

**BOTH SIDES NEED TO BE FILLED OUT**

**FAMILY INFORMATION NEEDED FOR ELIGIBILITY:** Child's Name: \_\_\_\_\_

*This information is necessary to determine your child's eligibility in GSRP Preschool and will be kept confidential.*

**1-INCOME:** Include income of all family members who are legally responsible for the support of the child.

Family income (before taxes): Gross Income: \_\_\_\_\_ Weekly: \_\_\_\_\_ Bi-Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

*Include all wages, child support, unemployment, SSI, Social Security, alimony and all other income.*

What sources of income do you have? Employment: \_\_\_\_\_ Child Support: \_\_\_\_\_ Disability SSI: \_\_\_\_\_

Public Assistance (Cash Assistance and/or Child Care Reimbursement): \_\_\_\_\_ Other: \_\_\_\_\_

Public Assistance Case Number: \_\_\_\_\_

Number in family: \_\_\_\_\_ Number of people residing in the house: \_\_\_\_\_

To verify you will need to bring in W-2's or Tax Form or State Department Documentation or 4 consecutive pay stubs.

**2-DIAGNOSED DISABILITY OR IDENTIFIED DEVELOPMENT DELAY**

\_\_\_\_ Low birth weight (\_\_\_\_ lbs \_\_\_\_ oz)

\_\_\_\_ IEP (Individualized Education Plan)

\_\_\_\_ Child immature

\_\_\_\_ Child has diagnosed disability

\_\_\_\_ Nutritionally deficient

\_\_\_\_ Child has long term chronic illness

\_\_\_\_ Referred by Doctor, ISD or parent for screening

\_\_\_\_ Vision difficulties

\_\_\_\_ Speech difficulties, difficult to understand, difficulty expressing needs, does not speak in whole sentences

**3-CHILD BEHAVIORS**

\_\_\_\_ Child is destructive or violent

\_\_\_\_ Child is in counseling or therapy or referred to either

\_\_\_\_ Child has been asked to leave Preschool or Child Care

**4-LANGUAGE**

\_\_\_\_ Primary language spoken in our home \_\_\_\_\_

\_\_\_\_ My child can speak the following languages \_\_\_\_\_

**5-PARENT EDUCATIONAL ATTAINMENT**

\_\_\_\_ Parent (s) or older siblings cannot read

\_\_\_\_ Older siblings have dropped out of school

\_\_\_\_ Parent (s) or older siblings struggle in school

Mother's last grade completed: \_\_\_\_\_ Father's last grade completed: \_\_\_\_\_

**6-ABUSE, NEGLECT IN HOME**

\_\_\_\_ Someone in our home was a victim of physical, sexual or emotional abuse or neglect.

\_\_\_\_ There is a history of substance abuse in our family (alcohol, drugs, prescription drugs, etc.)

\_\_\_\_ Someone in our home has violent, destructive temperament

**7-ENVIRONMENTAL RISK**

Regarding the eligible preschool aged child above, I am a \_\_\_\_ Single Parent \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Living Apart from their parent.

\_\_\_\_ Someone in our home is/was in jail or prison

\_\_\_\_ My child has experienced the loss of a parent or sibling by death or loss of parent by divorce, military service, out of town, etc.

\_\_\_\_ My child has a chronically ill parent or sibling (behavior issues, physical, mental or emotional illness)

Please explain: \_\_\_\_\_

\_\_\_\_ Teenage parent (not yet 20) at birth of any children in the family

\_\_\_\_ My child is/has been in Foster Care

\_\_\_\_ Residence is in a high risk neighborhood (high poverty, high crime, with limited access to community services).

\_\_\_\_ Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays.

My child has \_\_\_\_ brothers and \_\_\_\_ sisters

\_\_\_\_ Our home is or may be in foreclosure

\_\_\_\_ We are homeless

We are living with \_\_\_\_ Family (Grandparents, etc.) \_\_\_\_ Friends \_\_\_\_ Shelter \_\_\_\_ Other

**PLEASE CHECK ALL SERVICES YOUR FAMILY IS RECEIVING**

\_\_\_\_ Therapy (Speech, OT, PT)

\_\_\_\_ WIC

\_\_\_\_ Early On Services

\_\_\_\_ Aggression management

\_\_\_\_ Food Stamps

\_\_\_\_ Early Head Start (ages 0-3)

\_\_\_\_ Counseling

\_\_\_\_ SSI

\_\_\_\_ County Playgroups

\_\_\_\_ Alcohol/Drug Services

\_\_\_\_ Child Protective Services

\_\_\_\_ Head Start

\_\_\_\_ Parenting Classes

\_\_\_\_ Special Education Services/ESA

\_\_\_\_ Other (please be specific): \_\_\_\_\_

**PLEASE ADD ANY OTHER INFORMATION YOU FEEL WILL BE IMPORTANT:**