

2019-2020 PRESCHOOL PROMISE ELIGIBILITY FORM

CHILD INFORMATION

Child's First Name: _____ Child's Middle Name: _____ Child's Last Name: _____

Date of Birth: _____ Gender: Male Female X _____

Child's Language, Race and Ethnicity

What is your child's Primary Language? English Spanish Russian Vietnamese Chinese Other: _____

How do you identify your child's race, ethnicity, tribal affiliation, country of origin, or ancestry? _____

Which of the following describes your child's racial or ethnic identity? Please check **ALL** that apply.

American Indian or Alaska Native

- American Indian
 Alaska Native
 Canadian Inuit, Metis, or First Nation
 Indigenous Mexican, Central American, or South America

Asian

- Asian Indian Korean
 Chinese Laotian
 Filipino/a South Asian
 Hmong Vietnamese
 Japanese Other Asian

Black or African American

- African American
 African (Black)
 Caribbean (Black)
 Other Black

Hispanic or Latino/a

- Hispanic or Latino/a Central American
 Hispanic or Latino/a Mexican
 Hispanic or Latino/a South American
 Other Hispanic or Latino/a

Native Hawaiian or Pacific Islander

- Guamanian or Chamorro
 Micronesian
 Native Hawaiian
 Samoan
 Tongan
 Other Pacific Islander

Middle Eastern/Northern African

- Northern African
 Middle Eastern

White

- Eastern European
 Slavic
 Western European
 White/Caucasian
 Other White

Other Categories

- Other (Please List) _____
 Don't know/Unknown
 Decline/Don't want to answer

Have you enrolled your child in/or applied for Head Start or Oregon PreKindergarten (OPK) program? Yes No

Does your family have an Individual Family Service Plan (IFSP) to support your child's development? Yes No

If yes, list any health partners or providers you would like us to know about: _____

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN 1

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to child: Parent Legal Guardian Foster Parent Other: _____

Child resides with Parent/Guardian what percentage of time: 0 - 25% 26 - 50% 51 - 74% 75 - 100%

PARENT / GUARDIAN 1 CONTACT INFORMATION

Primary Phone: _____ Secondary Phone: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ Zip Code: _____

How do you prefer to be contacted? Primary Phone Secondary Phone Email Standard Mail

PARENT / GUARDIAN 1 LANGUAGE

What is your Primary Language? English Spanish Russian Vietnamese Chinese Other: _____

What language do you speak at home? English Spanish Russian Vietnamese Chinese Other: _____

In what language do you prefer to receive

Written Communication? English Spanish Russian Vietnamese Chinese Other: _____

Verbal Communication? English Spanish Russian Vietnamese Chinese Other: _____

Please Note: Not all Preschool Promise materials are available in all languages

PARENT / GUARDIAN 1 - EMPLOYMENT STATUS

Check all that apply: Currently Employed Student Unemployed Business Owner Other: _____

PARENT / GUARDIAN 2

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to child: Parent Legal Guardian Foster Parent Other: _____

Child resides with Parent/Guardian what percentage of time: 0 - 25% 26 - 50% 51 - 74% 75 - 100%

PARENT / GUARDIAN 2 CONTACT INFORMATION

Primary Phone: _____ Secondary Phone: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ Zip Code: _____

How do you prefer to be contacted? Primary Phone Secondary Phone Email Standard Mail

PARENT / GUARDIAN 2 LANGUAGE

What is your Primary Language? English Spanish Russian Vietnamese Chinese Other: _____

What language do you speak at home? English Spanish Russian Vietnamese Chinese Other: _____

In what language do you prefer to receive:

Written Communication? English Spanish Russian Vietnamese Chinese Other: _____

Verbal Communication? English Spanish Russian Vietnamese Chinese Other: _____

Please note: Not all Preschool Promise materials are available in all languages

PARENT / GUARDIAN 2 - EMPLOYMENT STATUS

Check all that apply: Currently Employed Student Unemployed Business Owner Other: _____

FAMILY & INCOME INFORMATION

Household Size

of Adults: _____ + # of Children _____ = _____ (Total household size)

Documents presented for income verification (check all that apply):

- Child Support Statements FSRN printout from DHS
- Income Tax Form 1040 or 1040A Paystubs (12 Months)
- Placement Letter from DHS child welfare Social Security Letter / Statement
- Unemployment Statements W2

Does your family receive or qualify for any of the following services or forms of financial assistance?

- DHS Employment Related Daycare (ERDC) Yes No
- Free or Reduced Lunch Program Yes No
- Head Start Program Yes No
- Supplemental Security Income (SSI) Yes No
- Temporary Assistance for Needy Families (TANF) Yes No
- Women, Infants, and Children Program (WIC) Yes No

Do you consider your family to be homeless? (Lack a fixed, regular, and adequate residence and/or moving between home of relatives or friends. Living in motels, hotels, camping grounds, shelters, substandard housing, bus or train stations, vehicles and/or similar settings.) Yes No

2019 Federal Poverty Level (FPL) Chart			
Household Size	100% FPL	130% FPL	200% FPL
2	\$16,910	21,983	33,820
3	\$21,330	27,729	42,660
4	\$25,750	33,475	51,500
5	\$30,170	39,221	60,340
6	\$34,590	44,967	69,180
7	\$39,010	50,713	78,020
8	\$43,430	56,459	86,860

Families whose annual income is 200% or less of the Federal Poverty Level may be able to enroll their children in Preschool Promise for free. This chart, will help us with this determination.

PARENT SIGNATURE

By signing this application, I confirm that I have given true and complete information and I understand that the Oregon Department of Education and its Early Learning Division may verify the information on this form. I understand that making false statements or intentionally omitting information may subject me to state and federal penalties. I understand Preschool Promise is a state funded program and preschool services provided under the Preschool Promise program may end if funds are no longer available.

I understand and agree that the information provided in this form may be shared with entities and individuals involved in the administration and monitoring of the Preschool Promise program including but not limited to Providers and their staff, Enrollment Committees, Early Learning Hubs, Education Service Districts, and the Oregon Department of Education and its Early Learning Division.

I understand that my child and I will not be personally identified by the Oregon Department of Education and its Early Learning Division in any external publication shared for research purposes or required by law.

I understand that by submitting this form, I am applying for my child to participate in the Preschool Promise program. I understand that I am not required to sign or submit this application but that I must submit a signed copy of this application for my child to be considered for eligibility in the Preschool Promise program.

Submission of this eligibility form is not a guarantee of admission into the Preschool Promise program. **Parent/Guardian Signature and Date Required**

_____ Print Name

_____ Signature

_____ Date

CERTIFICATION OF ELIGIBILITY - FOR ENROLLMENT COMMITTEE USE ONLY

Hub Name: _____ Provider Name: _____

STEP 1 - Complete the following information:

Household Size: _____ Annual Income: _____

Family Income is:

- At or Below 100% FPL
- 101 - 130% FPL
- 131-200% FPL

Is the Family Income Eligible? Yes No

Age* of the child: _____

Is the child age eligible? Yes No

STEP 2 - Staff Certification and signature:

INTAKE STAFF - I have examined documents and information presented by the parent(s)/guardian(s) and to the best of my knowledge the family is:

- Eligible for Preschool Promise services
- Not Eligible for Preschool Promise services

_____ Staff Signature

_____ Staff Printed Name

_____ Date

*For the 2019 - 2020 academic program year child must be 3 or 4 by 9/1/2019 (Salem-Kelzer School District 09/10/2019)