



Applicant Name(s): _____ Birthday _____
 Applicant Name(s): _____ Birthday _____

Applicant Eligibility & Enrollment Information

| Eligibility | | | |
|--|---|--|---|
| Program Term <input type="checkbox"/> HS <input type="checkbox"/> EHS | Program Year <input type="checkbox"/> _____ <input type="checkbox"/> _____ | Initial Status <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 |
| 2nd | | | <input type="checkbox"/> Infant/Toddler |
| 3rd | | | <input type="checkbox"/> HS |
| Location Preferences for | | | |
| (name) _____ | Specific Center or HB Area | Classroom: Full or Half Day | Funding |
| 1st | | | <input type="checkbox"/> EHS Pregnant Woman/Teen |
| 2nd | | | <input type="checkbox"/> Infant/Toddler |
| 3rd | | | <input type="checkbox"/> HS |
| Application Date | Type of Interview <input type="checkbox"/> In-Person Interview <input type="checkbox"/> Telephone Interview | Number in Family | 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. <p><input type="checkbox"/> Foster Child <input type="checkbox"/> Previously Enrolled in EHS <input type="checkbox"/> Trans Housing/Homeless (need documentation) <input type="checkbox"/> WIU Parent (only applicable for Macomb CB) <input type="checkbox"/> Sibling of Enrolled Child <input type="checkbox"/> Identified Special Need (need documentation) <input type="checkbox"/> Referred or Income Eligible Pregnant Teen <input type="checkbox"/> Agency Referral (need documentation)_____</p> <p>I have verified the birthdate(s) of the applicant(s) and examined the attached documents for income and certify that these are correct.</p> <p><input type="checkbox"/> Birth Certificate <input type="checkbox"/> Medical Card <input type="checkbox"/> Immunization Record <input type="checkbox"/> Other _____</p> <p style="text-align: center;">Staff Signature _____ Date _____</p> <p>The documents and information that I have provided concerning eligibility are accurate and true to the best of my knowledge. <i>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. 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></p> <p>Parent/Guardian Signature _____ Date _____</p> <p>I give permission for information to be released from this application and the developmental screening results in order to obtain eligibility for _____ PreK, PACT Head Start. 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 government reports.</p> <p>Parent/Guardian Signature _____ Date _____</p> | | | | | | | | | |
| Central Office Staff only | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Application Status</th> <th style="width: 25%;">Participation Year</th> <th style="width: 25%;">Total Eligibility Income</th> <th style="width: 25%;">Income Status</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> Complete & Verified</td> <td style="padding: 5px;"><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</td> <td style="padding: 5px;"><input type="checkbox"/> Eligible (Below 100%) <input type="checkbox"/> 101 < 130% <input type="checkbox"/> Over Income</td> <td style="padding: 5px;"><input type="checkbox"/> Foster child <input type="checkbox"/> Homeless <input type="checkbox"/> Public assistance</td> </tr> </tbody> </table> | 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 | |
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| Application Approved & Wait Listed by _____ Date _____ | | | | | | | | | |
| Child Plus ID _____ Family ID _____ Application Logged <input type="checkbox"/> Wait List Letter <input type="checkbox"/> Initials _____ Date _____ | | | | | | | | | |