Menominee County
Early Childhood Application

Great Start Readiness Program
Michigan's Nationally Recognized Pre-K Program

0–5 Head Start

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 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:
Beverly Schewe, GSRP Coordinator Ph: (906) 863-5665 Ext 1027
Menominee County ISD Fax: (906) 863-7776
1201 41st Ave, Menominee, MI Email: bschewe@mc-isd.org

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: ☐ Menominee ☐ Stephenson ☐ Carney ☐ North Central

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_____,

Must be completed with staff			
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_____

GSRP/Head Start/Early Head Start Child & Family Risk Factors

Must be completed with staff.

Answer all of the following questions by placing an X in the *Yes* or *No* Box	Yes	No
1. Low family income ***(See Early Childhood Application)***		
Is income unreliable or do parents experience stress related to the loss of income?		
Is either parent unemployed or underemployed?		
2. Diagnosed disability or identified developmental delay		
Does this child have a referral or diagnosis from a physical or mental health system or provider, or other early childhood program? Please Describe:		
Does this child have a Special Education referral with developmental concerns noted, but not eligible for services?		
Does this child have an Individualized Education Plan (IEP) from the school district or an Individualized Family Service Plan (IFSP) from Early on? Please share diagnosis:		
3. Severe or challenging behavior		
Has this child been expelled from preschool/child care due to severe or challenging behavior?		
Does this child or anyone else in the home demonstrate intense anger or aggression, physically hurting others or damaging property when angry?		
Has this family participated in family counseling or any other program to help manage your child's behavior?		
4. Primary home language other than English		
Is this child entering school not able to speak English and must learn the language?		
Is there a language spoken in home other than English? Specify:		
5. Parent/Guardian with low educational attainment		
Did either parent drop out of school, struggle or attend special education classes in school?		
Does either parent have trouble reading to your child?		
Is either parent disabled?		
6. Physical/sexual abuse/neglect of child or parent/substance abuse/addiction		
Is, or has this child been abused physically or sexually?		
Is, or has there been domestic or spousal abuse of a parent or sibling?		
Has this child been removed from home for neglect or has a parent been charged with neglect?		
Has there been abuse of alcohol, prescription, or non-prescription drugs by family members who live in the home?		
Is either parent an adult child of an alcoholic?		
7. Environmental risk		
Is this child in foster care or a ward of the court?		
Has this child lost a parent due to separation, divorce or absence?		
Has this child lost a parent due to a sentence to jail or prison?		
Has this child lost a parent or sibling due to death?		
Is this child living with a relative or person other than the biological parent(s)?		
Does this child have a parent who is currently away due to active military service?		
Is this a single parent family?		
Does this child or other family member in the home suffer from mental illness? (i.e., Bipolar Mania, Schizophrenia, Clinical Depression, Personality Disorder, etc.)		
Does this child or other family member in the home suffer from chronic illness or life threatening disease? (i.e., asthma, allergies, chronic ear infections, vision or hearing problems, weight or growth concerns, cancer, dialysis, heart failure, seizure, sickle cell anemia, etc.) Other:		
Was this child born to a teenage parent; or into a family with 3 or more children under age 5?		
Is this child's home/neighborhood unsafe due to crowding, crime, lack of utilities or safe spaces to play?		
Was the child exposed to toxic substances (pre or postnatal) known to cause learning or developmental delays; such as Fetal Alcohol Syndrome, drugs, or exposure to lead?		
Does this family reside in an area with limited access to community resources?		
Is the family without a fixed, regular and adequate nighttime residence? (Does not have a consistent place to live, home is in foreclosure, stays with another family because there are no other options, or moved 3 or more times in the past year)? (Separate form required)		

This section is for Early Head Start (EHS) families ONLY: Pregnancy through Age 2

Additional EHS Only Risk Factors: Place an X in the Yes or No Box, including additional information as requested.	**Yes**	**No**
Mother is currently pregnant		
There is/was a lack of consistent prenatal care with this child, or this pregnancy.		
There are/were health care issues with this child, or this pregnancy. (Please explain)		
The child was born low birth weight. (Under 5 lbs. 8 oz)		
There were birth complications. (Please explain)		
This was a premature birth, prior to 37 weeks of gestation. How many weeks early?		
This is a first time parent.		
Well child checks have been inconsistent or immunizations are not up to date.		
This child has a suspected medical condition. (Please explain)		
There are childcare issues. (Please explain)		
(3) No previous EHS services have been used, or services were for less than 1 year		
(2) Prior EHS services were used for 1, up to 2 years		
(1) Prior EHS services were used for 2, up to 3 years		

I certify that all the information provided in this application is true to the best of my knowledge and hereby release this information to be shared with Delta-Schoolcraft School Readiness Advisory Committee and the member agencies that serve children and families.

Parent/Guardian Signature **Date**

Staff person Signature **Date**

FOR ADMINISTRATIVE USE ONLY:

____(3) EHS/HS income eligibility (0-100%)
____(2) Automatic HS/GSRP- Foster, SSI, TANF, Unstable housing,
____(1) EHS/HS 101-130%

Total:_____