

# NORTHERN TIER COMMUNITY ACTION PRE-K COUNTS APPLICATION INSTRUCTIONS

Please fill out this application completely. Please print as neatly as possible. 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 486-1161 Ext. 224.

The following information may be helpful as you are completing the application.

**\*General Information** We must be able to reach you in order to enroll your child. If you move or change your phone number after completing this application, it is your responsibility to notify Northern Tier Community Action at 486-1161 Ext. 224. Children must be 3 by July 1<sup>st</sup> in the program year for which you are enrolling. You must provide proof of your child's birth date through a **copy of your child's birth certificate.**

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

**\*Parent/ Guardian Signature** (last page) Only a parent or legal guardian may sign this application.

**\*Income Information** (front page) **A copy of documentation of income must accompany this application.**

**\*IMMUNIZATIONS** (back page) It is necessary to have a copy of your child's most recent immunization records.

**Once you have completed the application, please provide a copy of your child's birth certificate, any custody agreements, family income and a copy of your child's immunization records. Mail or drop off your application:**

**Northern Tier Community Action Corp.  
Pre-K Counts  
PO Box 389  
Emporium, PA 15834**

**Northern Tier Community Action Corporation**  
**PA PRE-K COUNTS APPLICATION**  
 This information is confidential to the PA Pre-K Counts program.

**Date form Completed:**

Last Name (Child)	First Name (Child)	Middle Initial

Child's Date of Birth	Age 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Household (Family) size

<p style="text-align: center;"><b>Primary Language</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other _____ (Please specify)</p>	<p style="text-align: center;"><b>Family Type</b></p> <p><input checked="" type="checkbox"/> One Parent      <input type="checkbox"/> Two Parent</p> <p><input type="checkbox"/> Foster      <input type="checkbox"/> Child living with Relative</p> <p><input type="checkbox"/> Other _____ (Please specify)</p>
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Street Address	County	
City	State <b>PA</b>	Zip Code
Home Telephone:	Work Phone:	Email Address:

**Household Income** (required) check box:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less than \$5,000    | <input type="checkbox"/> \$5,001 - \$10,000  | <input type="checkbox"/> \$10,001 - \$15,000 |
| <input type="checkbox"/> \$15,001 - \$20,000  | <input type="checkbox"/> \$20,001 - \$25,000 | <input type="checkbox"/> \$25,001 - \$30,000 |
| <input type="checkbox"/> \$30,001 - \$35,000  | <input type="checkbox"/> \$35,001 - \$40,000 | <input type="checkbox"/> \$40,001 - \$45,000 |
| <input type="checkbox"/> \$45,001 - \$50,000  | <input type="checkbox"/> \$50,001 - \$60,000 | <input type="checkbox"/> \$60,001 - \$70,000 |
| <input type="checkbox"/> \$70,001 - \$100,000 | <input type="checkbox"/> More than \$100,000 |  |

**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 end of document for income chart relative to family size. (Must be verified prior to enrollment)

**Other Child Eligibility Risk Factor Criterion (Must check all that apply)**

- 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.
- Child Protective Services:** A child who is a foster child, a kinship care child or receiving Children and Youth services
- Education level of guardian:** does not have a high school diploma or GED or post-secondary degree.
- 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.
- Homeless:** A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:
  - 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 the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
  - 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;
  - C. Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- Incarcerated Parent:** A child for whom one of the child's parents is currently in prison
- 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.
- 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.

**Teen mother:** A child whose mother was under the age of 18 when the child was born

Is your child potty trained? \_\_\_\_\_Yes \_\_\_\_\_No

If my child is eligible to receive Head Start services, I give my consent for Pre-K Counts staff to refer this application to Northern Tier Community Action Corporation 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. I understand that this does not guarantee enrollment into the program. All information will be kept STRICTLY CONFIDENTIAL.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name – Please Print

\_\_\_\_\_  
Staff Verifying Income and Risk Factors Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Verifying Income - Please Print