

Delta & Schoolcraft Counties Early Childhood Application



By **Dec.1st**, a participant **MUST** be: an expectant mother, or birth-3 yrs old for **Early Head Start**; or 3 or 4 yrs old for **Head Start**
Return by mail, fax or email to:
 Angie Gardner, Family/Comm. Manager Ph: (906)786-7080, ext 141
 MDS CAA Early Childhood Program Fax: (906)786-6889
 111 North 5th St., Escanaba, MI 49829 Email: agardner@mdsecp.org

By **Sept.1st**, a participant **MUST** be 4-years-old for the **Great Start Readiness Program (GSRP)**
Return to your school; or by mail, fax or email to:
 Lacy Lauzon, GSRP Coordinator Ph: (906) 789-9476, ext 12
 Delta-Schoolcraft ISD Learning Center Fax: (906)789-5703
 2203 3rd Ave S, Escanaba, MI 49829 Email: llauzon@dsisd.net

Child's Full Name: _____ **Date of Birth:** _____ Male Female

Child's address: _____ **City:** _____ **State:** _____ **Zip:** _____

Preschool / childcare child currently attends: _____

Is your child's primary language* English? Yes No If no, what is the primary language? _____

**Primary language means the dominant language used by a person for communication*

Child's ethnicity: Hispanic Yes No *(A child's race / ethnicity is not considered when determining a family's eligibility)*

Child's race: American Indian or Alaska Native Asian White Multi-racial Black/African-American Native Hawaiian or Pacific Islander

Does this child have health insurance? Yes No **Insurance Name and Number:** _____

Mother (or expecting mother)/Guardian Full Name: _____ **Date of Birth:** _____

Employed (Check one): Yes No **Status:** Part-Time Full Time Seasonal **Highest level of education completed:** _____

Address (If different than child): _____ **City:** _____ **State:** _____ **Zip:** _____

Primary phone number: _____ **Do you text at this number?** Yes No **Email:** _____

Marital status (Check one): Single Married Separated Divorced Widowed Live-in Partner

Race: _____

Currently pregnant? (Check one): Yes No **Due date:** _____

Father / Guardian Full Name: _____ **Date of Birth:** _____

Employed (Check one): Yes No **Status:** Part-Time Full Time Seasonal **Highest level of education completed:** _____

Address (If different than child): _____ **City:** _____ **State:** _____ **Zip:** _____

Primary phone number: _____ **Do you text at this number?** Yes No **Email:** _____

Marital status (Check one): Single Married Separated Divorced Widowed Live-in Partner

Race: _____

Other Family Members: First, Middle & Last names of all other children living in the home Birth date: Sex: Related to:

For those programs where transportation services are not offered, are you able to transport your child each day? Yes No
 For children placed in a program with bussing, please list:

Pick-up location – Name & Street Address: _____ **City:** _____

Drop-off location – Name & Street Address: _____ **City:** _____

***Office Staff Only: Bus Route to School:** _____ **From School:** _____

Program preference, if any: Full Day Part Day Toddler Room Home-based

Preferred program name or location: _____

A secondary contact number or message phone in case you cannot be reached at numbers above: _____

School district in which the child lives or plans to attend: Bark River-Harris Big Bay Escanaba Gladstone
 Manistique Mid Peninsula Rapid River Nah Tah Wahsh St. Francis Holy Name Other _____

Elementary school closest to child's home: _____

Income Eligibility Information

Parents/guardians must provide proof of income including ALL sources of family income as outlined below. The period of time to be considered for eligibility is the 12 months, or the calendar year prior to applying, whichever is more accurate in reflecting a family's current need. Early Childhood Staff will review and need copies of all proof of income and are available to assist families in determining what documentation is needed. Copies may be made by the applicant and included with the application, or can be made on-site as needed.

A **FAMILY** is defined as all persons living in the same household who are:

Supported by the income of the parent/guardian(s) of the child applicant (or spouse & self for pregnant mom) **AND**, related to the parent/guardian(s) by blood, marriage, or adoption.

The one exception is for Early Head Start (EHS) applicants who are pregnant, under the age of 20 and not married. In this case, the applicant's income determines eligibility regardless of her parents' income even if she still lives with them.

FAMILY DEMOGRAPHICS:

of Adults in the family_____,
 # of Children in the family_____

Income Source	\$ Amount	Verified (X)	Notes
Income Tax from 1040	Gross:		
W-2			
TANF documentation (FIP Cash Assist.)			
Pay stubs			
Unemployment Statement			
Written statement from employer			
Adoption/Foster care payments			
SSI Documentation			
Child Support			
Pension(s)			
Other: (Veterans benefits, SSDI, rental income, alimony)			
Total Income:			

I certify that this information is true and understand that if any part is false, participation may be terminated. I understand that the information in this application is confidential within the agencies providing early childhood services. I'm aware that changes to my income status may make me eligible for reassessment and it is my obligation to inform the program of such an event.

 Parent/Guardian Signature

 Date

 Staff person verifying income

 Date

FOR ADMINISTRATIVE USE ONLY – DO NOT WRITE BELOW THIS LINE

Income Eligibility: Elig TNF FOS HML 101-130 % Over	Program: EHS HS	Points:	Center:	Class Age:	FPM Eligibility Review: I have reviewed the application and have determined eligibility.
GSRP Income Eligibility: 131-250% 251% & Over	GSRP Program: SE SG SMP SR SMQ SMN				

Eligibility Notes _____