



NEMCSA Early Childhood Services Application



Program Year _____ Program Preference _____ AM/PM/FD/HB

Child's First Name

Middle Name

Last Name

Date of Birth: ___/___/___ Gender: M / F Age & name verified by: Birth Certificate _____ Other (specify): _____

Race: (Check all that apply) American Indian/Alaska native Asian/Asian American Black/African American Caucasian/White Hawaiian/Pacific Islander Other: _____

Hispanic or Latino: Yes No Medical provider: _____ Dental provider: _____

Insurance: Medicaid / CHIP State-only funded Private health insurance None Other _____

Primary Adult Name: _____ **Secondary Adult Name:** _____

Date of Birth: ___/___/___ Mother Father

Date of Birth: ___/___/___ Mother Father

Grandparent Foster Other _____

Grandparent Foster Other _____

Email _____

Email _____

Phone _____

Phone _____

Education Level (Check highest achieved)

- Less than high school graduate
- High school graduate/G.E.D.
- Some college/vocational school/Associate degree
- Bachelor or advanced degree

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Employed: Full-time Part-time No

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In School/Job Training Yes No

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How did you hear about our program? Facebook/Social Media Web Search Flyer/Brochure Friend/Relative (how they heard) _____ Past/Present HS/EHS/GSRP Parent Other _____

Is mother currently pregnant? Yes No Unknown If yes, due date: _____

List first and last name and birth date of others in the household supported by income of the parent/guardian(s):

- | | |
|-------------------|-------------------|
| 1. _____ /___/___ | 4. _____ /___/___ |
| 2. _____ /___/___ | 5. _____ /___/___ |
| 3. _____ /___/___ | 6. _____ /___/___ |

Living Address: _____
(Number & Street) (City) (Zip Code)

Mailing Address (if different from above): _____
(Number & Street or PO Box) (City) (Zip Code)

County: _____ School District: _____ ISD: _____

Primary Language: _____ Active US Military: Yes No US Military Veteran: Yes No

Referred by a Child Welfare Agency: Yes No SNAP: Yes No WIC: Yes No

Alternate Contact: _____
(Name) (Phone)

Transition Status

- Transitioning from EHS (NEMCSA or other grantee program). (999)
- Transitioning from another grantee Head Start program. (15)

Eligibility and Prioritization Criteria (Check all that Apply)

- Diagnosed disability or identified developmental delay (documentation required on file for options below). (125)
 - Child is eligible for special education services.
 - Child's developmental progress is less than expected for his/her chronological age.
 - Child has chronic health issues causing development or learning problems.
- Severe or challenging behavior (child has been expelled from preschool or child care center). (5)
- Primary home language other than English (English not spoken at home or not the child's first language). (15)
- Parent(s) with low educational attainment (parent has not graduated high school or is illiterate). (55)
- Abuse/neglect of child or parent. (75)
- Environmental risk. (25)
 - Parental loss (death, divorce, incarceration, military service, or absence).
 - Sibling issues.
 - Teen parent (not yet age 20 when first child was born).
 - Family is homeless or without stable housing. (125)
 - Residence in a high-risk neighborhood (area of high poverty, crime, with limited access to comm. services).
 - Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays.
- Unemployed parent (currently looking for work). (55)
- High-quality publicly funded full-day pre-kindergarten (GSRP) is available in the area. (0)
- Child is currently in foster care. (125)

Parent/Guardian has confirmed that child applicant is able to attend programming 100% of the time. Yes No
*Child is not eligible for selection if parent indicates that the child is unable to attend full-time.

To increase the likelihood of my child benefiting from a preschool experience, I, parent/guardian, authorize my family/child application/eligibility information be shared with local collaborating preschool education agencies. This authorization shall remain in effect for two (2) years from the signature date. I have the right to revoke, in writing and at any time, said consent. Yes No

The undersigned acknowledges they have been notified of Northeast Michigan Community Service Agency, Inc.'s *Notice of Privacy Practices* and has had an opportunity to discuss concerns/questions about the privacy of the information provided. Any changes to the notice will be available at www.nemcsa.org. I certify the information provided in support of this application is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

*****AGENCY USE ONLY*****

Information verified and taken by: _____ Date: _____

These materials were developed under a grant awarded by the Office of Head Start and Michigan Department of Education.