



112 Commonwealth Drive  
Lemont Furnace, PA 15456  
Phone: 724-437-2590  
Fax: 724-430-4827

A division of:



Dear Parent/Guardian:

Thank you for your interest in the PA Pre-K Counts program. Please return your completed application along with copies of the following: Please only send copies.

1. Your **annual household** income
2. Your child's birth certificate

According to program regulations, annual household income (earned and unearned) is required to establish eligibility.

The following are included in determining annual income:

- a. Most recent W-2 Form (**2019**) or Most recent tax return (**2019**) or Pay stubs (*last 30 days*)
- b. Unemployment Financial Determination Letter
- c. SSI/Social Security Financial Award Letter
- d. Child Support Information documenting (SCDU stub 0 or court order) amount received monthly
- e. Unearned income including cash and contributions, dividends, interest, net income, net royalties and periodic receipts from estates or trusts.

Please return your completed application to the Private Industry Council / attention Pre-K Counts. Please note the gray shaded areas on the application are for agency staff only.

Private Industry Council / Pre-K Counts  
112 Commonwealth Drive  
Lemont Furnace, PA 15456

For questions call: 724-437-2590

Sincerely,

Pre-K Counts Staff

# PA Pre-K Counts Family Application

112 COMMONWEALTH DRIVE  
 LEMONT FURNACE, PA 15456  
 Phone: 724-437-2590 Fax: 724-430-4827

Application Date: \_\_\_\_\_

Program Year: \_\_\_\_\_

General Information - Primary Adult: (Please PRINT CLEARLY all information)								
Primary Adult Last Name:			First Name:		Middle:		Suffix:	
Primary Adult Living Address				City	State	Zip	County	
Primary Adult Mailing Address (if different)				City	State	Zip	Date of Birth	
Phone Number		Type: Home, Work, Cell, etc.		Primary	Notes			
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
Number in Household _____			Num. in Family _____		Total Num. of Children _____			
Parental Status <input type="checkbox"/> One <input type="checkbox"/> Two			Primary Language at Home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other Specify: _____					
<b>Family Income</b>					<i>Agency staff will complete shaded</i>			
Family Member	Income Source	Amount	Per	Annual Amount	Type <sup>1</sup>	Desc. <sup>2</sup>	Verif. <sup>3</sup>	Staff Initials
				\$				
				\$				
				\$				
1. Type Codes ERN—Earned      SUB—Subsidized (not from a wage)		2. Description Codes PEN—Pension      SSI—SSI SS—Social Security SSD—Social Security Disability			3. Verification Codes CS—Check Stub    W2—W-2      EL—Employer Letter DL—Determination Letter    TR—Tax Return			
<b>If my child's application is determined to be eligible for Head Start, I give my permission for my information (contact, income and birth certificate) to be shared with PIC's Head Start programs. <input type="checkbox"/> Yes <input type="checkbox"/> No</b>								
Income Notes								
<b>Emergency Contacts</b>								
Contact 1	Name		Relationship to Child		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to	
	Address			City	State	Zip		
	Phone 1	Type / Notes	Phone 2	Type / Notes	Phone 3	Type / Notes		
Contact 2	Name		Relationship to Child		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to	
	Address			City	State	Zip		
	Phone 1	Type / Notes	Phone 2	Type / Notes	Phone 3	Type / Notes		
Contact 3	Name		Relationship to Child		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to	
	Address			City	State	Zip		
	Phone 1	Type / Notes	Phone 2	Type / Notes	Phone 3	Type / Notes		

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Verifying Staff Member \_\_\_\_\_ Date \_\_\_\_\_



# Child Information

*Agency staff will complete shaded boxes*

<b>Site Applying For:</b> <small>(Locations subject to change)</small>	<input type="checkbox"/> Connellsville Twp. Elementary, Connellsville <input type="checkbox"/> Friendship Hill, Point Marion <input type="checkbox"/> Marshall Elementary, Uniontown <input type="checkbox"/> Marzolf Primary School, Shaler Area SD, Pittsburgh <input type="checkbox"/> Masontown Elementary School, Masontown	<input type="checkbox"/> Penn Hills High School, Penn Hills SD, Pittsburgh <input type="checkbox"/> Reserve Primary School, Shaler Area SD, Pittsburgh <input type="checkbox"/> Southmoreland Elementary, Scottdale <input type="checkbox"/> Springfield Twp. Elementary, Normalville <input type="checkbox"/> Todd Lane Elementary, Monaca <input type="checkbox"/> Wharton Elementary School, Farmington		
<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Preferred</b>	<b>Suffix</b>
<b>Birthdate</b>	<b>Gender</b>	<b>Verification of Birth</b> Birth Cert. # _____ State: _____ Verified by: _____ Title: _____		
<b>Race</b> <i>(check all that apply)</i> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unspecified	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<b>English Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary Other Language Spoken: _____ <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary		
<b>Primary Health Coverage Source</b> <input type="checkbox"/> Private <input type="checkbox"/> CHIP <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Medical Assistance		<b>Does this child have an Active IEP or Behavior Plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES, PLEASE PROVIDE.</b>		
<b>Health Information</b> <b>Immunizations Up-to Date?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Does your Child have a physician they see regularly:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Doctor Name:</b> _____ <b>Is your child under the care of a physician?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, why?</b> _____ <b>Does your child use the bathroom independently?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If NO, please explain.</b> _____ <b>Does your Child have a dentist they see regularly?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Dentist Name:</b> _____ <b>Is there a custody agreement regarding this child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES, PLEASE PROVIDE.</b>		<b>Check if you have any of the following concerns regarding your child:</b> <input type="checkbox"/> Speech <input type="checkbox"/> Behavioral <input type="checkbox"/> Developmental <input type="checkbox"/> Physical <input type="checkbox"/> Health <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Other: _____ Please Explain (optional): _____ <b>Have you applied with Pre-K Counts or Head Start for this child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, Year:</b> _____ <b>Is this child currently or has previously participated in the following?</b> <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> Early Intervention <b>Is this child in childcare/preschool?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where? _____ <b>School district you live in:</b> _____ <b>Home Elementary School:</b> _____ <b>Agency Referral:</b> _____		
Is this child income eligible for HS?      Yes                      No		Primary Site: _____		

Computer: \_\_\_\_\_  
Initial & date

Verified Disability: \_\_\_\_\_  
Initial & date