

2018- 2019 Preschool Promise Application

CHILD APPLYING FOR SERVICES

CHILD'S NAME (FIRST & LAST NAME): _____

Date of Birth: _____ Gender: Male Female

Have you enrolled your child in/or applied to another preschool program? (i.e. Head Start)? Yes Name of Program: _____ No

How does this Preschool Promise provider/program meet your family needs? Transportation # of Hours Location

Extended Care Language Immersion Program Not eligible for other income-based programs Other: _____

Does your child receive any of the following services? Occupational Therapy Yes No **Physical Therapy** Yes No

Counseling Yes No **Home Visiting** Yes No **Speech Therapy** Yes No **Other:** _____

Does your family have an IFSP (Individual Family Service Plan) to support your child's development? Yes No

CHILD'S LANGUAGE

What is your child's Primary Language? English Spanish Russian Vietnamese Chinese Other: _____

CHILD'S RACE/ETHNICITY (Check all that apply)

White / Caucasian Black / African American Hawaiian / Pacific Islander Native American/ Alaskan Native

Hispanic / Latino Asian Biracial / Multiracial Decline to answer / Unknown Other:

FAMILY INFORMATION

PARENT / GUARDIAN 1

Parent/Guardian's name (First and Last Name): _____

Relationship to child: Parent Legal Guardian Foster Parent Other: _____

Child resides with Parent/Guardian what percentage of time: 0 - 25% 26 - 50% 51 - 74% 75 - 100%

PARENT / GUARDIAN 1 CONTACT INFORMATION

How do you prefer to be contacted? Home Phone Cell Phone Email Standard Mail

Home Phone: _____ Cell Phone: _____ Email: _____

Do you consider your family to be homeless? (Living in shelters, hotels, or vehicles and/or moving between home of relatives or friends): Yes No

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ Zip Code: _____

PARENT / GUARDIAN 1 RACE/ETHNICITY (Check all that apply)

White / Caucasian Black / African American Hawaiian/ Pacific Islander Native American/ Alaskan Native

Hispanic / Latino Asian Biracial / Multiracial Decline to answer / Unknown Other:

PARENT / GUARDIAN 1 LANGUAGE

What is your Primary Language? English Spanish Russian Vietnamese Chinese Other: _____

What language do you speak at home? English Spanish Russian Vietnamese Chinese Other: _____

In what language do you prefer to receive (Please note not all Preschool Promise materials are available in all languages)

Written Communication? English Spanish Russian Vietnamese Chinese Other: _____

Verbal Communication? English Spanish Russian Vietnamese Chinese Other: _____

ADDITIONAL PARENT / GUARDIAN 1 INFORMATION

Check all that apply: Currently Employed Student Unemployed Business Owner Other: _____

PARENT / GUARDIAN 2

Parent/Guardian's name (First and Last Name): _____

Relationship to child: Parent Legal Guardian Foster Parent Other: _____Child resides with Parent/Guardian what percentage of time: 0 - 25% 26 - 50% 51 - 74% 75 - 100%**PARENT / GUARDIAN 2 CONTACT INFORMATION**How do you prefer to be contacted? Home Phone Cell Email Standard Mail

Home Phone: _____ Cell Phone: _____ Email: _____

Do you consider your family to be homeless? (Living in shelters, hotels, or vehicles and/or moving between home of relatives or friends): Yes No

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ Zip Code: _____

PARENT / GUARDIAN 2 RACE/ETHNICITY (Check all that apply)White/Caucasian Black / African American Hawaiian/ Pacific Islander Native American/ Alaskan NativeHispanic / Latino Asian Biracial / Multiracial Decline to answer/Unknown Other: _____**PARENT / GUARDIAN 2 LANGUAGE**What is your Primary Language? English Spanish Russian Vietnamese Chinese Other: _____What language do you speak at home? English Spanish Russian Vietnamese Chinese Other: _____**In what language do you prefer to receive: (Please note not all Preschool Promise materials are available in all languages)**Written Communication: English Spanish Russian Vietnamese Chinese Other: _____Verbal Communication? English Spanish Russian Vietnamese Chinese Other: _____**ADDITIONAL PARENT / GUARDIAN 2 INFORMATION**Check all that apply: Currently Employed Student Unemployed Business Owner Other: _____**FAMILY INCOME ELIGIBILITY**

Number of Adults in Home: _____ Number of Children in Home _____ Total Household Size _____

Does the family receive or qualify for any of the following services or forms of financial assistance?

Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DHS Employment Related Daycare (ERDC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Women, Infants, and Children (WIC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free or Reduced Lunch Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Head Start	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please Note: Foster parents need only to provide a copy of the child's placement letter from DHS child welfare.

Documents presented for income verification:	Enter Amount (\$)
Income Tax Form 1040 or 1040A	
Social Security	
Unemployment Statements	
Paystubs (12 Months)	
FSRN printout from DHS	
Child Support Statements	
Other	
Total Annual Income:	

2018 FEDERAL POVERTY LEVEL TABLE			
Persons in the family or Home	100% Fed Poverty	130% Fed Poverty	200% Fed Poverty
2	\$16,460	\$21,398	\$32,920
3	\$20,780	\$27,014	\$41,560
4	\$25,100	\$32,630	\$50,200
5	\$29,420	\$38,246	\$58,840
6	\$33,740	\$43,862	\$67,480
7	\$38,060	\$49,478	\$76,120
8	\$42,380	\$55,094	\$84,760

Families whose annual income is 200% or less of the Federal Poverty Level may be able to enroll their children in public preschool for free. The chart above will be used to help us with determination.

PARENT

By signing this application, I swear that I have given true and complete information and that the Oregon Department of Education, Early Learning Division and the Marion and Polk Early Learning Hub may verify the information on this application. I understand that making false statements or hiding information may subject me to state and federal penalties. I understand that state funds help pay for Preschool Promise and that preschool services may end if funds are no longer available.

I understand that information in this application and classroom data will be shared with the Preschool Promise Program, their Enrollment Committees, Providers and/or Staff, the Early Learning Division of the Oregon Department of Education, and the Marion & Polk Early Learning Hub and its partners for program planning, eligibility and research purposes. Information will be kept confidential. Federal or state laws may require us to show information to government officials (or sponsors) who are responsible for monitoring the program. However, an assigned number will be used to designate your family and child information that does not personally identify you. You will not be identified in any publication from this program or in any data files shared with other researchers.

This confidential eligibility application form is not a guarantee of admission into the Preschool Promise Program.

Parent/Guardian Signature and Date Required

Signature	Printed Name	Date
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CERTIFICATION OF ELIGIBILITY - FOR ENROLLMENT PURPOSES ONLY

Age Eligible? For the 2018-19 academic year child must be 3 or 4 by 9/1/2018 (Salem-Keizer 09/10/2018) Yes No

Family Income is:

- < 100% FPL**
- 101% – 130% FPL**
- 131% – 200% FPL**
- > 200% FPL (Over the income is not eligible)**

Income Eligible? Yes No

INTAKE STAFF:

I have examined documents and information presented by the parent(s)/guardian(s) and to the best of my knowledge the family is:

- Eligible** for Preschool Promise services, which are funded by the State of Oregon, Department of Education, Early Learning Division.
- Not Eligible** for Preschool Promise services, which are funded by the State of Oregon, Department of Education, Early Learning Division.

Staff Signature

Staff Printed Name

Date

Preschool Promise Provider Name: _____