems because of environment

FOR OFFICE USE ONLY – Parents do not fill out last sections

Extremely Low Family Income	Extremely low family income (under 200% of poverty level)	This risk factor is reserved for children eligible for Head start who cannot be served by Head Start, and those just over the Head Start income guideline. This risk factor counts as two risk factors when prioritizing children for enrollment.						
Low Family Income	Low family income is between 200% and 300% of federal poverty level	Families are not income eligible for Head Start but are income eligible for GSRP.						
Risk factors	#1 Disability 1	#2 Behavior 1	#3 Language 1	#4 Low Education 1	#5 Abuse/Neglect 1	#6 Environmental 1	#7 Income < 200% 2	#8 Income 200-300% 1
Income Category	A Below Poverty Guidelines	B 101%-130% of Poverty Guidelines	C 131%-185% of Poverty Guidelines	D 186%-300% of Poverty Guidelines	E Over 300% of Poverty Guidelines			

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