

2020-2021 PA Pre-K Counts Application Form

Complete and return with Copy of CHILD's BIRTH CERTIFICATE & Copy of Parent's 2019 TAX RETURN.

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

Date Form Completed: _____

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

Child's Date of Birth	Age <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race (optional)	
<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input type="checkbox"/> Other
Ethnicity (optional)	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(please specify)</div>

Last Name (Legal Guardian)	First Name (Legal Guardian)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship to Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(please specify)</div>	(Select) <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(please specify)</div>
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Role	
<input type="checkbox"/> Primary Guardian <input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(please specify)</div>

Household (Family) Size

1 2 3 4 5 6 7 8 _____

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

2020 Federal Poverty Level Guidelines

300%			
Family Size	Annual	Monthly	Weekly
1	\$38,280	\$3,190	\$736
2	\$51,720	\$4,310	\$995
3	\$65,160	\$5,430	\$1,253
4	\$78,600	\$6,550	\$1,512
5	\$92,040	\$7,670	\$1,770
6	\$105,480	\$8,790	\$2,028
7	\$118,920	\$9,910	\$2,287
8	\$132,360	\$11,030	\$2,545
Each Add'l	\$13,440	\$1,120	\$258

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

(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).

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"/>	<p>Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <p>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;</p> <p>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;</p> <p>C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<input type="checkbox"/>	<p>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>
<input type="checkbox"/>	<p>Teen Mother: A child whose mother was under the age of 18 when the child was born.</p>

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

Staff Verifying Income and Risk Factors (Print Name)

HEAD START ELIGIBLE _____ Yes _____ No

I understand my child is eligible for Head Start.

I received information on the Head Start Program.

Parent Signature

Date