PA
Pre-K Counts

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

E-mail: prekcounts@privateindustrycouncil.com
Web: www.privateindustrycouncil.com

A division of:
Private Industry Council
OF WESTMORELAND-FAYETTE, INC.

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)

Primary Adult Last Name:	First Name:	Middle:	Suffix:
Primary Adult Living Address	City	State Zip	County
Primary Adult Mailing Address (if different)	City	State Zip	Date of Birth

Phone Number	Type: Home, Work, Cell, etc.	Primary	Notes
		□	
		□	
		□	

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[1]	Desc.[2]	Verif.[3]	Staff Initials
				$				
				$				
				$				

1. Type Codes
ERN–Earned **SUB**–Subsidized (not from a wage)

2. Description Codes
PEN–Pension **SSI**–SSI
SS–Social Security
SSD-Social Security Disability

3. Verification Codes
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	Name	Relationship to Child	□Emergency Contact	□Release Child to
	Address	City	State	Zip
	Phone 1 Type / Notes	Phone 2 Type / Notes	Phone 3 Type / Notes	
Contact 2	Name	Relationship to Child	□Emergency Contact	□Release Child to
	Address	City	State	Zip
	Phone 1 Type / Notes	Phone 2 Type / Notes	Phone 3 Type / Notes	
Contact 3	Name	Relationship to Child	□Emergency Contact	□Release Child to
	Address	City	State	Zip
	Phone 1 Type / Notes	Phone 2 Type / Notes	Phone 3 Type / Notes	

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**

Birthday

Relationship to Child:

☐ Father ☐ Mother ☐ Grandparent ☐ Guardian
☐ Other: _____

Race (*check all that apply*)

☐ American Indian or Alaska native
☐ Asian
☐ Black or African American
☐ Native Hawaiian
☐ Pacific Island
☐ White

Ethnicity

☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Highest Grade Completed

Employment Status [1]

(*check all that apply*)
□ Lives with this Family
□ Provides Financial Support
□ Teen Parent (18 yrs or younger)
□ Incarcerated Parent

Email Address:
_____

Secondary Adult

Last	**First**	**Middle**	**Preferred**	**Gender**

Birthday

Relationship to Child:

☐ Father ☐ Mother ☐ Grandparent ☐ Guardian
☐ Other: _____

Race (*check all that apply*)

☐ American Indian or Alaska native
☐ Asian
☐ Black or African American
☐ Native Hawaiian
☐ Pacific Island
☐ White

Ethnicity

☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Highest Grade Completed

Employment Status [1]

(*check all that apply*)
□ Lives with this Family
□ Provides Financial Support
□ Teen Parent (18 yrs or younger)
□ Incarcerated Parent

Email Address:
_____

Secondary Adult Living Address (if not living with applicant) City State Zip County

Other Family Members

Adult/Child	Last	First	Birthday	Gender	Relationship

Notes

1. Employment Status Codes: **F**- Full Time, **P** - Part Time, **R** - Retired or Disabled, **T** - Training or School, **B** - Full Time & Training, **I** - Part Time & Training, **S** - Seasonally Employed, **U** - 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

Site Applying For: (Locations subject to change)	☐ Connellsville Twp. Elementary, Connellsville ☐ Friendship Hill, Point Marion ☐ Marshall Elementary, Uniontown ☐ Marzolf Primary School, Shaler Area SD, Pittsburgh ☐ Masontown Elementary School, Masontown	☐ Reserve Primary School, Shaler Area SD, Pittsburgh ☐ Southmoreland Elementary, Scottdale ☐ Springfield Twp. Elementary, Normalville ☐ Todd Lane Elementary, Monaca ☐ Wharton Elementary School, Farmington

Last	**First**	**Middle**	**Preferred**	**Suffix**

Birthday	**Gender**	**Verification of Birth** **Birth Cert. #**_____ **State:** _____ **Verified by:** _____ **Title:** _____

Race (*check all that apply*)

☐ Asian
☐ Black
☐ White
☐ Native American
☐ Pacific Island
☐ Other: _____
☐ Unspecified

Ethnicity

☐ Hispanic
☐ Non-Hispanic
☐ Unknown

English Proficiency

☐ None ☐ Poor ☐ Moderate ☐ Proficient
☐ Primary

Other Language Spoken: _____
☐ Poor ☐ Moderate ☐ Proficient
☐ Primary

Primary Health Coverage Source

□ Private □ CHIP
□ None □ Unknown
□ Medical Assistance

Health Information

Immunizations Up-to Date?
☐ Yes ☐ No

Does your Child have a physician they see regularly:
☐ Yes ☐ No

Doctor Name: _____

Is your child under the care of a physician?
☐ Yes ☐ No **If YES, why**?
_____

Does your child use the bathroom independently?
☐Yes ☐ No **If NO, please explain**.
_____

Does your Child have a dentist they see regularly?
☐ Yes ☐ No

Dentist Name: _____

Is there a custody agreement regarding this child?
☐Yes ☐ No **If YES, please provide**.

Does this child have an active IEP or Behavior Plan?
☐ Yes ☐ No **If YES, please provide**.

Check if you have any of the following concerns regarding your child:
☐ Speech ☐ Behavioral ☐ Developmental
☐ Physical ☐ Health ☐ Hearing
☐ Vision ☐ Other:
_____
Please Explain (optional):

Have you applied with Pre-K Counts or Head Start for this child?
☐ Yes ☐ No If YES, Year: _____

Is this child currently or has previously participated in the following?
☐ Head Start ☐ Early Head Start ☐ Early Intervention

Is this child in childcare/preschool? ☐ Yes ☐ No
If YES, where? _____

School district you live in: _____

Home Elementary School: _____

Agency Referral: _____

Is this child income eligible for HS? Yes No	Primary Site:

Computer: _____
Initial & date

☐Verified Disability: _____
Initial & date