



Applicant Name(s): _____ Birthday _____

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Applicant Eligibility & Enrollment Information

Eligibility			
Program Term	Program Year	Initial Status	
<input type="checkbox"/> HS <input type="checkbox"/> EHS	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> New	<input type="checkbox"/> _____ (Due Date of Pregnant Woman)
Location Preferences for			
(name) _____	Specific Center or HB Area	Classroom: Full or Half Day	Funding
1st			<input type="checkbox"/> EHS Pregnant Woman/Teen <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> HS
2nd			
3rd			
Location Preferences for			
(name) _____	Specific Center or HB Area	Classroom: Full or Half Day	Funding
1st			<input type="checkbox"/> EHS Pregnant Woman/Teen <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> HS
2nd			
3rd			
Application Date	Type of Interview	Number in Family	
	<input type="checkbox"/> In- Person Interview <input type="checkbox"/> Telephone Interview		Family (for a child) means all persons living the same household who are: supported by the child's parents or guardian(s) income; and related to the child's parent(s) or guardian(s) by blood, marriage, or adoption; OR the child's authorized caregiver or legally responsible party.

Eligibility Criteria	Points (office use only)
<p>Does the child/family meet one of the criteria below? If so, complete the <i>Living Situation Verification</i> form.</p> <ul style="list-style-type: none"> • Child is living with non-parent relatives due to loss of housing, economic hardship, or a similar reason. • Living in an emergency or temporary shelter. • Sharing the house of another family due to loss of housing or economic hardship. • Living in a motel, hotel, trailer park, or campground, not able to afford or find affordable housing. • Living in a vehicle, abandoned building, or substandard housing, w/out water/electricity or in bus/train station. 	

Foster Child
 Previously Enrolled in EHS
 Trans Housing/**Homeless** (need documentation)
 WIU Parent (only applicable for Macomb CB)
 Sibling of Enrolled Child
 Identified Special Need (need documentation)
 Referred or Income Eligible Pregnant Teen
 Agency Referral (need documentation) _____

I have verified the birthdate(s) of the applicant(s) and examined the attached documents for income and certify that these are correct.

Birth Certificate
 Medical Card
 Immunization Record
 Other _____

Staff Signature _____ Date _____

The documents and information that I have provided concerning eligibility are accurate and true to the best of my knowledge. *Los documentos e información que yo he proveído con respecto a la elegibilidad son correctos a lo mejor de mis conocimientos. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours. También entiendo que la información en esta aplicación es estrictamente confidencial y podre tener aseso a ella durante horario normales de oficina. I give PACT for West Central Illinois permission to inform my local school district that my child is enrolled in Head Start. I understand that only my child's name will be released and this is to avoid duplicated screenings. I give PACT for West Central Illinois permission to inform my local school district that my child is enrolled in Head Start. (Doy permiso a PACT por el Oeste Central de Illinois a informar al distrito escolar que mi hijo/a esta inscrito en Head Start) I understand that only my child's name will be released. I further understand the reason for my child's name being released is to avoid duplicated screenings. (Entiendo que solamente el nombre de mi niño va ser dado. Además, entiendo que la razón porque el nombre de niño/a será dado, es para evitar que se le dupliquen evaluaciones.)*

Parent/Guardian Signature _____ Date _____

I give permission for information to be released from this app. and the developmental screening results in order to obtain eligibility for _____ PreK, PACT Head Start, and Early Childhood Special Ed. Services. No other person/agency may obtain confidential info without the signed consent of the parent/guardian. Central CUSD#3 uses this info to accurately complete gov't reports. Doy mi autorización que la información de la aplicación y los resultados de evaluación del desarrollo sean compartidos con el fin de obtener la elegibilidad para _____ PreK, PACT Head Start. Ninguna otra persona / agencia puede obtener información confidencial sin el consentimiento firmado de los padres / tutores.

Parent/Guardian Signature _____ Date _____

Central Office Staff only			
Application Status	Participation Year	Total Eligibility Income	Income Status
<input type="checkbox"/> Complete & Verified	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> Eligible (Below 100%) <input type="checkbox"/> 101- 130% <input type="checkbox"/> Over Income	<input type="checkbox"/> Foster child <input type="checkbox"/> Homeless <input type="checkbox"/> Public assistance

Application Approved & Wait Listed by _____ Date _____
 Child Plus ID _____ Family ID _____ Application Logged Wait List Letter Initials _____ Date _____ 1/22