

Providing Free or Low Cost Quality Early Learning Services in Olmsted County

Instructions:

- Please fill out each page of the application, please PRINT clearly
- Sign and date
- Complete and sign the Releases of Information on page 6 & 7
- Attach proof of all income
- Mail or bring to: Child Care Resource & Referral Head Start/School Readiness
126 Woodlake DR SE, Rochester, MN 55904
A drop off box is available for you to drop off the application after work hours.
- Please keep this page for your reference

Head Start and School Readiness will do their best to enroll your child. However funding and space is limited so we cannot guarantee enrollment. Children and families with the greatest need have the highest priority for enrollment. Placements are made according to child and family needs, parent choice, and available openings.

IMPORTANT: We will contact every family who applies for Head Start and School Readiness. Keep us updated of any change to your address and/or phone number. We accept applications year round.



Head Start

Head Start is:

- For eligible children age 3 or 4 on or before September 1, 2012
- Programming runs September through May

Early Head Start is:

- For eligible pregnant mothers and children up to age 3
- Programming runs year round

And you live in Olmsted County

Both Programs include:

- Home Visits (number depends on program option)
- Parent Child Activity Day or Socializations or Play Groups for Parents and Children
- Child Health Screenings
- Child Development Education
- Family Support
- Services available for children with special needs
- Transportation may be available
- Several program options are available



- For children age 3 or 4 on or before September 1, 2012
- **And you are income eligible and live in Olmsted County**

School Readiness staff will work with families to develop an individualized plan for each child that may include some, or all of the following services:

- Programming runs September through May
- Early childhood experiences
- Parent Education and Support
- Home Visits during school year
- Health and Community Service Referrals
- Parent Involvement, Family Events and Activities
- Consultation with Parents and Teachers



If you need help or have questions, call us.

For English call 507-424-1546 or 507-424-1545
For (Soomaaliga) Somali call 507-251-6613

For Español call 507-424-1545
For Toll Free call 1-800-462-1660, ext. 1546 or 1545

"Ensuring positive beginnings for all young children and their families." Child Care Resource & Referral, Inc. is an equal opportunity provider and employer.

PLEASE READ AND KEEP FOR YOUR RECORDS

Early Head Start, Head Start and School Readiness Annual Income Guidelines		
Size of Family Unit	Early Head Start and Head Start Annual Income Guideline	School Readiness Maximum Annual Income (Parent Share ranges from \$15 to \$59 per month)
1	\$11,170 or less*	\$25,169 or less*
2	\$15,130 or less*	\$32,495 or less*
3	\$19,090 or less*	\$39,821 or less*
4	\$23,050 or less*	\$47,147 or less*
5	\$27,010 or less*	\$54,473 or less*
6	\$30,970 or less*	\$61,799 or less*
7	\$34,930 or less*	\$69,125 or less*
8	\$38,890 or less*	\$76,451 or less*
	For family units with more than 8 members, add \$3,960 for each additional member to determine annual income.	For family units with more than 8 members, add \$7,326 for each additional member to determine annual income.

* Families who regularly receive MFIP, out of state TANF funding, DWP, SSI, Child Care Assistance, Emergency Assistance or General Assistance Money are eligible for services. Foster children or families meeting the McKinney Vento Act Definition of Homelessness are also eligible for services.

DATA PRIVACY RIGHTS OF APPLICANTS OF CHILD CARE RESOURCE & REFERRAL, INC.

RIGHT TO KEEP INFORMATION ABOUT YOU PRIVATE (DATA PRIVACY)

Most of the information we collect about you will be classified as private. That means you and the agency collecting the data can see it; others cannot. Occasionally, statistics and other anonymous data will be taken from the information we collect about you or your family. This is public and open to anyone, but it will not identify you in any way.

In a few cases, information we collect is classified confidential. Confidential data is not open to anyone (not even you) except the government agencies that need it. Data in this category deals with civil or criminal investigation, some medical data, and the names of persons who report child or vulnerable adult abuse.

Purpose of Information

The information you are asked to provide will be used to determine program eligibility, to coordinate services between programs, to verify program services being provided, and to provide us with a mailing list. This list will be used to update you on upcoming programs and program changes and to inform you of eligibility for programs within Child Care Resource & Referral (CCRR), Inc. Only Head Start or School Readiness CCRR staff and funding source employees whose jobs require access to this information, as well as Federal or State Auditors, may have access to your information.

RIGHT TO ACCESS YOUR RECORDS

Access by you. You can see all public and private records about yourself and your children. To see your file, call Child Care Resource & Referral during agency hours and make a request to review your files within five working days by contacting the program from which you are receiving service. Review will take place on site during working hours.

Access by agency. Employees of this agency will have access to information about you any time their work requires it. By law, some other government and contractor agencies will also have access to certain information about you if they provide a service to you or if they provide a service to this agency that affects you and requires access to your records. They may include school districts, public health, social services and financial assistance.

Child Care Resource & Referral, Inc.
Application for Early Head Start, Head Start & School Readiness

For Office Use Only
 EHS HS SR Both HS & SR

FILL OUT ENTIRE APPLICATION, PLEASE PRINT CLEARLY. If you need help, please call (507) 287-2009 or 1-800-462-1660 and ask for extension 1546 or 1545.

Parent/Guardian First Name	Parent Guardian Last Name	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ month day year	Language most often spoken at home: <i>(please write in)</i> _____ How well do you speak English? <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Average <input type="checkbox"/> Very well	Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race <i>(mark ALL that apply)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Ethnicity: <i>(mark ONE)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	How much school have you completed: <input type="checkbox"/> Grade 11 or less <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Associate Degree/College Degree/ Training Certificate <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree or higher	Employment status <i>(mark ALL that apply)</i> <input type="checkbox"/> Full Time (35 hours/week or more) <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Full Time and Training <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Part Time (under 35 hours/week) <input type="checkbox"/> Training or School <input type="checkbox"/> Part Time and Training <input type="checkbox"/> Unemployed Did you work in 2011? <input type="checkbox"/> Y <input type="checkbox"/> N Your work hours _____ Name of your employer: _____		

Other Parent/Guardian First Name <i>(if living with you)</i>	Other Parent/Guardian Last Name <i>(if living with you)</i>	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ month day year	Language most often spoken at home: <i>(please write in)</i> _____ How well do you speak English? <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Average <input type="checkbox"/> Very well	Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race <i>(mark ALL that apply)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Ethnicity: <i>(mark ONE)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	How much school have you completed: <input type="checkbox"/> Grade 11 or less <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Associate Degree/College Degree/ Training Certificate <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree or higher	Employment status <i>(mark ALL that apply)</i> <input type="checkbox"/> Full Time (35 hours/week or more) <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Full Time and Training <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Part Time (under 35 hours/week) <input type="checkbox"/> Training or School <input type="checkbox"/> Part Time and Training <input type="checkbox"/> Unemployed Did he/she work in 2011? <input type="checkbox"/> Y <input type="checkbox"/> N His/her work hours _____ Name of his/her employer: _____		

Marital Status: Married Married, but living apart Divorced Widowed Single Single Living with Partner

Home Address <i>(please print clearly)</i>	Apt. #	City	State	Zip Code	Email Address <i>(please print clearly)</i>
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Home Phone (____) _____ - _____ **Cell** (____) _____ - _____ **Work** (____) _____ - _____ **Message** (____) _____ - _____

Best time to reach you:	Name and phone of one person that does not live in your household whom we can contact if we cannot reach you:
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A BUS MAY NOT BE AVAILABLE. Can you or someone you know take your child to and from school if a bus is not available? Yes No

Page 1

LIST ALL CHILDREN YOU ARE APPLYING FOR BIRTH TO AGE FOUR ON OR BEFORE SEPTEMBER 1, 2012.

Child Applicant

Child First Name		Child Last Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ month day year	Relationship to You <i>(fill in number code from below)</i> _____	Relationship to Other Parent <i>(fill in number code from below)</i> _____
Race (mark ALL that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		Ethnicity (mark ONE) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Who has physical custody of this child? <input type="checkbox"/> Myself <input type="checkbox"/> Other Parent <input type="checkbox"/> Both Parents		List concerns you have about this child: _____	
Does child need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Insurance: <input type="checkbox"/> MA <input type="checkbox"/> MN Care <input type="checkbox"/> Other _____ <input type="checkbox"/> None		Does this child have an IFSP or an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Program this child is applying for	For Children age 3 or 4 on or before Sept. 1, 2012 <input type="checkbox"/> Head Start <input type="checkbox"/> School Readiness <input type="checkbox"/> Both Head Start and School Readiness			Early Head Start <input type="checkbox"/> Weekly home visits — <u>for Pregnant mothers and children birth to age 3</u> <input type="checkbox"/> Little Learners — <u>for children 18 months up to age 3, class held 3 times per week</u> <input type="checkbox"/> Parenting Across Cultures— <u>for families whose first language is not English</u>			

Child Applicant

Child First Name		Child Last Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ month day year	Relationship to You <i>(fill in number code from below)</i> _____	Relationship to Other Parent <i>(fill in number code from below)</i> _____
Race (mark ALL that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		Ethnicity (mark ONE) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Who has physical custody of this child? <input type="checkbox"/> Myself <input type="checkbox"/> Other Parent <input type="checkbox"/> Both Parents		List concerns you have about this child: _____	
Does child need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Insurance: <input type="checkbox"/> MA <input type="checkbox"/> MN Care <input type="checkbox"/> Other _____ <input type="checkbox"/> None		Does this child have an IFSP or an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Program this child is applying for	For Children age 3 or 4 on or before Sept. 1, 2012 <input type="checkbox"/> Head Start <input type="checkbox"/> School Readiness <input type="checkbox"/> Both Head Start and School Readiness			Early Head Start <input type="checkbox"/> Weekly home visits — <u>for Pregnant mothers and children birth to age 3</u> <input type="checkbox"/> Little Learners — <u>for children 18 months up to age 3, class held 3 times per week</u> <input type="checkbox"/> Parenting Across Cultures— <u>for families whose first language is not English</u>			

Child Applicant

Child First Name		Child Last Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ month day year	Relationship to You <i>(fill in number code from below)</i> _____	Relationship to Other Parent <i>(fill in number code from below)</i> _____
Race (mark ALL that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		Ethnicity (mark ONE) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Who has physical custody of this child? <input type="checkbox"/> Myself <input type="checkbox"/> Other Parent <input type="checkbox"/> Both Parents		List concerns you have about this child: _____	
Does child need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Insurance: <input type="checkbox"/> MA <input type="checkbox"/> MN Care <input type="checkbox"/> Other _____ <input type="checkbox"/> None		Does this child have an IFSP or an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Program this child is applying for	For Children age 3 or 4 on or before Sept. 1, 2012 <input type="checkbox"/> Head Start <input type="checkbox"/> School Readiness <input type="checkbox"/> Both Head Start and School Readiness			Early Head Start <input type="checkbox"/> Weekly home visits — <u>for Pregnant mothers and children birth to age 3</u> <input type="checkbox"/> Little Learners — <u>for children 18 months up to age 3, class held 3 times per week</u> <input type="checkbox"/> Parenting Across Cultures— <u>for families whose first language is not English</u>			

NUMBER CODES FOR RELATIONSHIP TO YOU/OTHER PARENT: 1—Birth Child, 2—Step Child, 3—Foster Child, 4—Adopted Child, 5—Grand Child, 6—Niece, 7—Nephew, 8—Other Relative, 9—Not Related

LIST ALL OTHER ADULTS AND CHILDREN NOT LISTED ON PAGES 1 AND 2 THAT ARE LIVING WITH YOU.

First Name	Last Name	Gender	Date of Birth	Relationship to You <i>(fill in a number code from below)</i>	Relationship to Other Parent <i>(fill in a number code from below)</i>
1		M <input type="checkbox"/> F <input type="checkbox"/>	____/____/____ month day year		
2		M <input type="checkbox"/> F <input type="checkbox"/>	____/____/____ month day year		
3		M <input type="checkbox"/> F <input type="checkbox"/>	____/____/____ month day year		
4		M <input type="checkbox"/> F <input type="checkbox"/>	____/____/____ month day year		
5		M <input type="checkbox"/> F <input type="checkbox"/>	____/____/____ month day year		
6		M <input type="checkbox"/> F <input type="checkbox"/>	____/____/____ month day year		

NUMBER CODES FOR RELATIONSHIP TO YOU/OTHER PARENT: 1—Birth Child, 2—Step Child, 3—Foster Child, 4—Adopted Child, 5—Grand Child, 6—Niece, 7—Nephew, 8—Sibling, 9—Parent, 10—Step Parent, 11—Mother/Father-in-Law, 12—Other Relative, 13—Not Related

Is your family expecting a baby? No Yes → If yes, due date: _____ Are you applying for Early Head Start as a pregnant mother? Yes No

Questions for Pregnant Mom: Do you have health insurance? No Yes → If yes, what kind? Medical Assistance MN Care Other (specify) _____

Check all that apply: High Risk Pregnancy Two or more miscarriages Less than one year since last delivery Previous post-partum depression

Do you have any health or pregnancy related concerns? No Yes → If yes, please explain _____

Please check below **ALL** items affecting your family. These questions help us understand your family's needs and priority for enrollment. **Please explain items you check.**

- | | |
|---|--|
| <input type="checkbox"/> Foster child or child in custody of a relative _____ | <input type="checkbox"/> Order of Protection _____ |
| <input type="checkbox"/> Child with a special need (<i>write child's name</i>) _____ | <input type="checkbox"/> No health insurance _____ |
| _____ | <input type="checkbox"/> Abuse of alcohol or drugs by either parent _____ |
| <input type="checkbox"/> Child separated from parent due to jail/prison, military deployment or deportation _____ | <input type="checkbox"/> Refugee status _____ |
| _____ | <input type="checkbox"/> Family member with a mental health concern _____ |
| <input type="checkbox"/> Death of a child's parent or sibling _____ | <input type="checkbox"/> Moved many times _____ |
| <input type="checkbox"/> Family violence or domestic abuse _____ | <input type="checkbox"/> Other difficulties causing great stress _____ |
| <input type="checkbox"/> Serious medical condition or disability of child's parent or sibling _____ | _____ |
| _____ | _____ |
| <input type="checkbox"/> Child Protection Involvement _____ | <input type="checkbox"/> NONE of these items are affecting my family. |

INCOME

<u>Check (✓) below any assistance you receive.</u>	<u>Check (✓) to the right who receives the assistance →</u> <u>You, the Other Parent Living With You, or Both Of You.</u>	<u>You</u>	<u>Other Parent Living With You</u>	<u>Both of You</u>
<input type="checkbox"/> MFIP or TANF Cash or Food				
<input type="checkbox"/> Child Care Assistance				
<input type="checkbox"/> DWP				
<input type="checkbox"/> SSI (Supplemental Security Income)				
<input type="checkbox"/> Emergency or General Assistance Money				
<input type="checkbox"/> Food Support Only				
<input type="checkbox"/> Refugee Grant/Match Grant				
<input type="checkbox"/> Child support/Alimony: <i>circle 1 or 2 and list county</i> → 1. Court Ordered 2. By Agreement List County _____				
Verification of any assistance you receive is <u>required</u>. You can either 1) attach a statement from the funding agency or 2) sign the Verification Form on Page 7.				

<u>Check (✓) below ALL income received in the last 12 months by each parent listed on Page 1, and SUBMIT PROOF OF THE INCOME.</u>	<u>Check (✓) to the right who receives the income →</u> <u>You, the Other Parent Living With You, or Both Of You.</u>	<u>You</u>	<u>Other Parent Living With You</u>	<u>Both of You</u>
<input type="checkbox"/> Money/Income (attach a copy of all 2011 W-2 forms <u>or</u> the first two pages of your 2011 form 1040 tax return. If available, submit a month's worth of paycheck stubs)				
<input type="checkbox"/> Self-Employment Income (attach the first two pages of your 2011 form 1040 tax return <u>or</u> a monthly ledger report)				
<input type="checkbox"/> Social Security Benefits: <i>circle all that apply</i> — 1. Disability 2. Retirement 3. Survivors (attach a letter from the funding agency)				
<input type="checkbox"/> Veterans Benefits (attach a letter from the funding agency)				
<input type="checkbox"/> Unemployment Benefits (attach a printout from the benefit account showing <u>all</u> weekly benefits received)				
<input type="checkbox"/> Financial Aid (Not Student Loans) (attach verification of all grants, scholarships, etc., received in 2011)				
<input type="checkbox"/> Other Income, <i>please explain</i> _____				
<input type="checkbox"/> None of the above received in 2011. Please call 507-424-1546 or 507-424-1545.				

**You must submit PROOF OF INCOME for EACH Parent/Guardian living in your home.
 Failure to provide this information will delay the processing of your application.**

What is your current living situation? Mark ONE.

- Own or Rent
 Sharing housing by choice to save money and expenses
 Sharing housing because we have no other place to stay
 Staying at a Shelter or Transitional Housing
- Living in temporary housing such as a hotel, motel, vehicle, or other
 Other (please explain) _____

Is your child in child care?

- No Yes —→ If yes, write in your provider's name and address below and fill in specific child care hours.

Provider's name & address: _____
Child Care Center or Child Care Provider's Name Address City Zip

Specific child care hours: from _____ to _____

Who referred you to our programs? (mark All that apply)

- Adult Basic Education or other Adult Literacy Program
 Child Care Program
 Early Childhood Screening
- Early Childhood Special Education
 Family or Friends
 Health Care Provider
- Social or Human Service Agency
 Word of Mouth
 Other (please specify) _____

Did someone help you fill out this application? No Yes → If yes, Name of person helping you: _____ Phone # (_____) _____ - _____
Their relationship to you (e.g., friend, Social Worker, sister, neighbor, etc.) _____ May we contact this person regarding your application? Yes No

I hereby certify that all the information provided in this application is true and correct to the best of my knowledge. Agency officials may verify the information. I have read and removed the Data Privacy Rights of Applicants on front cover of this application to retain for my records.

Print & sign your name below & fill in date.

Parent/Guardian name _____
*Please **PRINT** your name clearly on this line Please **SIGN** your name on this line Date*

Please return proof of family income and this application to: Child Care Resource & Referral, Inc., 126 Woodlake DR SE, Rochester MN 55904-5533

507-287-2009 • 1-800-462-1660 • Fax 507-287-2411
Child Care Resource & Referral, Inc., is an equal opportunity provider and employer.

PLEASE CONTINUE ON TO PAGE 6 ON THE BACK OF THIS PAGE.

ATTENTION: Olmsted County families with children age 3 or 4 on or before September 1, 2012

If you qualify for Head Start you also qualify for the School Readiness Program in Olmsted County.

Because both programs fill up quickly, it would benefit your child and family to apply for both Head Start and School Readiness. Head Start and School Readiness staff will do their best to enroll your child in the program option that you prefer. However, funding and space are limited so we cannot guarantee enrollment.

By completing the information below you are giving permission to CCRR School Readiness to exchange child/family information which may include health, school, work, attendance, parent share, developmental and enrollment information with the early childhood program your child will or currently attends.

TO BE COMPLETED BY ALL FAMILIES THAT ARE APPLYING FOR SCHOOL READINESS OR BOTH HEAD START AND SCHOOL READINESS.

SCHOOL READINESS RELEASE OF INFORMATION 2012-2013

Clearly print the name of each child age 3 or 4 years old on or before September 1, 2012, for whom you are applying. Also indicate if the child has completed his/her Early Childhood Screening through the Rochester School District at the Northrop Building and the approximate date of completion.

Child's First Name (please print)	Child's Last Name (please print)	Early Childhood Screening completed at Northrop BLDG	Approximate date screening was completed
		Yes <input type="checkbox"/> No <input type="checkbox"/>	____ / ____ month year
		Yes <input type="checkbox"/> No <input type="checkbox"/>	____ / ____ month year
		Yes <input type="checkbox"/> No <input type="checkbox"/>	____ / ____ month year

If you are applying for School Readiness but have not completed the Early Childhood Screening, call the screening office at 328-4004 to schedule your child's FREE screening appointment. (Children enrolled in the School Readiness Program must complete their Early Childhood Screening within 90 days of enrollment.)

**** Your signature below indicates that you have read and understand the information stated above. This authorization will expire one year from the date written below. ****

Parent/Guardian Name _____
 Please PRINT your name clearly on this line Please SIGN your name on this line _____
 Date

IF YOU RECEIVE PUBLIC ASSISTANCE OR COURT ORDERED CHILD SUPPORT, PLEASE COMPLETE THE UPPER PORTION OF PAGE 7 IF YOU HAVE NOT ALREADY DONE SO.



RELEASE OF INFORMATION FOR VERIFICATION OF PUBLIC ASSISTANCE, RSDI, and CHILD SUPPORT

Name of Parent/Guardian _____ Parent/Guardian Date of Birth _____ / _____ / _____
Please Print Clearly month day year

I give you permission to release **all** listed applicable information to Child Care Resource and Referral, Inc. Head Start or School Readiness. I understand that this information will be used to determine my family's income eligibility for the programs.

Using your full name please **sign** and **date** this release. Thank you.

Signature of Parent/Guardian _____ Today's Date _____ / _____ / _____
Signature month day year



This section is to be completed ONLY by the Financial Worker or Case Manager.

Directions for Verifier:

Please indicate the monthly amount of income received by your client for **all applicable** sources of income listed below. **If** monthly amounts are irregular or inconsistent please attach appropriate documentation.

●●● *Your prompt attention is greatly appreciated because we are unable to consider this child for enrollment until income information is complete.* ●●●

Case pending <input type="checkbox"/>	Application date _____	
MFIP/TANF \$ _____	DWP/Work Benefit \$ _____	Child Support \$ _____ <i>(PRISM Report for C.S. received from 1/2011 to present)</i>
MFIP Food <input type="checkbox"/> Yes <input type="checkbox"/> No	Kinship Care \$ _____	Child Care Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No
Food Support (SNAP) <input type="checkbox"/> Yes <input type="checkbox"/> No	SSI \$ _____ <i>List each recipient</i> _____	General or Emergency Assistance <i>(date received)</i> _____
	RSDI \$ _____ <i>List each recipient</i> _____	Refugee Match Grant \$ _____
Verifier's Signature _____		Today's Date _____ / _____ / _____ <i>Signature</i> month day year