

HARDIN COUNTY SCHOOLS
Early Childhood/Head Start
Preschool Program
 65 W. A. Jenkins Rd.
 Elizabethtown, KY 42701
Phone 270-769-8911
Fax 270-769-8919



HARDIN COUNTY SCHOOLS
 HELPING CHILDREN SUCCEED

Today's Date: _____

Office Use Only		IC <input type="checkbox"/>	Copied <input type="checkbox"/>
School _____			
Geo _____	YEAR _____		
Hm Sch: MV VG RE WD Other _____	GR: 97 98 99		

Student Information	Legal Name of Student _____ Name child goes by _____
	Date of Birth ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Place of Birth: _____ <small>(Last) (First) (Middle) (City/County) (State/Country)</small>
	Race (Check all that apply): White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/>
	Is your child Hispanic/Latino: Yes <input type="checkbox"/> No <input type="checkbox"/> Language most frequently spoken at home? _____
	Student's Residential Address: _____ <small>(Street) (Apt #) (City) (State) (Zip)</small>
	Student's Mailing Address (if different): _____ <small>(Street) (Apt #) (City) (State) (Zip)</small>
	Housing Situation: Are you and your child <u>temporarily</u> living: with friend/relative <input type="checkbox"/> in night time shelter <input type="checkbox"/> in emergency shelter <input type="checkbox"/> in hotel/motel <input type="checkbox"/> N/A <input type="checkbox"/>
	Does your child have special needs, receive special education services, or services from another agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, briefly describe: _____
	If applicable, check any of the following services that your student receives and list the school or agency below. ____ Individual Education Plan (IEP) ____ Speech Therapy ____ Other (please explain: _____)
	First time enrolled in a Kentucky school? ____ Yes ____ No Last School Attended: _____ Telephone # _____ School Address: _____ Fax # _____

Parent/Guardian Info

Household Information	Parent/Guardian:
	Name: _____ Relationship to Student _____
	Home # _____ Cell # _____ Circle Preferred: Home / Cell / Work
	Place of Employment _____ Work # _____
	Lives in home with student? Yes <input type="checkbox"/> No <input type="checkbox"/> E-mail Address _____
	Parent/Guardian:
Name: _____ Relationship to Student _____	
Home # _____ Cell # _____ Circle Preferred: Home / Cell / Work	
Place of Employment _____ Work # _____	
Lives in home with student? Yes <input type="checkbox"/> No <input type="checkbox"/> E-mail Address _____	
Are there any custody restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____	

Other Adults Living in Home

Household Information	Name: _____ Relationship to Student _____
	Home # _____ Cell # _____ Circle Preferred: Home / Cell Email: _____
Household Information	Name: _____ Relationship to Student _____
	Home # _____ Cell # _____ Circle Preferred: Home / Cell Email: _____

Legal Name of Student: _____
 (Last) _____ (First) _____ (Middle) _____

Other Children Living Within Household

Other Children Information	Name _____ (Last) _____ (First) _____ (Middle) _____	Name _____ (Last) _____ (First) _____ (Middle) _____
	Date of Birth ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____	Date of Birth ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____
	Relationship to Student _____	Relationship to Student _____
	Name of School _____ N/A <input type="checkbox"/>	Name of School _____ N/A <input type="checkbox"/>
	Name _____ (Last) _____ (First) _____ (Middle) _____	Name _____ (Last) _____ (First) _____ (Middle) _____
	Date of Birth ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____	Date of Birth ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____
	Relationship to Student _____	Relationship to Student _____
	Name of School _____ N/A <input type="checkbox"/>	Name of School _____ N/A <input type="checkbox"/>
	Name _____ (Last) _____ (First) _____ (Middle) _____	Name _____ (Last) _____ (First) _____ (Middle) _____
Date of Birth ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____	Date of Birth ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____	
Relationship to Student _____	Relationship to Student _____	
Name of School _____ N/A <input type="checkbox"/>	Name of School _____ N/A <input type="checkbox"/>	

Transportation Information

Transportation	Primary Transportation to School: <input type="checkbox"/> School Bus <input type="checkbox"/> Car Rider <input type="checkbox"/> Childcare Pickup - Provider Name: _____
	If child is to ride bus to/from address different than home, please list: <i>(please include name, address and phone number of childcare provider, if applicable)</i>
	To school: Name _____ Address _____ Telephone # _____
	From school: Name _____ Address _____ Telephone # _____
	In case of weather related early school dismissal , I prefer: <input type="checkbox"/> My child will ride regular bus home <input type="checkbox"/> My child will ride bus to regular day care <input type="checkbox"/> My child will be picked up.

Emergency Information

Emergency Information	Emergency Information: In case of an accident or emergency of any kind, when parent/guardian cannot be contacted, please call and/or release my child to one of the following:
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____

Medical Information

Medical Information	Physician _____ Phone # _____ Dentist _____ Phone # _____
	List and identify problems and/or medical conditions (such as asthma, allergies, diabetes, seizures, etc.) that should be known to school personnel _____
	Has your child had a vision screening/exam? No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Has your child had a hearing exam? No <input type="checkbox"/> Yes <input type="checkbox"/> _____ (doctor/location) (doctor/location)
	List medications to be given during school day along with dosage _____ <p align="center"><small>(An Authorization to Give Medication Form must be on file for any medication to be given to a student during the school day).</small></p>

Household Income Information

Household Income Information	Does either parent/guardian work on government property? <input type="checkbox"/> No <input type="checkbox"/> Yes					
	Does your child or family member receive any of the following services or benefits:					
	SNAP (Food Stamps)?	No	Yes	Medicaid/K-Chip/Passport Ins.?	No	Yes
	KTAP (Kentucky Transitional Assistance Program - not K-Chip)?	No	Yes	Section 8 Housing Assistance?	No	Yes
	*Assistance from another relative/friend with household expenses? <small>*Additional form may be required. Please call with questions.</small>	No	Yes	Child Support	No	Yes
Does any household member receive SSI? If yes, list person: _____	No	Yes	Spousal Support	No	Yes	

Child Development

Child Development	Please mark the areas in which you have concerns.			Yes	No	Maybe
	Are you concerned about the general development of your child?					
	Does your child have health issues that concern you?					
	I am concerned about my child's gross motor skills. (<i>running, jumping, etc.</i>)					
	I am concerned about my child's fine motor skills. (<i>holding pencil/crayon, picking up small items, etc.</i>)					
	Are you concerned about your child's thinking/problem-solving skills.					
	Does your child have difficulty understanding directions or ideas?					
	I am concerned about my child's language skills. (<i>limited vocabulary, doesn't talk much, etc.</i>)					
	I am concerned about the way my child pronounces words.					
	Does your child have difficulty with self-care tasks such as dressing or feeding self?					
	I am concerned about my child's social skills.					
	I am concerned about my child's emotional well-being.					
	I have behavior concerns about my child.					
Please describe any specific concerns you have about your child: _____ _____ _____						

If your child qualifies for the program, he/she will need the following documents:

- Copy of birth certificate**
 Physical
 Immunization
 Vision
 Dental

IMPORTANT AUTHORIZATION AND CERTIFICATION -- READ BEFORE SIGNING

I understand that as a part of the guidelines for this program ALL children will be given a free screening to determine development in the areas of speech, eye-hand coordination, arm and leg coordination, general knowledge, behavior, vision and hearing. This information will be used to better assist the preschool staff as they work with each individual child.

I certify that all of the above information is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strictest confidence within the agency and is accessible to me during normal business hours.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

INSTRUCTIONS FOR APPLYING

- 1. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If other people living in your household are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- 2. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you make \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 3. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- 4. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact the Early Childhood Office for more information.
- 5. WHAT DOCUMENTS CAN I PROVIDE TO VERIFY MY INCOME?** Individual Income Tax Form 1040, W-2 forms, pay stubs dated within the last month, written statements from employers, monthly SSI statements, or documentation showing current status of recipients of public assistance.

Part 1: All Household Members (a household member is any child or adult living with you): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

IF YOUR CHILD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS.

Part 2: Check the appropriate category.

Part 3: Skip this part.

Part 4: Sign the form.

IF YOU HAVE FOSTER CHILD(REN) ONLY, FOLLOW THESE INSTRUCTIONS. YOU DO NOT NEED TO FILL OUT A SEPARATE FORM FOR EACH FOSTER CHILD IN YOUR HOUSEHOLD. (IF THERE ARE BOTH FOSTER CHILDREN AND NON-FOSTER CHILDREN IN YOUR HOUSEHOLD, FOLLOW THE INSTRUCTIONS BELOW FOR ALL OTHER HOUSEHOLDS).

If all children in the household are marked as foster children in Part 1:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form.

ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Section 1—Name:** List all household members who have income.
- **Section 2 –Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned **before** taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should only be reported for self-owned business, farm, or rental income.
 - **Child Support, Spousal Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income received weekly, every other week, twice a month, or monthly. Do not include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: An adult household member must sign the form. Please include your address and phone number in the event the Preschool Coordinator has a question about your information.

HOUSEHOLD AND INCOME FORM

The State Funded Preschool Program is available to children who are 4 years old on or before August 1 **and** whose family income is at 160% poverty level or less; **and** for children who are 3 or 4 years old with a speech delay or other identified disability.

To determine income eligibility, please complete, sign and return this application to
Hardin County Schools Early Childhood Office, 65 W.A. Jenkins Rd, Elizabethtown, KY. 42701

Refer to back page for Instructions for Applying

PART 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> people living in your household who share income/expenses <i>(detailed definition of household on back page)</i> (First, Middle Initial, Last)	School the child attends or indicate "NA" if household member is not in school	Grade Level	Check if a foster child <i>(legal responsibility of welfare agency or court). If <u>all</u> children listed below are foster children, skip to Part 4 to sign this form.</i>	Check <u>only</u> if NO income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box, and then go to Part 4.
 HOMELESS MIGRANT RUNAWAY

PART 3A. SERVICES OR BENEFITS RECEIVED (CHECK ALL THAT APPLY)

SNAP KTAP Child Support Spousal Support
 Medicaid/K-Chip/Passport Section 8 Housing Assistance from Family
 SSI *If yes, list person:*

PART 3B. TOTAL HOUSEHOLD GROSS INCOME (BEFORE ANY TAXES OR OTHER DEDUCTIONS)

<i>Refer to Instructions for Applying on back page for guidelines concerning listing income</i>																				
NAME (List <u>only</u> household members with income) <i>Verification of income (tax return, W-2, benefits statements, etc) must be included.</i>	Earnings <u>before taxes or other deductions</u> <i>Military <u>must</u> include BAS & BAH, but <u>not</u> combat pay</i>					Please circle: • Child support • Spousal support • Alimony <u>Only list amounts RECEIVED</u>					Please circle: • Pension • Retirement • Social Security • SSI • Disability • VA benefits					All Other Income <i>(Includes family assistance, worker's compensation, unemployment, and <u>any other income received</u>)</i>				
		Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly					
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PART 4. SIGNATURE (PARENT OR GUARDIAN MUST SIGN BELOW)

A parent or guardian must sign the form.
I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here: _____ Print name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Cell Phone Number: _____

CHECKLIST

- Have you included all of your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the application?
- Have you included verification of income – paystub, benefit statement, tax documents, etc.?

Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Option school will receive a meal at no charge.

Non-Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Monthly Income Conversion: Weekly x 4.3; Every 2 Weeks x 2.17; Twice Monthly x 2

Total Income: _____ Per: Week Every 2 Weeks Twice A Month Month Year Household size: _____

Eligibility: 160% poverty___ Head Start ___ Special Education___ Over Income ___ %___ PRA ___

Comments: _____

Secretary/Office Assistant Signature: _____ Date: _____