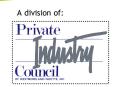


E-mail: prekcounts@privateindustrycouncil.com Web: www.privateindustrycouncil.com



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

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: <u>Please only send copies.</u>

- 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 0or 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: _____

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 Living Address			•	City		State Zip			County					
Primary Adult Mailing Address (if different)				t) City	City Sta			State	Zip	0	Date of Birth			
	Phone Number		Туре: Но	ne, Work, Cell, etc. Primary				Notes						
Numb	Number in Household Num. in Family Total Num. of Children													
Paren	tal Status □One	□Two		Primary Lang Specify:	Primary Language at Home □English □Spanish □Other									
Famil	y Income							A	gency stafi	f will co	nplete sha	ded		
Family Member Income S			ne Source	Amount	Pe	er		nual ount	Type ¹	Desc.	² Verif. ³	Staff Initials		
	•						\$							
						\$								
	1. Type Co ERN-Earned SI (no	2. Description PEN-Pension SS-Social Security SSD-Social Security D	SSI –S	SI	·	3. Verification Codes CS-Check Stub W2-W-2 EL-Employer Letter DL-Determination Letter TR-Tax Return								
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. □ Yes □ No														
Income	Notes													
Emer	gency Contacts	i						-	Quit	-		-1.4		
t 1	Name				Relationship to Child			Emergency Contact			□Release Child to			
Contact 1	Address				Cit	У		S	State	Z	^Z ip			
Ö	Phone 1		Type / Notes	Phone 2	Phone 2		Type / Notes Ph		Phone 3			Type / Notes		
2	Name			Relationship to Child			□Emergency Contac		ct ⊡F	t □Release Child to				
Contact 2	Address	ddress			City		Stat		tate	te Zij		lip		
C	Phone 1 Type / Notes		Phone 2	Phone 2		Type / Notes Pho		Phone 3	none 3		Type / Notes			
Contact 3	Name			Relationship to Child			□Emergency Conta		act □Release Child to					
	Address				City			State			Zip			
	Phone 1		Type / Notes	Phone 2		Т	ype / N	otes	Phone 3		Туре	e / Notes		
0	tion: Leartify that													

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 _____

Program Year: _____

Verifying Staff Member _____

Family Member Information

Primary/Legal Guardian Adult									
Last	First	Middle			Preferred	Gender			
Birthday	Relationship to Child: □ Father □ Mother □ Grandparent □ Guardian □ Other: □								
Race (<i>check all that apply</i>) American Indian or Alaska native Asian Black or African American Native Hawaiian Pacific Island	Ethnicity Hispanic Non-Hispanic Unknown	Highest Grade CompletedEmployment Status 1Email Address:			 (check all that apply) Lives with this Family Provides Financial Support Teen Parent (18 yrs or younger) Incarcerated Parent 				
□ White									
Secondary Adult									
Last	First		Middle	•	Preferred	Gender			
Birthday	Relationship to Child: □ Father □ Mother □ Grandparent □ Guardian □ Other:								
Race (<i>check all that apply</i>) American Indian or Alaska native Asian Black or African American Native Hawaiian Pacific Island White	Ethnicity Hispanic Non-Hispanic Unknown	Highest (Complete Email Ad	ed	Employment Status ¹	 (check all that apply) Lives with this Family Provides Financial Support Teen Parent (18 yrs or younger) Incarcerated Parent 				
Secondary Adult Living Address (if not living with applicant) City State Zip County									

Other Family Members										
Adult/Child	Last	First	Birthday	Gender	Relationship					
Notes	Notes									
 Employment Status Codes: F- Full Time, P - Part Time, R - Retired or Disabled, T - Training or School, B - Full Time & Training, I - Part Time & Training, S - Seasonally Employed, U - Unemployed 										
\mathbf{r} - Fait time α training, \mathbf{s} - Seasonany Employed, \mathbf{u} - Offemployed										

NOTICE: "All meals served to children under the Child Care Food Program are served at no separate charge regardless of race, color, sex, age, handicap, or national origin. There is no discrimination in admissions policy, meal service, or use of facilities. "Any complaints of discrimination should be submitted in writing within 180 days, of the incident to the Secretary of Agriculture, Washington, DC 20250." Information from this application will be used for ongoing reporting/monitoring and assessment on a secured web-based system that is shared with multiple agencies (i.e. OCDEL, Head Start, CCIS, Early Intervention and other divisions within the Private Industry Council of Westmoreland/Fayette Inc).

Child Information

Agency staff will complete shaded boxes

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