



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

205 Beaver Valley Mall  
Monaca, PA 15061  
Phone: 724-728-2110  
Fax: 724-728-2404

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 (**2017**) or Most recent tax return (**2017**) 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 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.

**Fayette or Westmoreland County Classrooms:**

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

**Allegheny or Beaver County Classrooms:**

Private Industry Council / Pre-K Counts  
205 Beaver Valley Mall  
Monaca, PA 15061

For questions call: 724-437-2590

724-728-2110 Ext. 1239

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

205 BEAVER VALLEY MALL  
 MONACA, PA 15061  
 PHONE: 724-728-2110 FAX: 724-728-2404

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

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

**General Information - Primary Adult:** (Please PRINT CLEARLY all information)

<b>Primary Adult Last Name:</b>		<b>First Name:</b>		<b>Middle:</b>		<b>Suffix:</b>	
<b>Primary Adult Living Address</b>				<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
<b>Primary Adult Mailing Address (if different)</b>				<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date of Birth</b>
<b>Phone Number</b>	<b>Type: Home, Work, Cell, etc.</b>		<b>Primary</b>	<b>Notes</b>			
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

Number in Household \_\_\_\_\_ Num. in Family \_\_\_\_\_ Total Num. of Children \_\_\_\_\_

Parental Status One Two  
 Primary Language at Home English Spanish Other  
 Specify: \_\_\_\_\_

**Family Income** *Agency staff will complete shaded*

Family Member	Income Source	Amount	Per	Annual Amount	Type <sup>1</sup>	Desc. <sup>2</sup>	Verif. <sup>3</sup>	Staff Initials
				\$				
				\$				
				\$				
<b>1. Type Codes</b> ERN—Earned      SUB—Subsidized (not from a wage)		<b>2. Description Codes</b> PEN—Pension      SSI—SSI SS—Social Security SSD—Social Security Disability		<b>3. Verification Codes</b> 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 \_\_\_\_\_

**Emergency Contacts**

Contact 1	<b>Name</b>		<b>Relationship to Child</b>		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to	
	<b>Address</b>				<b>City</b>	<b>State</b>	<b>Zip</b>	
	<b>Phone 1</b>	<b>Type / Notes</b>	<b>Phone 2</b>	<b>Type / Notes</b>	<b>Phone 3</b>	<b>Type / Notes</b>		
Contact 2	<b>Name</b>		<b>Relationship to Child</b>		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to	
	<b>Address</b>				<b>City</b>	<b>State</b>	<b>Zip</b>	
	<b>Phone 1</b>	<b>Type / Notes</b>	<b>Phone 2</b>	<b>Type / Notes</b>	<b>Phone 3</b>	<b>Type / Notes</b>		
Contact 3	<b>Name</b>		<b>Relationship to Child</b>		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to	
	<b>Address</b>				<b>City</b>	<b>State</b>	<b>Zip</b>	
	<b>Phone 1</b>	<b>Type / Notes</b>	<b>Phone 2</b>	<b>Type / Notes</b>	<b>Phone 3</b>	<b>Type / Notes</b>		

*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 \_\_\_\_\_

## Family Member Information

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

Other Family Members					
Adult/Child	Last	First	Birthday	Gender	Relationship
Notes					
<b>1. Employment Status Codes:</b> <b>F</b> - Full Time, <b>P</b> - Part Time, <b>R</b> - Retired or Disabled, <b>T</b> - Training or School, <b>B</b> - Full Time & Training, <b>I</b> - Part Time & Training, <b>S</b> - Seasonally Employed, <b>U</b> - Unemployed					

**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*

<b>Site Applying For:</b> (Locations subject to change)	<input type="checkbox"/> Blackhawk Intermediate, Beaver Falls <input type="checkbox"/> Connellsville Twp. Elementary, Connellsville <input type="checkbox"/> Friendship Hill, Point Marion <input type="checkbox"/> Kooser Group Home, Hatfield Lane, Uniontown <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"/> Menallen Elementary School, Uniontown <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>		
		<b>Birth Cert. #</b> _____ <b>State:</b> _____ <b>Verified by:</b> _____ <b>Title:</b> _____		
<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>		<b>Does this child have an active IEP or Behavior Plan?</b>		
<input type="checkbox"/> Private <input type="checkbox"/> CHIP <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Medical Assistance <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> _____		<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