

# Menominee County Early Childhood Application



<p>By <b>Dec. 1st</b>, a participant <b>MUST</b> be: an expectant mother, or birth-3 yrs old for <b>Early Head Start</b>; or 3 or 4 yrs old for <b>Head Start</b></p> <p><b>Return by mail, fax or email to:</b>          Angie Gardner, Family/Comm. Manager Ph: (906)786-7080, ext 141          MDS CAA Early Childhood Program Fax: (906)786-6889          111 North 5<sup>th</sup> St., Escanaba, MI Email: agardner@mdsecp.org</p>	<p>By <b>Sept. 1st</b>, a participant <b>MUST</b> be 4-years-old for the <b>Great Start Readiness Program (GSRP)</b></p> <p><b>Return to your school; or by mail, fax or email to:</b>          Jennifer MacDonald, GSRP Coordinator Ph: (906) 863-5665 Ext 1046          Menominee County ISD Fax: (906) 863-7776          1201 41<sup>st</sup> Ave, Menominee, MI Email: jmacdonald@mc-isd.org</p>
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**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  Other : \_\_\_\_\_

**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 (4 days)  Part Day (4 days)  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  SJPII  Stephenson  Carney-Nadeau  North Central

### Income Eligibility Information

Parents/guardians must provide proof of income including ALL sources of family income as outlined below. The period to be considered for eligibility is the 12 months, or the calendar year before 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
<b>Income Tax from 1040</b>	<b>Gross:</b>		
W-2			
TANF documentation (FIP Cash Assist.)			
SNAP documentation (food program)			
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)			
<b>Total Income:</b>			

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 SNAP FOS HML 101-130 % Over	Program: EHS HS	Points :	Center:	Class Age:	FCM/C Eligibility Review: I have reviewed the application and have determined eligibility.
GSRP Income Eligibility: 131-400% 401% & Over	GSRP Program: SE SG SMP SR SMQ SMN				

Eligibility Notes \_\_\_\_\_