

Instructions For

St. Joseph County Early Childhood Preschool Application Packet

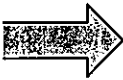
If you should have any questions please feel free to contact the St. Joseph County ISD – Great Start Program at 269-467-5496

In this packet you will find all the paperwork that **MUST** be filled out to apply for your child to be in either Head Start or Great Start Readiness Program. To determine what program your child qualifies for **ALL** paperwork must be filled out completely. ***Please read carefully what we need to process your application. Any missing information will delay this process.***

Follow step by step:

1. **St. Joseph County Early Childhood Preschool application** – Please fill out all fields. *Do not leave anything blank.*
2. **Head Start and Great Start Readiness Program Income Eligibility Form** – Fill out as accurately as possible. This is extremely important for us to determine which program(s) your child will be eligible to attend. *We will need copies of all of your household income submitted with this packet.*
3. **Early Childhood Risk Factors** – This form is needed to help us determine what your child qualifies for. *Answer all questions in right hand column on the form except those under the “For Office Use Only” section.*
4. **St. Joseph County Human Services Commission Consent to Release Information form** – Please fill out with child’s name and birthday in the highlighted areas. *Sign and date where there is an “X” mark at the bottom of form.*
5. **5 Steps To Determine Your Child’s Eligibility** – Parents keep this for your information. You do not need to turn this in with your packet.

Filling out this packet does not mean your child is enrolled. The ISD will determine what program your child qualifies for and will send your paperwork to the appropriate preschool program. They will then be in touch with you to begin enrollment. GSRP will not begin enrollments until after August 1st.

 **Remember we must have a copy of your child’s birth certificate, parents’ proof of income, and proof of residency (utility bill, rent slip, mortgage payment, etc.).**

If you should have any questions please feel free to contact the St. Joseph County ISD – Great Start Program at 269-467-5496.

1. St. Joseph County Early Childhood Preschool Application

Child's Name _____ Birth Date _____ Sex _____ Birth Weight _____

Parent/Guardian _____ Birth Date _____ Phone _____ Cell # _____

Address: _____ City _____ Zip _____

Is your current address a temporary living arrangement? _____ yes _____ no

If yes, is this temporary arrangement due to loss of housing or economic hardship? _____ yes _____ no

School District _____ Email: _____

Transportation Needed? ___ Yes ___ No If transportation is unavailable are you willing to transport? ___ yes ___ no

Other adults in the home:

_____ Relationship _____ Birth Date _____

_____ Relationship _____ Birth Date _____

Other children in the family:

_____ Birth date _____

_____ Birth date _____

_____ Birth date _____

Daycare provider _____ Address: _____

Are you a single parent? _____ yes _____ no Divorced? _____ yes _____ no

Annual income (last 12 months) _____ Number in family _____

Do you currently receive Cash Assistance (not food stamps) from Dept. of Human Services (DHS)? _____ yes _____ no

Are you currently employed? Mother _____ yes _____ no Father _____ yes _____ no

Do you or any of your family members receive SSI? _____ yes _____ no

List language (s) spoken in the home _____

Highest grade completed in school: Mother _____ Father _____

Mother's age at birth of first child _____

Does the child have a confirmed disability or receive special education services? _____ yes _____ no

Explain: _____

Have you or any of your children had a long-term or chronic illness? _____ yes _____ no

Who: _____ What: _____

Has your child experienced the death of a parent or sibling? _____ yes _____ no

Do you live in a rural area? _____ yes _____ no

Have any of your children attended: _____ GSRP _____ Head Start _____ Early Head Start

Parent Guardian Signature: _____ Date _____

REVISED JANUARY 2010

Una versión en español de la aplicación de preescolar está en el otro lado del papel.

2. **HEAD START AND GREAT START READINESS PROGRAM
INCOME ELIGIBILITY FORM**

Income: List all income received in the last 12 months. You must list gross income before deductions. A copy of your earnings must be submitted with this application. Income must be listed for Employment, Unemployment, Child Support, Alimony, Pensions, Retirement SSI, Disability SSI, DHS Payments (Daycare or Cash Assistance), Subsidized Meals, or you don't have income at this time.

Check ALL that apply and list amount received per year (last 12 months).

- | | |
|--|--|
| <input type="checkbox"/> Employment: _____ | <input type="checkbox"/> Unemployment: _____ |
| <input type="checkbox"/> Child support: _____ | <input type="checkbox"/> Alimony: _____ |
| <input type="checkbox"/> Pensions: _____ | <input type="checkbox"/> Retirement SSI: _____ |
| <input type="checkbox"/> Disability SSI: _____ | <input type="checkbox"/> DHS Day care/Cash Assistance: _____ |
| <input type="checkbox"/> Subsidized Meals | <input type="checkbox"/> Family has no income at this time. |

Household size: (list the number of people living in your household): _____

Documentation Provided:

- Check stub previous year's tax forms DHS child care verification form
- Subsidized meal form with income calculation Other (please specify): _____
- No income documentation at this time.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for a state-funded Great Start Readiness Program.

Signature of Parent or Guardian

My child cannot participate in GSRP without bus transportation: ___ Yes ___ No

For Office Use Only

- Family appears to be eligible for Head Start or GSRP, but documentation is still needed.
- I verify that I have seen proof of income. Document seen: _____

Signature

Title

Date

*A legislative requirement.

3. 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 and 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 leaning 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 and 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 can not 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. Sibling Issues exist Teen parent | <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 or death of parent <input type="checkbox"/> Yes <input type="checkbox"/> No – Child is in foster care. <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) <input type="checkbox"/> Yes <input type="checkbox"/> No – Parent was not yet 20 at the birth of first child. |

Continued on next page



| | | |
|--|---|--|
| Environmental Risks (continued) | <p>Family is homeless or without stable housing</p> <p>Residence in a high risk neighborhood</p> <p>Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Family is homeless, living in a shelter, or with other families</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Family home is in foreclosure or there are frequent changes in your residence.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Child experiences daily exposure to environmental pollutants (lead exposure, rodents, insect infestations)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Neighborhood has a high crime rate, violence, injury, drug abuse or death rates</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Home is unsafe or crowded</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Home has lack of utilities or no space for children’s play.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Child born with Fetal Alcohol Syndrome</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Child born addicted to drugs</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Child suffers from respiratory problems because of environment</p> |
| FOR OFFICE USE ONLY – Parents do not fill out last sections | | |
| Extremely Low Family Income | Extremely low family income | 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. |

Revised 1/20/2011

5. 5 STEPS

To Determine Your Child's Eligibility for Head Start or
Great Start Readiness Program

1. Family fills out the *St. Joseph County Early Childhood Preschool Packet*. You will need to include the following documentation: child's official birth certificate, parent's proof of income, and proof of residency.
2. Return packet any of the following areas: Elementary School office, any Head Start Center, **OR** the ISD:
St. Joseph County ISD
62445 Shimmel Rd.
Centreville, MI 49032
Attn. Deana Strudwick-Great Start
3. The ISD will begin the process of *determining your child's eligibility* for Head Start or GSRP.
4. All paperwork is then sent to the program for which the child is eligible.
5. At that point, Head Start or GSRP may need to meet with the family. They will then determine which children will actually be enrolled in their program and notify the family **whether or not** their child is enrolled.

Head Start enrollment is based on income, and has a point system to make sure the families with the greatest needs are enrolled first. **THEY MUST ENROLL 4 YEAR OLDS FIRST.** If any slots remain open, they can then enroll 3 year olds.

GSRP enrollment is based on risk factors determined by the state. The families with the highest number of risk factors are enrolled first. This program is only open to 4 year olds. (Child must still be 4 by Dec. 1st.)