



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 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

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><br>ERN—Earned      SUB—Subsidized<br>(not from a wage) |               | <b>2. Description Codes</b><br>PEN—Pension      SSI—SSI<br>SS—Social Security<br>SSD—Social Security Disability |     | <b>3. Verification Codes</b><br>CS—Check Stub    W2—W-2    EL—Employer Letter<br>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 \_\_\_\_\_



# Child Information

*Agency staff will complete shaded boxes*

|  |   |   |                  |               |
|--|---|---|------------------|---------------|
| <b>Site Applying For:</b><br>(Locations subject to change)   | <input type="checkbox"/> Connellsville Twp. Elementary, Connellsville<br><input type="checkbox"/> Friendship Hill, Point Marion<br><input type="checkbox"/> Jeffery Primary School, Shaler Area SD, Pittsburgh<br><input type="checkbox"/> Kooser Group Home, Hatfield Lane, Uniontown<br><input type="checkbox"/> Marshall Elementary, Uniontown<br><input type="checkbox"/> Marzolf Primary School, Shaler Area SD, Pittsburgh<br><input type="checkbox"/> Masontown Elementary School, Masontown | <input type="checkbox"/> Menallen Elementary School, Uniontown<br><input type="checkbox"/> Reserve Primary School, Shaler Area SD, Pittsburgh<br><input type="checkbox"/> Southmoreland Elementary, Scottdale<br><input type="checkbox"/> Springfield Twp. Elementary, Normalville<br><input type="checkbox"/> Todd Lane Elementary, Monaca<br><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> _____<br><b>Verified by:</b> _____ <b>Title:</b> _____   |                  |               |
| <b>Race</b> <i>(check all that apply)</i>  | <b>Ethnicity</b>  | <b>English Proficiency</b>  |                  |               |
| <input type="checkbox"/> Asian<br><input type="checkbox"/> Black<br><input type="checkbox"/> White<br><input type="checkbox"/> Native American<br><input type="checkbox"/> Pacific Island<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Unspecified   | <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic<br><input type="checkbox"/> Unknown  | <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient<br><input type="checkbox"/> Primary<br>Other Language Spoken: _____<br><input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient<br><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<br><input type="checkbox"/> None <input type="checkbox"/> Unknown<br><input type="checkbox"/> Medical Assistance  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, please provide.</b>   |                  |               |
| <b>Health Information</b>  |   | <b>Check if you have any of the following concerns regarding your child:</b>  |                  |               |
| <b>Immunizations Up-to Date?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Does your Child have a physician they see regularly:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Doctor Name:</b> _____<br><br><b>Is your child under the care of a physician?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, why?</b><br>_____<br><br><b>Does your child use the bathroom independently?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <b>If NO, please explain.</b><br>_____<br><br><b>Does your Child have a dentist they see regularly?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Dentist Name:</b> _____<br><br><b>Is there a custody agreement regarding this child?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, please provide.</b> |   | <input type="checkbox"/> Speech <input type="checkbox"/> Behavioral <input type="checkbox"/> Developmental<br><input type="checkbox"/> Physical <input type="checkbox"/> Health <input type="checkbox"/> Hearing<br><input type="checkbox"/> Vision <input type="checkbox"/> Other: _____<br>_____<br>Please Explain (optional): _____<br><br><b>Have you applied with Pre-K Counts or Head Start for this child?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, Year:</b> _____<br><br><b>Is this child currently or has previously participated in the following?</b><br><input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> Early Intervention<br><br><b>Is this child in childcare/preschool?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, where? _____<br><br><b>School district you live in:</b> _____<br><br><b>Home Elementary School:</b> _____<br><br><b>Agency Referral:</b> _____ |                  |               |
| <b>Is this child income eligible for HS?</b> Yes      No   |   | <b>Primary Site:</b> _____  |                  |               |

Computer: \_\_\_\_\_  
Initial & date

Verified Disability: \_\_\_\_\_  
Initial & date