

MICHIGAN GREAT START READINESS PROGRAM
 VERIFICATION FOR ENROLLMENT



Child's Name: _____

The child is income-eligible to participate in: Head Start Great Start Readiness Program Other: _____

1. Adult Name		Relationship to Child:	
Income Source Used	Amount	How Calculated	Total
<input type="checkbox"/> Income Tax form 1040			
<input type="checkbox"/> W-2			
<input type="checkbox"/> TANF documentation			
<input type="checkbox"/> Pay Stub or Pay Envelopes			
<input type="checkbox"/> Unemployment			
<input type="checkbox"/> Unemployment			
<input type="checkbox"/> SSI documentation			
<input type="checkbox"/> Written statement from employer			
<input type="checkbox"/> Child Support			
<input type="checkbox"/> Alimony			
<input type="checkbox"/> Foster Care Reimbursement			
<input type="checkbox"/> Pension(s)			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Documentation of No Income			

2. Adult Name		Relationship to Child:	
Income Source Used	Amount	How Calculated	Total
<input type="checkbox"/> Income Tax form 1040			
<input type="checkbox"/> W-2			
<input type="checkbox"/> TANF documentation			
<input type="checkbox"/> Pay Stub or Pay Envelopes			
<input type="checkbox"/> Unemployment			
<input type="checkbox"/> Unemployment			
<input type="checkbox"/> SSI documentation			
<input type="checkbox"/> Written statement from employer			
<input type="checkbox"/> Child Support			
<input type="checkbox"/> Alimony			
<input type="checkbox"/> Foster Care Reimbursement			
<input type="checkbox"/> Pension(s)			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Documentation of No Income			

Total Family Income: _____ (Transfer to Eligibility Checklist #1)

I understand this document is being used as income verification for my child's Application of Enrollment in a Michigan Great Start Readiness Program. I also understand that this program is fully funded through a Michigan Department of Education Early Childhood Grant. I certify the information submitted is accurate and true to the best of my knowledge. I agree to inform staff of any changes regarding income changes and/or work related changes.

Parent/Guardian: _____ Date: _____

Staff: _____ Date: _____

Date/Update Made: _____

Date enrolled: _____

Family Members living at home _____
Total Income _____
Category _____
FPL _____
Risk Factors _____

Risk Data: ____/____

ELIGIBILITY CHECKLIST

Household Size _____

Child's Name: _____

Date of Birth: _____

Eligibility Checklist		Documentation
1	Extremely low family income. 1 st Below 50% 2 nd 50% 3 rd 100% 4 th 150% 5 th 200% 6 th 250% 7 th 300% or Above Amount: _____	<input type="radio"/> Proof from who is legally responsible for child <input type="radio"/> Tax forms, paycheck stubs, DHS childcare verification form, or subsidized meal form <input type="radio"/> Unemployed or Disabled
T	Other family income. (Tuition Based) Income level is 250% Poverty Level or Above Amount: _____	
2	Child has diagnosed disability or identified developmental delay. <ul style="list-style-type: none"> • Eligible for special education services or developmental progress is less than that expected for his/her age, or has chronic health issues causing developmental or learning problems. 	<input type="radio"/> Referral or diagnosis from physical or health provider on health form <input type="radio"/> Early On transition/referral at age three <input type="radio"/> Concerns noted, but not eligible for special education services <input type="radio"/> Individual Education Plan (IEP) <input type="radio"/> Screening assessment results & professional/parent referral
3	Child has severe or challenging behavior. <ul style="list-style-type: none"> • Child has been expelled from a preschool or child care center. 	<input type="radio"/> Exclusion from other preschool/child care program <input type="radio"/> Social Services or medical referrals <input type="radio"/> Parent or Advocate legal documentation <input type="radio"/> Parent questions/interview <input type="radio"/> Staff observation/documentation on home visit or other contact
4	Primary home language is not English. <ul style="list-style-type: none"> • English is not spoken in the child's home; English is not the child's first language. 	<input type="radio"/> Parent or Advocate report <input type="radio"/> Interview <input type="radio"/> Observation <input type="radio"/> Home Visit
5	Parent/s has low educational attainment. <ul style="list-style-type: none"> • Parent has not graduated from high school or is illiterate. 	<input type="radio"/> Parent report <input type="radio"/> School report, record or referral
6	Abuse/neglect of child or parent. <ul style="list-style-type: none"> • Domestic, sexual, or physical abuse of child or parent; child neglect issues. • Includes abuse/neglect of child as well as domestic/spousal abuse of parent or sibling. • Abuse of alcohol, prescription or non-prescription drugs by family members or in the home. 	<input type="radio"/> Parent report <input type="radio"/> Court or police report <input type="radio"/> Restraining order in domestic violence situation <input type="radio"/> Family received services in a 0-3 Secondary Prevention Program <input type="radio"/> Community knowledge of the family <input type="radio"/> Discovered on home visit <input type="radio"/> Medical report
7	Environmental risk.	
	a. Parental loss due to death, divorce, incarceration, military service of absence.	<input type="radio"/> Parent report <input type="radio"/> Death certificate <input type="radio"/> Letter from facility <input type="radio"/> Divorce/custody papers <input type="radio"/> Other legal forms <input type="radio"/> Deployment orders
	b. Child's situation is negatively affected by issues related to sibling (chronic illness, behavior issues, disability, death).	<input type="radio"/> Legal report <input type="radio"/> Parent report <input type="radio"/> Agency referral <input type="radio"/> Medical report
	c. Teen parent (not yet 20 at birth of first child).	<input type="radio"/> Birth certificate <input type="radio"/> Ages of Siblings
	d. Family is homeless or without stable housing.	<input type="radio"/> Address records <input type="radio"/> Custody orders <input type="radio"/> Parent report <input type="radio"/> Social services/Medical referral
	e. Residence in a high-risk neighborhood (high poverty, high crime, with limited access to community services).	<input type="radio"/> Parent report <input type="radio"/> Identified by staff on the home visit <input type="radio"/> Staff report
	f. Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays.	<input type="radio"/> Parent report <input type="radio"/> Social services referral <input type="radio"/> Medical or hospital records

#	Enrollment Method	Income Eligibility	Risk Factors	Working Parents	Gender	Ethnicity	Race (Check all that apply)
CISR Child Number	<input type="checkbox"/> Original	250% & Below	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> No, Not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
	<input type="checkbox"/> Consolidated	251% - 300%	<input type="checkbox"/> 4 <input type="checkbox"/> 5				
	<input type="checkbox"/> After Count (For BCPS only)	301% & above	<input type="checkbox"/> 6 <input type="checkbox"/> 7				
			<input type="checkbox"/> None				

Staff Notes: (See back for additional notes)

baisd/gsrp/2016