

HARDIN COUNTY SCHOOLS
Early Childhood/Head Start
Preschool Program
 65 W. A. Jenkins Rd.
 Elizabethtown, KY 42701
Phone 270-769-8911
Fax 270-769-8919



HARDIN COUNTY SCHOOLS
 HELPING CHILDREN SUCCEED

Today's Date: _____

Office Use Only		IC <input type="checkbox"/>	Copied <input type="checkbox"/>
School _____			
Geo _____	YEAR _____		
Hm Sch: MV VG RE WD Other _____	GR: 97 98 99		

Student Information	Legal Name of Student: (Last) _____ (Jr,III, etc) _____ (First) _____ (Middle) _____ _____ Male _____ Female Name child goes by _____
	Date of Birth (Month) _____ (Day) _____ (Year) _____ Birthplace (City) _____ (State) _____
	Race (Check all that apply): _____ White _____ Black/African American _____ Native Hawaiian/other Pacific Islander _____ Asian _____ American Indian/Alaskan Native Is your child Hispanic/Latino: _____ Yes _____ No
	What is the language most frequently spoken at home? _____
	Student's Address: (Street) _____ (City) _____ (State) _____ (Zip) _____
	Student's Mailing Address (if different): (Street) _____ (City) _____ (State) _____ (Zip) _____
	Housing Situation: Are you and your child <u>temporarily</u> living: with relative or friend _____ in night time shelter _____ N/A _____ in emergency shelter _____ in hotel/motel _____
	Does your child have special needs, or does he or she receive special education services? _____ Yes _____ No If Yes, briefly describe: _____
	If applicable, check any of the following services that your student receives and list the school or agency below. _____ Individual Education Plan (IEP) _____ Speech Therapy _____ Other (please explain: _____)
	First time enrolled in a Kentucky school? _____ Yes _____ No
Last School Attended: _____ Telephone # _____	
School Address: _____ Fax # _____	

***Parents/Guardians Living Within Same Household As Student**
 (Parents at another address will be listed on page 2)

Household Information	Last Name _____ Suffix _____	Last Name _____ Suffix _____
	First Name _____ MI _____	First Name _____ MI _____
	Sex _____ Relationship to Student _____	Sex _____ Relationship to Student _____
	Home # _____ Work # _____	Home # _____ Work # _____
	Cell # _____ Circle Preferred: Cell/Home/Work	Cell # _____ Circle Preferred: Cell/Home/Work
	Place of Employment _____	Place of Employment _____
	E-mail Address _____	E-mail Address _____

*If Legal Guardian is not listed on birth certificate, court documents must be provided.

Other Adults Living in Home

Household Information	Last Name _____ Suffix _____	Last Name _____ Suffix _____
	First Name _____ MI _____	First Name _____ MI _____
	Sex _____ Relationship to Student _____	Sex _____ Relationship to Student _____
	Home # _____ Work # _____	Home # _____ Work # _____
	Cell # _____ Circle Preferred: Cell/Home/Work	Cell # _____ Circle Preferred: Cell/Home/Work
	Place of Employment _____	Place of Employment _____

Legal Name of Student: _____ (Last) _____ (First) _____ (Middle) _____

Other Children Living Within Household

Other Children Information	Last Name _____ Suffix _____ First Name _____ MI _____ Birthdate ____ / ____ / ____ Sex ____ Grade ____ Relationship to Student _____ Currently attending a Hardin County School? __Yes __No Name of School _____	Last Name _____ Suffix _____ First Name _____ MI _____ Birthdate ____ / ____ / ____ Sex ____ Grade ____ Relationship to Student _____ Currently attending a Hardin County School? __Yes __No Name of School _____
	Last Name _____ Suffix _____ First Name _____ MI _____ Birthdate ____ / ____ / ____ Sex ____ Grade ____ Relationship to Student _____ Currently attending a Hardin County School? __Yes __No Name of School _____	Last Name _____ Suffix _____ First Name _____ MI _____ Birthdate ____ / ____ / ____ Sex ____ Grade ____ Relationship to Student _____ Currently attending a Hardin County School? __Yes __No Name of School _____
	Last Name _____ Suffix _____ First Name _____ MI _____ Birthdate ____ / ____ / ____ Sex ____ Grade ____ Relationship to Student _____ Currently attending a Hardin County School? __Yes __No Name of School _____	Last Name _____ Suffix _____ First Name _____ MI _____ Birthdate ____ / ____ / ____ Sex ____ Grade ____ Relationship to Student _____ Currently attending a Hardin County School? __Yes __No Name of School _____

Parents/Guardians Living at Another Address

Non-Household Information	Does this parent/guardian have joint custody? ___Yes ___No Should this parent/guardian receive school mailings? ___Yes ___No	Does this parent/guardian have joint custody? ___Yes ___No Should this parent/guardian receive school mailings? ___Yes ___No
	Last Name _____ Suffix _____ First Name _____ MI _____ Sex ____ Relationship to Student _____ Address _____ City _____ Phone # _____ Work # _____ Cell Phone # _____ Place of Employment _____ E-mail Address _____ Is there a court order restricting this parent/guardian's access to this student? ___Yes ___No (If yes, a copy of the court order MUST be provided.)	Last Name _____ Suffix _____ First Name _____ MI _____ Sex ____ Relationship to Student _____ Address _____ City _____ Phone # _____ Work # _____ Cell Phone # _____ Place of Employment _____ E-mail Address _____ Is there a court order restricting this parent/guardian's access to this student? ___Yes ___No (If yes, a copy of the court order MUST be provided.)

Transportation Information

Transportation	Primary Transportation to School: _____ School Bus _____ Car Rider _____ Childcare Pickup
	<i>If school bus, please check one:</i> _____ One Way _____ Both Ways _____ More Than 1 Mile _____ Less Than 1 Mile
	If child is to ride bus to/from address different than home, please list: <i>(please include name, address and phone number of childcare provider, if applicable)</i>
	To school: Name _____ Address _____ Telephone # _____
	From school: Name _____ Address _____ Telephone # _____

In case of weather related early school dismissal, I prefer: _____ My child will ride regular bus
_____ My child will ride bus to regular day care _____ My child will be picked up.

Medical Information

Medical Information	Family Physician _____ Telephone # _____
	Dentist _____ Telephone # _____
	List and identify problems and/or medical conditions (such as asthma, allergies, diabetes, seizures, etc.) that should be known to school personnel _____ _____
	List medications to be given during school day along with dosage _____ _____

(An **Authorization to Give Medication Form** must be on file for any medication to be given to a student during the school day).

Emergency Information

Emergency Information	Emergency Information: In case of an accident or emergency of any kind, when parent/guardian cannot be contacted, please call and/or release my child to one of the following:
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____
	Name _____ Relationship _____ Telephone # _____

Household Income Information

Household Income Information	Does either parent/guardian work on government property? No Yes		
	Does your child or family member receive any of the following services or benefits:		
	SNAP (Food Stamps)?	No	Yes
	Medicaid/K-Chip/Passport Ins.?	No	Yes
	KTAP (Kentucky Transitional Assistance Program - not K-Chip)?	No	Yes
	Section 8 Housing Assistance?	No	Yes
	*Assistance from another relative/friend with household expenses? <i>*Additional form may be required. Please call with questions.</i>	No	Yes
	Child Support	No	Yes
Spousal Support	No	Yes	
Does any household member receive SSI? Yes No <i>If yes, list person</i> _____			

Child Development

Child Development	Please mark the areas in which you have concerns.			Yes	No	Maybe
	Are you concerned about the general development of your child?					
	Does your child have health issues that concern you?					
	I am concerned about my child's gross motor skills. <i>(running, jumping, etc.)</i>					
	I am concerned about my child's fine motor skills. <i>(holding pencil/crayon, picking up small items, etc.)</i>					
	Are you concerned about your child's thinking/problem-solving skills.					
	Does your child have difficulty understanding directions or ideas?					
	I am concerned about my child's language skills. <i>(limited vocabulary, doesn't talk much, etc.)</i>					
	I am concerned about the way my child pronounces words.					
	Does your child have difficulty with self-care tasks such as dressing or feeding self?					
	I am concerned about my child's social skills.					
	I am concerned about my child's emotional well-being.					
I have behavior concerns about my child.						
Please describe any specific concerns you have about your child:						

IMPORTANT AUTHORIZATION AND CERTIFICATION -- READ BEFORE SIGNING

I understand that as a part of the guidelines for this program ALL children will be given a free screening to determine development in the areas of speech, eye-hand coordination, arm and leg coordination, general knowledge, behavior, vision and hearing. This information will be used to better assist the preschool staff as they work with each individual child.

I certify that all of the above information is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strictest confidence within the agency and is accessible to me during normal business hours.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

HOUSEHOLD AND INCOME FORM

The State Funded Preschool Program is available to children who are 4 years old on or before August 1 **and** whose family income is at 160% poverty level or less; **and** for children who are 3 or 4 years old with a speech delay or other identified disability.

To determine income eligibility, please complete, sign and return this application to
Hardin County Schools Early Childhood Office, 65 W.A. Jenkins Rd, Elizabethtown, KY. 42701

Refer to back page for Instructions for Applying

PART 1. ALL HOUSEHOLD MEMBERS				
Names of <u>all</u> people living in your household who share income/expenses <i>(detailed definition of household on back page)</i> (First, Middle Initial, Last)	School the child attends or indicate "NA" if household member is not in school	Grade Level	Check if a foster child <i>(legal responsibility of welfare agency or court). If all children listed below are foster children, skip to Part 4 to sign this form.</i>	Check <u>only</u> if NO income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS	PART 3A. SERVICES OR BENEFITS RECEIVED (CHECK ALL THAT APPLY)
If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box, and then go to Part 4. HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/>	<input type="checkbox"/> SNAP <input type="checkbox"/> KTAP <input type="checkbox"/> Child Support <input type="checkbox"/> Spousal Support <input type="checkbox"/> Medicaid/K-Chip/Passport <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> Assistance from Family <input type="checkbox"/> SSI <i>If yes, list person:</i>

PART 3B. TOTAL HOUSEHOLD GROSS INCOME (BEFORE ANY TAXES OR OTHER DEDUCTIONS)

Refer to <i>Instructions for Applying</i> on back page for guidelines concerning listing income																			
NAME <small>(List <u>only</u> household members with income)</small> <i>Verification of income (tax return, W-2, benefits statements, etc) must be included.</i>	Earnings <u>before taxes or other deductions</u> <small>Military <u>must</u> include BAS & BAH, but <u>not</u> combat pay</small>				Please circle: • Child support • Spousal support • Alimony Only list amounts RECEIVED	Please circle: • Pension • Retirement • Social Security • SSI • Disability • VA benefits				All Other Income <i>(Includes family assistance, worker's compensation, unemployment, and <u>any other</u> income received)</i>									
	Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly					
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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PART 4. SIGNATURE (PARENT OR GUARDIAN MUST SIGN BELOW)

A parent or guardian must sign the form.

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here: _____ Print name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

CHECKLIST

- Have you included all of your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the application?
- Have you included verification of income – paystub, benefit statement, tax documents, etc.?

Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Option school will receive a meal at no charge.

Non-Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Monthly Income Conversion: Weekly x 4.3; Every 2 Weeks x 2.17; Twice Monthly x 2

Total Income: _____ Per: Week Every 2 Weeks Twice A Month Month Year Household size: _____

Eligibility: 160% poverty___ Head Start ___ Special Education___ Over Income ___ %___ PRA ___

Comments: _____

Secretary/Office Assistant Signature: _____ Date: _____

INSTRUCTIONS FOR APPLYING

- 1. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If other people living in your household are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- 2. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you make \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 3. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- 4. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact the Early Childhood Office for more information.
- 5. WHAT DOCUMENTS CAN I PROVIDE TO VERIFY MY INCOME?** Individual Income Tax Form 1040, W-2 forms, pay stubs dated within the last month, written statements from employers, monthly SSI statements, or documentation showing current status of recipients of public assistance.

Part 1: All Household Members (**a household member is any child or adult living with you**): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

IF YOUR CHILD IS **HOMELESS, A MIGRANT OR A RUNAWAY**, FOLLOW THESE INSTRUCTIONS.

Part 2: Check the appropriate category.

Part 3: Skip this part.

Part 4: Sign the form.

IF YOU HAVE **FOSTER CHILD(REN) ONLY**, FOLLOW THESE INSTRUCTIONS. YOU DO **NOT** NEED TO FILL OUT A SEPARATE FORM FOR EACH FOSTER CHILD IN YOUR HOUSEHOLD. (IF THERE ARE BOTH FOSTER CHILDREN AND NON-FOSTER CHILDREN IN YOUR HOUSEHOLD, FOLLOW THE INSTRUCTIONS BELOW FOR ALL OTHER HOUSEHOLDS).

If **all** children in the household are marked as foster children in Part 1:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form.

ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Section 1—Name:** List all household members who have income.
- **Section 2 –Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned **before** taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
 - **Child Support, Spousal Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income received weekly, every other week, twice a month, or monthly. Do not include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: An adult household member must sign the form. Please include your address and phone number in the event the Preschool Coordinator has a question about your information.