

# NORTHERN TIER COMMUNITY ACTION PRE-K COUNTS APPLICATION INSTRUCTIONS

Welcome! Please print to complete this application. 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.

**\*General Information:** Children must be 3 by July 1<sup>st</sup> in the program year for which you are enrolling.

**You must provide:**

- Immunization record-** child's most recent record
- Birth child's birth certificate**
- Proof of Income:**
  - \_ Last year's W-2
  - \_ Pay Stubs for each working parent
  - \_ TANF Determination Letter
  - \_ Social Security/SSI/SSDI Determination Letter
  - \_ Child Support
  - \_ Unemployment Determination Letter
  - \_ Foster Care
  - \_ Other \_\_\_\_\_

**Do NOT send original documents.**

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

**\*Parent/ Guardian Information:** List the Primary Adult Name; Address where the child resides, and income of Household. Please be sure to sign the application on the last page.

\* 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.

**Once you have completed the application, mail or drop off your application:**

**Northern Tier Community Action Corp.- Pre-K Counts  
PO Box 389  
135 West 4<sup>th</sup> St.  
Emporium, PA 15834**

# 2019 PA Pre-K Counts Enrollment Form

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

Date Form Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM     DD     YY

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

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

<b>Last Name (Legal Guardian)</b>	<b>First Name (Legal Guardian)</b>	<b>Gender</b> __ Male __ Female
		Guardian's Birth Date _____

<b>Relationship to Child</b>	<b>(Select)</b>
<input type="checkbox"/> Father	<input type="checkbox"/> Biological
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster
<input type="checkbox"/> Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
(please specify)	(please specify)

<b>Role</b>	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____
(please specify)	

<b>Household/Family Size (required) check box:</b>		
<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7
<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 8
<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> _____

<b>Household Income (required) check box:</b>		
<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	

**2019 Federal Poverty Level Guidelines**

<b>300%</b>			
<b>Family Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Weekly</b>
1	\$37,470	\$3,123	\$721
2	\$50,730	\$4,228	\$976
3	\$63,990	\$5,333	\$1,231
4	\$77,250	\$6,438	\$1,486
5	\$90,510	\$7,543	\$1,741
6	\$103,770	\$8,648	\$1,996
7	\$117,030	\$9,753	\$2,251
8	\$130,290	\$10,858	\$2,506
<b>Each Additional</b>	<b>\$13,260</b>	<b>\$1,105</b>	<b>\$255</b>

**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).

Please include the date and the signature of parent or guardian and the staff person to document that any family who is Head Start income eligible (**100% of FPL or below**) has been informed of their eligibility for Head Start.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

or  Check if not applicable

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

<input type="checkbox"/>	<b>Behavioral Supports:</b> 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"/>	<b>Child Protective Services:</b> A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	<b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	<b>English Language Learner:</b> 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"/>	<b>Individualized Education Plan (IEP):</b> 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"/>	<b>Incarcerated Parent:</b> A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<b>Homeless:</b> 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 lack of alternate 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 places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<input type="checkbox"/>	<b>Migrant (Non-Immigrant)/Seasonal Student:</b> 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.
<input type="checkbox"/>	<b>Teen Mother:</b> A child whose mother was under the age of 18 when the child was born.

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**