



TRANSITION PROCEDURES FROM PART C TO HEAD START/EARLY HEAD START UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

(The procedures identified in this template are written to meet the minimum requirements for transition of children from Part C to Head Start/Early Head Start. Parties to the agreement are encouraged to modify the template by adding procedures to facilitate additional local information sharing needs.)

The following procedures are designed to support collaboration between the **WV Birth to Three Region Five and Six Regional Administrative Unit and North Central WV Community Action Association, Inc. (NCWVCAA) Head Start/Early Head Start** in the provision of services to assure that children and families experience a smooth transition from Part C to Head Start/Early Head Start services under Part C of the Individuals with Disabilities Education Act (IDEA). These procedures support the Transition and Continuity Collaboration area of the interagency agreement among the WV Birth to Three Regional Administrative Unit, county school systems, Head Start grantees, child care, and other appropriate community partners. The Interagency Agreement template is available at <http://www.wvearlychildhood.org>.

The purpose of this set of procedures is to assure that representatives of local lead agencies for Part C and Head Start/Early Head Start, families, service coordinators and service practitioners are knowledgeable of the respective requirements, roles and responsibilities for assuring smooth transitions for children and families as required under IDEA. These procedures cover the transition of children to Head Start in the following county(ies): **Barbour, Preston, Randolph, Taylor, and Tucker (RAU 5) and Pocahontas and Webster County (RAU 6)**

Similar procedures are to be developed with other early childhood partners in order to implement components of the interagency agreement. For Part C, procedures will be put in place with all appropriate parties to assure the smooth transition of all children exiting Part C regardless of their age or eligibility under IDEA.

A. Responsibilities of the WV Birth to Three Direct Service Practitioners Related to Development of the Transition Plan for Children Exiting Part C.

1. Provide the family with information on the importance of planning for transition.
2. Discuss with the family their priorities and concerns with regards to the transition.
3. Discuss with the family the child's present levels of development and the skills the child may need to transition successfully.
4. Assist the family to assess their need for information and support in regards to future services and preschool settings.
5. Assist the family to identify community supports and services that may be needed to meet the child and family's unique needs.
6. Develop, in collaboration with the family, outcomes and strategies to prepare the child and family for transition.
7. Coordinate with other community partners to ensure that families have needed information, and that transition planning occurs within required timelines to promote the child/family's smooth transition from WV Birth to Three, Part C.
8. Attend each child's transition conference to share information and insights into the

child's unique strengths and challenges. If unable to attend, the practitioner must forward information on the child's current assessments and developmental status, including functional abilities within the context of daily activities and routines.

9. In order to provide written documentation of each child's functional abilities at exit from WV Birth to Three, each team member will participate in providing information for, and/or completing, a Transition Summary Update for the child. The Transition Summary Update is intended to provide useful information for planning for the child's successful participation in the next setting. The process for completing the Transition Summary Update may vary from county to county, depending on the agreed upon activities for the transition conference. Some counties may be able to dedicate time to completing the Transition Summary Update at the meeting, and others may prefer to have the information completed before the meeting. The Regional Administrative Unit will be able to provide guidance as to the agreed upon process within each county.

B. Responsibilities of Service Coordinators in the WV Birth to Three System for Supporting the Transition of Children and Families from Part C to Head Start/Early Head Start.

1. Be knowledgeable of transition procedures specific to all possible receiving agencies (i.e. Head Start, Early Head Start, Part B and Child Care) and any procedures related to the prospective county in which the child resides. It is especially important that service coordinators are knowledgeable of the eligibility criteria, and application/enrollment process of this county's Head Start grantee, as detailed in Section D, #6 of these procedures.
2. Provide local contact information to families interested in completing an application for the local Head Start or Early Head Start Program. Typically, this application process should happen much earlier than the required transition conference.
3. Ensure that families are provided with information about transition throughout their participation in WV Birth to Three, not only at their exit.
4. Ensure the development of a transition plan in collaboration with the child's family and other team members as a component of the child's Individual Family Service Plan (IFSP), at least at least 90 days and up to 9 months prior to the child's third birthday. The transition plan outlines the steps that the family and other team members will follow in order to support a smooth transition from WV Birth to Three, Part C.
5. Assist interested families with completing and submitting applications to the local Head Start or Early Head Start Program within their community, within timelines as appropriate for the individual Head Start Grantee (See Section D, #6).
6. Obtain written parental permission for release of appropriate educational records to Head Start/Early Head Start.
7. Forward to Head Start/Early Head Start, the educational records for which the parent has given written permission.
8. Schedule, convene and facilitate a transition conference for each child at least 90 days and up to 9 months prior to the child's third birthday. *It is important that the service coordinator initiates contact at least a month in advance with all parties that the family wants to invite to the meeting, and attempts to schedule the meeting at a time and place that will facilitate attendance of all parties.*
9. Send the Notice of Transition Conference Form to all IFSP team members, family, and others as requested by the family *at least ten days prior to the scheduled meeting, and earlier if possible.* Service coordinators will send invitations based on

- family request, assuring that they have explained to families the role of Head Start and Part B,
10. Document discussion and activities of the transition plan and transition conference utilizing the WV Birth to Three Transition Plan and Teaming Activity Note.
 11. When children have third birthdays in the summer or early fall, schedule the transition conference by **May 30th of that calendar year** *(Date range to be completed by the parties to this agreement. For children who are also transitioning to Part B, the IEP must be in place by the child's third birthday, so the transition conference needs to occur before summer break unless Part B staff are available to process referrals and eligibility during the summer months).*
 12. Arrange for return of all Assistive Technology equipment/devices provided by WV Birth to Three unless it has been determined that the child continues to need the equipment. If the child needs the equipment after age three, the service coordinator will revise the WV Birth to Three Assistive Technology Loan Agreement to provide the family with the toll free numbers of the RAU and State office in order to plan for return of the equipment to the State when no longer being used by the child.

C. Role and Responsibilities of the WV Birth to Three Region **5 and 6 Regional Administrative Unit.**

1. Assign a primary contact person responsible for the development, implementation, and evaluation of an Interagency Agreement and transition procedures with **WV Birth to Three Region Five Regional Administrative Unit and North Central WV Community Action Association, Inc. (NCWVCAA) Head Start/Early Head Start** grantee. (See Attachment 1)
2. Review and update transition procedures with interagency partners on an annual basis or more often, if needed.
3. Submit Interagency Agreements and transition procedures to the WV Birth to Three state office annually.
4. Inform families, service coordinators, and service practitioners of the interagency transition procedures that are in place with partners including **North Central WV Community Action Association, Inc. (NCWVCAA) Head Start/Early Head Start** grantee. The assigned RAU primary contact person will be the primary contact for questions regarding implementation of the procedures.
5. Coordinate with **North Central WV Community Action Association, Inc. (NCWVCAA) Head Start/Early Head Start** staff (i.e. Director, Family Services Coordinator, or Disabilities Coordinator) for provision of training around interagency transition procedures.
6. Coordinate with WV Birth to Three Regional Technical Assistance Specialists to identify potential policy clarifications and/or additional training needs.
7. Include a review of county data on transition indicators as a component of the quarterly review conducted by the RAU's Interagency Advisory Committee.
8. The RAU Interim Service Coordinator (ISC) will, upon the family's request, initiate the referral to Head Start for any child referred for eligibility to the WV Birth to Three System between the ages of 30 months and 35 months. Referral shall include the child's name, date of birth, address, telephone, and parent's name and contact information.
9. For children who have their initial eligibility/IFSP meeting from 150 through 90 days prior to their third birthday, the RAU/ISC is responsible for:

- a) Develop a Transition Plan as part of the initial IFSP in collaboration with the parents, IFSP team, and other community partners as requested by the family.
 - b) Obtain consents from the parents during the initial IFSP meeting to release assessments, IFSP, or other documents that the parent agrees to share with Head Start/Early Head Start, and forward those documents to the appropriate parties.
 - c) Coordinate with the family, MDT, OSC, and other community partners per family request, to schedule a transition conference to be conducted at least 90 days prior to the child's third birthday. The transition conference most likely will need to be combined with the initial IFSP meeting in order to meet required timelines.
- 10. For children who have their initial eligibility/IFSP meeting less than 90 days prior to their third birthday, the RAU will:
 - a) Develop a Transition Plan as part of the Initial IFSP in collaboration with the parents, IFSP team, and other community partners as requested by the family.
 - b) Obtain consent from the parents during the initial IFSP meeting to release assessments, IFSP, or other documents that the parents agree to share and forward those documents to the appropriate parties.
- 11. For any child referred for eligibility to the WV Birth to Three Region **5 and 6 RAU** less than 45 days before the child's third birthday, the RAU will conduct a phone call with the child's family to explain that WV Birth to Three will not evaluate the child's eligibility due to the late referral and discuss any potential referrals the family may need assistance with. The RAU will then mail the family a packet that includes the Notice of the Late Referral letter, a completed WVBTT Transition Resource Information page for the county of the child's residence, Consent to Refer form, and WVBTT Procedural Safeguards.

D. Roles and Responsibilities of Head Start/Early Head Start Grantees.

- 1. Assign a representative to participate on the Interagency Advisory Committee of the WV Birth to Three Region **5 and 6 RAU**.
- 2. Assign an individual as the primary contact to work with the WV Birth to Three Region **5 and 6 RAU** for development and revision of interagency transition procedures.
- 3. Each Head Start Grantee will incorporate into these procedures, under #6 of Section D, the specifics of their eligibility criteria and application/enrollment process for Head Start and, if appropriate, for Early Head Start. The Grantee will include specifics related to timelines and contact persons. In the event that changes have to be made to the eligibility criteria, the Head Start Grantee will notify the Regional Administrative Unit of the changes.
- 4. In order to assure that families understand the Head Start/Early Head Start eligibility criteria and application/enrollment process, a Head Start/Early Head Start representative(s), when invited by the family through receipt of a Notice of the Transition Conference Form, will attend the child's scheduled transition conference.
- 5. Identify procedures related to acceptance of WV Birth to Three assessment reports for Head Start/Early Head Start and Part B evaluation and IEP planning purposes.
- 6. INSERT HEAD START/EARLY HEAD START ELIGIBILITY CRITERIA AND APPLICATION/ENROLLMENT PROCESS.

E. Responsibilities of All Parties Attending the Transition Conference.

1. Discuss the family's priorities and concerns regarding transition from WV Birth to Three.
2. Identify the family's need for information and supports.
3. Discuss the child's present levels of development and strategies that have been utilized to support the child's development.
4. Assure that the family has information regarding the policies, procedures, and procedural safeguards around determining eligibility, placement, and service needs in Head Start/Early Head Start, as well as in other potential settings.
5. Identify and document coordination of information needed for eligibility activities for Head Start/Early Head Start including any sharing of current assessment information from the child's WV Birth to Three educational record.
6. Discuss strategies to support the child's transition to future settings.
7. Discuss and arrange for visits by the family to possible receiving programs to assist the family to understand the daily activities and routines of each option.
8. Discuss and arrange visits by early intervention team members as appropriate to possible receiving programs to assist in planning intervention strategies and activities to prepare the child.
9. Discuss other resources in the community that may support the child and family from the third birthday until the beginning of the school year, such as child care, play groups, library hours, parks and recreation programs, mommy and me groups, parents, teachers, preschool programs and other community programs.
10. Discuss assistive technology currently provided through WV Birth to Three to determine whether the equipment and/or devices are appropriate for the child's continued use in the home or school setting. Identify steps for the family to take to return equipment/devices to the WV Birth to Three System when the child has outgrown or no longer need the equipment.

F. Dispute Resolution

If disagreements arise regarding activities outlined in these procedures, a meeting will be held between the authorized representatives of the Region **5 and 6 RAU and North Central WV Community Action Association, Inc. (NCWCAA) Head Start/Early Head Start** to resolve the issues. In the event that an understanding is not reached, the parties may seek technical assistance from the respective state lead agencies or choose to use informal third party mediation.

G. Duration of the Transition Procedures Agreement

The Transition Procedures Agreement will remain in place until such time as one of the signed parties notifies the other in writing of its termination. The Transition Procedures Agreement will be reviewed annually to ensure that it remains up-to-date with current laws,

policies, and practices. Changes to the agreement can be considered at any time.

Dreama Padgett

WV Birth to Three Region **5 and 6 RAU**
Regional Administrative Unit Authorized Representative
Name and Signature

12-19-18
Date

Keith Ann Fornwick

NCWVCAA Head Start/Early Head Start Grantee
Authorized Representative
Name and Signature

12/21/18
Date

Attachment 1
Contact Information for Head Start/Early Head Start and
WV Birth to Three Regional Administrative Unit

Effective as of

This agreement between West Virginia Birth to Three and North Central WV Community Action Association, Inc. (NCWVCAA) Head Start/Early Head Start will be in effect for the 2015-2016, 2016-2017, and 2017-2018 calendar year. Any revisions can be reviewed on an annual basis and updated as needed.

- **Head Start/Early Head Start Contact Person to Receive Applications and WV Birth to Three Child Records with Family Permission (See attached list)**
- **Head Start/early Head Start Contact Person to Receive Notice of Transition Conference letters (See attached list)**

Rachel T. Hamner

rachel.t.hamner@wv.gov

304-637-2844

Name (Print)

Telephone/Email

1200 Harrison Ave. Suite 220 Elkins, WV 26241

Address

RAU Contact Person Responsible for Development, Implementation and Evaluation of Part C to Head Start Transition Procedures

- **Head Start/Early Head Start Contract Person to Receive Applications and WV Birth to Three Child Records with Family Permission:**
- **Head Start/Early Head Start Contact Person to Receive Notice of Transition Conference letters:**

Barbour/Webster/Tucker Counties: **Nancy Keller, Children Services Supervisor**
Philippi Head Start
183 Chestnut Street
Philippi, WV 26416
304.457.2181
nkeller@ncwvcaa.org

Preston/Taylor County: **Cassi Schwinabart, Children Services Supervisor**
Preston County Head Start
428 Morgantown Street, Suite 2
Kingwood, WV 26537
304.329.1028
cschwinabart@ncwvcaa.org

Pocahontas/Randolph Counties: **Arnett Purkey, Children Services Supervisor**
Randolph County Head Start/Early Head Start
938 South Davis Avenue
Elkins, WV 26241
304.636.2188
apurkey@ncwvcaa.org

2019-2020 Barbour County Universal Pre-K Registration Application

Barbour County Schools

Pre-K Student Information Folder

Home School

(Students not attending their home school for pre-school will be returned to their home school for Kindergarten unless an out-of-zone form is completed)

1st Choice

2nd Choice

CONFIDENTIALITY STATEMENT: This information is being requested on a voluntary basis by the Pre-K Collaborative Partners which may include but is not limited to BOE, Child care, and NCWVCAA HS. However, some information is required in order to determine enrollment. All information disclosed will be used only by those persons related to the program and who are on a need to know basis. Upon request, the Pre-K Collaborative Partners discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for the purposes of the student's enrollment or transfer. This includes disclosure of immunization records and other medical information to the applicable Pre-K Collaborative Partner for enrollment or placement purposes.

Student Name:

LAST First Middle

Sex: Male / Female

Birthdate (mm/dd/yr):

Birthplace (City and State):

Immigration Information: AGE Born Outside United States? Yes No Number of Years Child has attended public Schools?

Student lives with (Name):

Relationship:

Father-Mother-Both Father & Mother-Other/Guardian/Foster Parent

Street Address:

City:

State: Zip:

Mailing Address (if different):

City:

State: Zip:

Home Phone:

Cell Phone:

Are there any custody restrictions? Yes No

*NOTE: Any Custody Restrictions Must Be Documented By a Court Order. A Copy of the Court Order Must Be Provided.

Native Language:

(household language)

EN=English

SP=Spanish

FR=French

IT=Italian

PO=Polish

VT=Vietnamese

HI=Hindi

JA=Japanese

GF=German

PT=Portuguese

CM=Chinese Mandarin

TH=Thai

CA=Cambodian

KO=Korean

TA=Tagalog

CC=Chinese Cntonese

LA=Laotian

AR=Arabic

RU=Russian

CR=Creole (French)

OT=Other

Ethnic Group:

1. Is Student Hispanic/Latino? Yes No

2. From racial categories below, circle one or more races with which you identify:

Asian Pacific Islander Black White American Indian/Alaskan Native

Family Information:

Father (Last name, First, MI) _____ **Home Phone:** _____ **Cell Phone:** _____

Father living in home? _____ Yes _____ No

Date of Birth: _____ **Email Address:** _____ **Employer:** _____ **Work Phone:** _____

Home Address (if different from above) _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address _____ **City:** _____ **State:** _____ **Zip:** _____

Mother (Last name, First, MI): _____ **Home phone:** _____ **Cell Phone:** _____

Mother Living in home? _____ Yes _____ No

Date of Birth: _____ **Email Address:** _____ **Employer:** _____ **Work Phone:** _____

Home Address (if different from above): _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

List Siblings and Dates of Birth:

Name: _____ **Date of Birth:** _____ **Name:** _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____ **Name:** _____ **Date of Birth:** _____

Do you need assistance finding before and after school child care? _____ Yes _____ No

Is there a current Order of Protection or No Contact Order which concerns this student? _____ Yes _____ No

If "yes" a copy of the order must be provided to the school office.

Medical Information:

Do you have any Concerns about your child's health or development? _____ Yes _____ No

I verify that my child has ongoing source of Medical care at: _____ I verify that my child has ongoing source of dental care at: _____

Physician Name: _____ Dentist Name: _____

Type of Insurance: () Medicaid () CHIPS () Private () Other: _____

Income Data: Please complete the requested information below. *The income information will be evaluated according to the "Income Guidelines" established by the United States Department of Health and Human Services to determine Head Start Eligibility. **ALL INFORMATION WILL BE STRICTLY CONFIDENTIAL.**

In the past year has anyone if your household received or been eligible for any of the following?	Check Housing
_____ Supplemental Security Income (SSI)	_____ Own
_____ TANF/WV Works	_____ Rent
_____ WIC	_____ Hud or Low Income
_____ SNAP	_____ Shared Housing
_____ WV Birth to Three	_____ Shelter
_____ Mountain Heart	_____ Homeless
	_____ Foster Care
	_____ Living w/Family or Friends

- Incomplete packets may result in not getting 1st choice
 - No Guarantee for 1st Choice
- An assignment to a site cannot be made until all parent boxes are checked, certificates verified, and final review is made by a designated Barbour County Universal Pre-K staff member. **NO EXCEPTIONS**

WILL BE MADE TO THIS RULE.

****Parents: Once initial home visits have been completed for accepted site transferring will only be approved by administrative personnel.**

Signature of Parent/Guardian

Date

District Signature

Date

All applicants that enroll their child must follow all Barbour County Schools policies, including the attendance policy.

2019-2020 Barbour County Universal Pre-K Registration Folder Checklist

School Personnel Must Complete This Box when Folder is complete	Date folder completed: _____ Initials of person receiving folder: _____ Information complete on all 4 pages. Certificate of Live birth received from Office of Vital Statistics. Up-to-date immunization record with the required immunizations completed. Completed physical form signed from physician. Attendance Area (Home school) verified by staff Transportation Form Court Order, if Applicable
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- **Students must be 4 years old on or before June 30, 2019. Certificate of Live Birth is required for the completion of the packet.**
- **Parents:** Place a "certified of Live Birth" from the West Virginia State Department of Vital Statistics located in Charleston, WV, inside. (Certificates from Hospitals and County Courthouses are not acceptable. Children born outside West Virginia must also have a certified copy of the Department of Vital Statistics/State Capitol from the state where they were born.)
- **Parents:** Place Certificate of Immunization from a physician or health department inside. **Certificate of Immunization is required for the completion of the packet.**
- **Parents:** Place completed Health Check Physical Form signed by a physician. Health Check Physical Form is required for the completion of the packet. (*Exception: If your child turns 4 after May 6, 2019, you may turn in the Health Check Form after the birth date. Completed forms MUST be received before school begins.*)
- **Parents:** Include copies of court orders awarding custody of the child, if parents are separated or divorced

**** Sign and date at the application day**

_____	_____
(Signature of Parent or Guardian)	(Date)
_____	_____
(Signature of Staff Member)	(Date)

If telephone interview was conducted, please explain why: _____

HOMELESS (Please read the following definition to applicant and answer question) The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence and includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; (b) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and (d) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in (a) through (c).

Applicant feels their living situation meets the definition of homeless? (circle one) yes no (If yes, complete the Homeless Identification Determination Form)

FINANCIAL INFORMATION (Answer each section below)

1. INCOME BASED ON (Income Verifications must represent 12 month period unless family receives TANF on a regular basis or currently receiving SSD)
 Current Situation (TANF or SSD): _____ Last Calendar Year: _____ Previous 12 months

2. OTHER ELIGIBILITY (Please circle yes or no by each category)
 TANF (Temporary Assistance for Needy Families) yes no **SSI (Supplemental Security Income)** yes no
 Meets McKinney-Vento Definition of Homeless yes no **Child is Foster Child** yes no
 (Complete sections 3 and 4 only if you did not answer yes to any questions in Section 2-Categorically Eligible.)

3. VERIFICATIONS USED TO DETERMINE INCOME ELIGIBILITY. (Circle yes or no by each category)

1040 TAX RETURN	yes	no	Amount	Year of return
W-2 FORM(S)	yes	no	Amount	Year on W2
PAY STUBS	yes	no	Amount	Date of paystubs
Pay Envelope	yes	no	Amount	Date of Envelope
SIGNED EMPLOYMENT STATEMENT	yes	no	Amount	Date
UNEMPLOYMENT	yes	no	Amount	Dates Received
WORKER'S COMPENSATION	yes	no	Amount	Dates Received
CHILD SUPPORT	yes	no	Amount	Frequency
SOCIAL SECURITY DISABILITY	yes	no	Amount	Frequency
SOCIAL SECURITY SURVIVOR BENEFITS	yes	no	Amount	Frequency
OTHER CASH INCOME	yes	no	Amount	Frequency

TOTAL GROSS ANNUAL INCOME _____ **HS/EHS FAMILY UNIT [Total Adults: _____] [Total Persons <18: _____]**

4. CERTIFICATION OF PARTIAL OR NO INCOME COMPLETED yes no (Complete the Certification of Partial or No Income if applicant cannot provide any or one complete year of income. Attach to Application)

"I certify that the information provided is accurate to the best of my knowledge"

Any participant or potential participant of the HS/EHS program who falsifies or misrepresents given information for the purpose of their child/themselves being enrolled in the program could lead to reporting to appropriate authorities and/or rejection of application for participation in the HS/EHS program.

Signature of Parent/Guardian _____ Date _____

Signature of Staff _____ Date _____

Case Worker's Name (If Applicable) _____ Date _____

POINTS: _____

BARBOUR COUNTY PRESCHOOL - ELIGIBILITY APPLICATION [20__-20__]

90 130 10 3 4

[Preferences-(SITE):(1st Choice) _____ (2nd Choice) _____]

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CHILD'S NAME: _____ [LAST] _____ [FIRST] _____ [MI]

BIRTHDATE: _____ [Verification of Birth:] _____ Certificate of Live Birth _____ Court Records

GENDER: F M MEDICAID # _____

MAILING ADDRESS: _____

LIVING ADDRESS: _____

MOTHER'S NAME: _____ [Last Grd in School: _____] LIVING IN HOME: YES NO
[If under 18, list DOB _____]

PHONE [H]: _____ [W]: _____

FATHER'S NAME: _____ [Last Grd in School: _____] LIVING IN HOME: YES NO
[If under 18, list DOB _____]

PHONE [H]: _____ [W]: _____

CUSTODY RESTRICTIONS? _____ NO _____ YES (If Yes, describe: _____)

[Verification on file? _____ NO _____ YES - (Source: _____)]

DIRECTIONS TO HOME [Be as specific as possible]: _____

ALTERNATE CONTACT: _____
[Name] [Address] [Relationship] [Phone]**IMMUNIZATION AND MEDICAL DATA: [REVISED 08-14-08]**

DPT/DTaP (4 Required) - _____

POLIO (3 Required) - _____

AFTER 12 MONTHS OF AGE ...

MMR (2 Required) - _____ (Booster 4-6 years) - _____ -or-

MEASLES - _____, MUMPS - _____, RUBELLA - _____

TB (Assessment) _____

PCV (4 required by age 5) - _____

Hib (4 Required: 3 doses if Pedax® or Comax®) - _____

HepA: (2 Required for PreK entry) - _____

HepB: (3 Required) - _____

VARICELLA/CHICKEN POX (2 Required): _____ (or) Medical

Exemption:
Describe any physical or medical problems child has. (i.e., tubes in ears, difficulty hearing, medications, special dietary needs, restricted activity, toilet training, others, etc.): _____

Native Language:

Language spoken in the home

English _____ Spanish _____ French _____

S.E. Asian _____ German _____ Italian _____

Polish _____

Ethnic Group:

Asian or Pacific Islander _____ Black _____

Non-Hispanic _____ Japanese _____

Hispanic _____ White _____ Other _____

American Indian or Alaskan Native _____

Child's Name: _____ Birthdate: _____

DOES THE CHILD HAVE A PRIMARY CARE PHYSICIAN? _____ NO _____ YES

Physician's Name: _____ Telephone # _____

IF NECESSARY, WOULD YOU BE ABLE TO TRANSPORT YOUR CHILD TO HIS/HER PRESCHOOL SITE? _____ YES _____ NO

OTHERS LIVING IN HOME:

[Name]	[Birthdate]	[Relationship]
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ In-person Interview ☐ Telephone Interview

If Telephone Interview was conducted, explain why: _____

HOMELESS (Please read the following definition to applicant and answer question) The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence and includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; (b) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (d) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in (a) through (c).

Applicant feels their living situation meets the definition of homeless? (circle one) yes no
(If yes, complete the Homeless Identification Determination Form)

FINANCIAL INFORMATION (Answer each section below)

1. INCOME BASED ON (Income Verifications must represent 12 month period unless family receives TANF on a regular basis or currently receiving SSI)
Current Situation (TANF or SSI): _____ Last Calendar Year: _____ Previous 12 months _____

2. OTHER ELIGIBILITY (Please circle yes or no by each category)

TANF (Temporary Assistance for Needy Families)	yes	no	SSI (Supplemental Security Income)	yes	no
Meets McKinney-Vento Definition of Homeless	yes	no	Child is Foster Child	yes	no

(Complete sections 3 and 4 only if you did not answer yes to any questions in Section 2-Categorically Eligible.)

3. VERIFICATIONS USED TO DETERMINE INCOME ELIGIBILITY (Circle yes or no by each category)

1040 TAX RETURN	yes	no	Amount _____	Year of return _____
W-2 FORM(s)	yes	no	Amount _____	Year on W2 _____
PAY STUBS	yes	no	Amount _____	Date of paystubs _____
Pay Envelope	yes	no	Amount _____	Date of Envelope _____
SIGNED EMPLOYMENT STATEMENT	yes	no	Amount _____	Date _____
UNEMPLOYMENT	yes	no	Amount _____	Dates Received _____
WORKER'S COMPENSATION	yes	no	Amount _____	Dates Received _____
CHILD SUPPORT	yes	no	Amount _____	Frequency _____
SOCIAL SECURITY DISABILITY	yes	no	Amount _____	Frequency _____
SOCIAL SECURITY SURVIVOR BENEFITS	yes	no	Amount _____	Frequency _____
OTHER CASH INCOME	yes	no	Amount _____	Frequency _____

TOTAL GROSS ANNUAL INCOME _____ **HS/EHS FAMILY UNIT** [Total Adults: _____ | [Total Persons <18: _____]

"I certify that the information provided is accurate to the best of my knowledge."

*Any participant or potential participant of the HS/EHS program who falsifies or misrepresents given information for the purpose of their child/themselves being enrolled in the program could lead to reporting to appropriate authorities and/or rejection of application for participation in the HS/EHS program.

_____ [Signature of Parent/Guardian]	_____ Date	_____ Signature of Staff	_____ Date	_____ Signature of Case Worker	_____ Date
---	---------------	-----------------------------	---------------	-----------------------------------	---------------



Application for Preschool Services

Completed Application Must
Be Submitted by **May 1, 2019**

Immunizations Attached:

WVDDHR Health Check Attached:

Live Birth Attached & Verified:

Custody Restrictions Attached:

Dated Application Received:

Received by:

For Office Use Only

Confidentiality Statement: This information is being requested on a voluntary basis by the Pre-K Collaborative partners which may include but is not limited to BOE, Child Care and NCWVCAA HS. However, some information is required in order to determine enrollment. All information disclosed will be used only by those persons related to the program and who are on a need to know basis. Upon request, the PRE-K Collaborative Partners discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for the purposes of the student's enrollment or transfer. This includes disclosure of immunization records and other medical information to the applicable Pre-K Collaborative Partner for enrollment or placement purposes.

Student Information – Please be as complete as possible

Student Name First Middle Last
Preferred Name:
Child resides with:

Date of Birth **Gender** Male Female

Address

Directions to Home

Phone

Cell/Work

Email

Child's Family Physician

Phone #

Child's Dentist

Phone #

**Medicaid Number,
CHIPS, or Private Insurance
Name & Number**

**Describe any medical,
physical, developmental
issues or concerns**

Family Information

Mother's Name and Address First Middle Last Living in Home? Yes No

Father's Name and Address First Middle Last Living in Home? Yes No

Custody Restrictions Yes No **Must be attached!** **Is this child in Foster Care?** Yes No

**Legal Guardian (other
than Mother or Father)**

First Middle Last

Address (if different than child's):

Phone Number:

Native Language Spoken in Home English Spanish French South East Asian German Italian
 Polish Other (please specify)

School Attendance District Green Bank Marlinton Hillsboro

Child Care Service Needs Before School After School Holidays When school is not in session

**Parent Place of
Employment**

All boxes must be filled in to consider as a "Complete Application!" Please turn over the application and complete ALL boxes on the back of the application!





Form must be fully completed and submitted by May 1, 2019
Application for Preschool Services (Continued)

Have you completed all questions?

Names of People Living in Household & Relationship to Child	Birthdates (of children/adults in household)

McKinney-Vento Definition of Homelessness

Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as follows:

The term "homeless children and youths"--

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes--

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Do any of the above definitions fit your circumstances? YES _____ NO _____

Please complete the following questions:	Yes	No	Comments/ Additional Information	
Is your child presently attending Preschool?				
If your child has not attended Preschool, are they age eligible for Kindergarten services?				
Are you interested in Preschool Services at one of the four Preschool sites (Hillsboro, School Days, Marlinton Elem., Green Bank Elem.)? Please circle one				
Are you in need of assistance for housing, food, clothing, transportation, dental, or medical services? Please circle all that apply.				
Is your child in need of Immunizations?				
Please check the appropriate box that best reflects your income. This will determine if further information is needed to ensure secure funding sources for the preschool services	◊ Less than \$10,000	◊ \$10,000 to \$19,999	◊ \$20,000 to \$29,999	
	◊ \$30,000 to \$39,999	◊ \$40,000 to \$49,999	◊ \$50,000 or more	

Additional Comments/Special Considerations:

***Parent Signature & Date (Application is not complete without signature and initial)**

Signature and
Date:

******* (Must Initial statement below) *******

By signing this application, I understand that making application for my child to participate in the Pocahontas County Universal Preschool Program is **NOT** a guarantee of a first choice of placement in a particular Preschool site or classroom, and that this is determined upon the Pocahontas County Universal Preschool Program Selection Criteria.

Parent Initials (Parent Initials must be included to make the application complete!)

2019-2020 Preston County Pre-K Student Information Application

Office Use Only			
90	130	10	NV
3yo	4yo	IEP	
Points			

School Choice: _____
1st 2nd 3rd

**If child attends school out of their attendance area, transportation of student is the responsibility of the parent/guardian **

STUDENT INFORMATION

Student Name: _____ Gender: Male/Female
Last First Middle

Birthdate: (mm/dd/year) ____/____/____ Age: ____

Birthplace (City & State): _____ Social Security # _____

Has the child attended a school in Preston County? Yes No If so, where? _____

FAMILY INFORMATION

Physical Address: _____ Town: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____ Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell phone(s): _____

Student lives with (circle one): Both parents Mother only Father only Other: _____

Are there any custody restrictions? ___Yes ___No Verification on file? ___yes ___No ___N/A

NOTE: Any custody restrictions must be documented by a court order. A copy of the court order must be provided to the school office

Is your current housing a temporary living arrangement due to loss of housing or economic hardship? YES NO

Is this student in a foster care placement? YES NO

FATHER/GUARDIAN NAME: _____

MOTHER/GUARDIAN NAME: _____

OTHER CUSTODIAL GUARDIAN: _____
Relationship

EMERGENCY CONTACT (OTHER THAN ABOVE) _____

PRIMARY E-MAIL ADDRESS: _____

SECONDARY E-MAIL ADDRESS: _____

-1-

ETHNICITY INFORMATION

Native Language: _____ (household language)
EN=English SP=Spanish FR=French HI=Hindu JA=Japanese GF=German PT=Portuguese
IT=Italian PO=Polish HM=Hmong NA=Navajo TH=Thai AR=Arabic VT=Vietnamese
TA=Tagalog LA=Laotian RU=Russian CA=Cambodian KO=Korean CC=Chinese Cantonese CR=Creole (French)
CM=Chinese Mandarin OT=Other

Does your child speak a language other than English? YES NO If so, which language? _____

Does either parent/guardian speak a language other than English in the home? YES NO If so, which language? _____

Is student Hispanic/Latino? ____Yes ____ No

From the racial categories below, circle one or more races with which you identify:
Asian Pacific Islander Afro-American White American Indian/Alaskan Native

MEDICAL INFORMATION

Do you have any concerns about your child’s health or development? ____ Yes ____ No

If yes, please describe: _____

I verify that my child has ongoing source of Medical care with: _____

I verify that my child has ongoing source of Dental care with: _____

Type of Insurance: () Medicaid () CHIPS () Private () Other: _____

Please complete the requested information below. *The income information will be evaluated according to the “income Guidelines” established by the United States Department of Health and Human Services to determine Head Start Eligibility.

ALL INFORMATION WILL BE STRICTLY CONFIDENTIAL

NUMBER OF FAMILY MEMBERS LIVING IN THE HOME: _____

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME DATA

HOUSEHOLD INCOME

**This information is used to determine if additional information is needed to ensure funding sources for preschool services*

___ \$11,670-\$15,171

___ \$15,730-\$20,449

___ \$19,790-\$25,727

___ \$23,850-\$31,005

___ \$27,910-\$36,283

___ \$31,970-\$41,561

___ \$36,030-\$46,839

___ \$40,090-\$52,117

___ I do not wish to provide income

In the past year, has anyone in your household received or been eligible for any of the following?

___ Supplemental Security Income (SSI)
___ TANF/WV Works
___ WIC
___ SNAP
___ WV Birth to Three
___ Mountain Heart
___ EHS
___ Day Care
___ Special Education Services

Housing:
___ Own
___ Rent
___ HUD or Low Income
___ Shared Housing
___ Shelter
___ Homeless
___ Foster Care
___ Living with Family or Friends

Do you fall under the definition of HOMELESS as defined by the McKinney-Vento Homeless Assistance Act: YES NO

The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence and includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; (b) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and (d) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in (a) through (c).

Confidentiality Statement: This information is being requested on a voluntary basis by the Pre-K Collaboration Partners which may include but not limited to BOE, Child Care and NCWVCAA HS. However, some information is required in order to determine enrollment. All information disclosed will be used only by those persons related to the program and who are on a need to know basis. Upon request, the Preston Collaborative Partners discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for the purpose of the student's enrollment or transfer. This includes disclosure of immunization records and other medical information to the applicable Pre-K Collaborative Partner for enrollment or placement purposes.

As a part of the application process, I, the undersigned parent/guardian certify that:

- The information provided is accurate to the best of my knowledge; and
- I understand that completing an application for my child to participate in the Preston county Collaborative Pre-K program is NOT a guarantee for the first choice of placement in a particular site or classroom, and that is determined based upon the Preston County Collaborative Pre-K Criteria Points
- Any participant or potential participant of HS/EHS program who falsifies or misrepresents given information for the purpose of their child/themselves being enrolled in the program could lead to reporting to appropriate authorities and/or rejection of application for participation in the EHS/HS program.

I further understand that:

- I will be made aware of my child's placement recommendations as soon as determinations are available by the BOE;
- Any changes to the child's place of residence/address, phone number or custodial status are to be reported, to the home school immediately.

Signature of Parent/Guardian

Date

Staff Signature

Agency

Date

Home School: _____
2019-2020

RANDOLPH COUNTY SCHOOLS PRE-K STUDENT INFORMATION FOLDER

HS Use Only	Office Use Only
90 _____	Attendance Area _____
10 _____	School/Center _____
130 _____	WVEIS # _____
NV _____	

Student Name _____ LAST _____ FIRST _____ MIDDLE _____ Sex: Male / Female

Birthdate (mm/dd/yr) ____/____/____ Birthplace (City and State) _____ Certificate of Live Birth: _____ Obtained _____ In Progress _____
Transportation _____ 01 bus 02 non bus Court Records _____

Student lives with (Name) _____ Relationship _____
Street Address _____ City _____ State _____ Zip _____
Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Are there any custody restrictions? Yes _____ No _____
(NOTE: ANY CUSTODY RESTRICTIONS MUST BE DOCUMENTED BY A COURT ORDER. A COPY OF COURT ORDER MUST BE PROVIDED TO THE SCHOOL OFFICE.)

Confidential Information Box

Is there a current Order of Protection or No Contact Order which concerns this student: Yes _____ No _____ If "yes" a copy of the order must be provided to the school office.

Native Language _____ (Household Language)

PT=Portuguese CA=Cambodian	IT=Italian KO=Korean	PO=Polish TA=Tagalog	EN=English VT=Vietnamese LA=Laotian	SP=Spanish HM=Hmong AR=Arabic	FR=French NA=Navajo RU=Russian	HI=Hindi CC=Chinese Cantonese CR=Cree (French)	JA=Japanese CM=Chinese Mandarin OT=Other	GR=German TH=Thai
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Ethnic Group

1. Is student Hispanic/Latino? Yes _____ No _____ 2. From racial categories below, circle one or more races with which you identify:
Asian Pacific Islander Black White American Indian/Alaskan Native

FAMILY INFORMATION

Father (Last Name, First, MI) _____ Living in the Home Yes _____ No _____ Date of Birth _____

Home Phone _____ Cell Phone _____ Email address _____
Employer _____ Work Phone _____

Home Address (if different than child) _____ City _____ State _____ Zip _____

Mother (Last Name, First, MI) _____ Living in the Home Yes _____ No _____ Date of Birth _____

Home Phone _____ Cell Phone _____ Email address _____
Employer _____ Work Phone _____

Home Address (if different than child) _____ City _____ State _____ Zip _____

2019-2020 EMERGENCY INFORMATION

Child's Name: _____

Please identify a person other than the Parent/Guardian that could be contacted to pick up your child in case you cannot be reached.

1. Name _____ Relationship _____ Phone _____ Other Phone _____
 2. Name _____ Relationship _____ Phone _____ Other Phone _____

Please list others in home and their date of birth

Name: _____ Birth Date: _____ Name: _____ Birth Date: _____
 Name: _____ Birth Date: _____ Name: _____ Birth Date: _____

◇ I verify that my child has an ongoing source of Medical care at: _____ ◇ I verify that my child has an ongoing source of dental care at: _____

Physician Name: _____ Dentist Name: _____

Type of Insurance: () Medicaid () CHIP () Private () Other: _____

Confidentiality Statement: This information is being requested on a voluntary basis by the Pre-K Collaborative Partners which may include but is not limited to BOE, Child care, and NCWVCAA HS. However, some information is required in order to determine enrollment. All information disclosed will be used only by those persons related to the program and who are on a need to know basis. Upon request, the Pre-K Collaborative Partners discloses education records without consent to officials of another school district in which a student seeks or intends to enroll or is already enrolled if the disclosure is for the purposes of the student's enrollment or transfer. This includes disclosure of immunization records and other medical information to the applicable Pre-K Collaborative Partner for enrollment or placement purposes.

This information will help determine if further information is needed to ensure secure funding sources for preschool services.

Circle Size of Family Unit	Circle Household Income
1	Up to \$15,782.00
2	\$15,783.00 to \$21,398.00
3	\$21,399.00 to \$27,014.00
4	\$27,015.00 to \$32,630.00
5	\$32,631.00 to \$38,246.00
6	\$38,247.00 to \$43,862.00
7	\$43,863.00 to \$49,478.00
8	\$55,094.00 to Above

Does anyone in the home receive any of the following:

_____ TANF (Temporary Assistance for Needy Families)/ WV Works
 _____ SSI
 _____ WIC
 _____ SNAP

Do you fall under the definition of Homeless: Yes _____ No _____

The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence and includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals, (b) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and (d) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in (a) through (c).

Child's Name: _____

Classroom location ranking: Parents must indicate 1st, 2nd, and 3rd choice – (1st being the most desired location) each Pre-K location provides Pre-K services (M-TH)

____ Beverly Elementary
____ Coalton Elementary
____ George Ward Elementary
____ Harman Elementary
____ Jennings Randolph Elementary

____ Midland Elementary
____ North Elementary
____ Third Ward Elementary
____ Youth Health Service, Inc.

*Do you need before and after school child care? Yes _____ No _____

(This service is available at Youth Health Service, Inc for a minimal fee. Friday care is available at a minimal fee.)

*Do you have any concerns about your child's health or development? Yes _____ No _____

*Directions to Home: (Be as specific as possible) _____

INCOMPLETE PACKETS MAY RESULT IN NOT GETTING 1ST CHOICE
NO GUARANTEE FOR 1ST CHOICE

2019-2020 Randolph County Universal PRE-K Registration Folder

AN ASSIGNMENT TO A SITE CANNOT BE MADE UNTIL ALL PARENT BOXES ARE CHECKED. CERTIFICATES VERIFIED, AND A FINAL REVIEW IS MADE BY A DESIGNATED RANDOLPH COUNTY UNIVERSAL PRE-K STAFF MEMBER. NO EXCEPTIONS WILL BE MADE TO THIS RULE.

Attendance Area School _____ (Home school)

- * Parents: Place a "Certified of Live Birth" from the West Virginia State Department of Vital Statistics located in Charleston, WV, inside. (Certificates from Hospitals and County Courthouses are NOT acceptable. Children born outside West Virginia must also have a certified copy from the Department of Vital Statistics/State Capitol from the state where they were born.) **Students must be 4 years old on or before June 30, 2019. Certificate of Live Birth is required for the completion of the packet.**
- * Parents: Place **Certificate of Immunization** from a physician or health department inside. **Certificate of Immunization is required for the completion of the packet.**
- * Parents: Place completed **Health Check Physical Form** signed by a physician. **Health Check Physical Form is required for the completion of the packet.** (Exception: If your child turns 4 after April 15, 2019, you may turn in the Health Check Form after the birthdate. Completed forms MUST be received before school begins).
- * Parents: Include copies of court orders awarding custody of the child, if parents are separated or divorced.

**Sign and date at the application day

(Signature of Parent or Guardian)

(Date)

(Signature of Staff Member)

(Date)

(Signature of Case Worker)

(Date)

Information Received At Application:

____ Certificate of Live Birth

____ Health Check

____ Immunization Record

____ Dental Exam

____ Blood Lead

____ TB Test (if WV resident less than 4 months)

Child's Name: _____

☐ In-person interview

☐ Telephone interview

If phone interview, please explain why: _____

HOMELESS (Please read the following definition to applicant and answer question) The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence and includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; (b) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (d) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in (a) through (c).

Applicant feels their living situation meets the definition of homeless? (circle one) yes no (If yes, complete the Homeless Identification Determination Form)

FINANCIAL INFORMATION (Answer each section below)

1. INCOME BASED ON (Income Verifications must represent 12 month period unless family receives TANF on a regular basis or currently receiving SSI) _____ Current Situation (TANF or SSI);
_____ Last Calendar Year; _____ Previous 12 months

2. OTHER ELIGIBILITY (Please circle yes or no by each category)

TANF (Temporary Assistance for Needy Families)	yes	no	SSI (Supplemental Security Income)	yes	no
Meets McKinney-Vento Definition of Homeless	yes	no	Child is Foster Child	yes	no

(Complete sections 3 and 4 only if you did not answer yes to any questions in Section 2-Categorically Eligible.)

3. VERIFICATIONS USED TO DETERMINE INCOME ELIGIBILITY (Circle yes or no by each category)

1040 TAX RETURN	yes	no	Amount	Year of return
W-2 FORM(s)	yes	no	Amount	Year on W2
PAY STUBS	yes	no	Amount	Date of paystubs
Pay Envelope	yes	no	Amount	Date of Envelope
SIGNED EMPLOYMENT STATEMENT	yes	no	Amount	Date
UNEMPLOYMENT	yes	no	Amount	Dates Received
WORKER'S COMPENSATION	yes	no	Amount	Dates Received
CHILD SUPPORT	yes	no	Amount	Frequency
SOCIAL SECURITY DISABILITY	yes	no	Amount	Frequency
SOCIAL SECURITY SURVIVOR BENEFITS	yes	no	Amount	Frequency
OTHER CASH INCOME	yes	no	Amount	Frequency

TOTAL GROSS ANNUAL INCOME _____ HS/EHS FAMILY UNIT [Total Adults: _____] [Total Persons <18: _____]

4. CERTIFICATION OF PARTIAL OR NO INCOME COMPLETED yes no (Complete the Certification of Partial or No Income if applicant cannot provide any or one complete year of income. Attach to Application)

As a part of the application process, I, the undersigned parent/guardian certify that:

1. The information provided is accurate to the best of my knowledge.
2. I understand that completing this application for my child to participate in the Preschool program is *not* a guarantee of placement in a particular Preschool site or classroom and that this is determined based upon a combination of factors, rather than simple parent preference. I further understand that:

Any changes to the child's place of residence/address, phone number or custodial status are to be reported immediately.

* Any participant or potential participant of the HS/EHS program who falsifies or misrepresents given information for the purpose of their child/themselves being enrolled in the program could lead to reporting to appropriate authorities and/or rejection of application for participation in the HS/EHS program.

[Signature of Parent/Guardian]

[Date]

[Signature of Staff]

[Date]

[Signature of Case Worker (If applicable)]

[Date]

R&E:17

Revised date 12/30/15; 12/1/16; 10/24/17

TAYLOR COUNTY PRESCHOOL-ELIGIBILITY APPLICATION [2019-2020]

3 4

CONFIDENTIALITY STATEMENT: This information is being requested on a voluntary basis by the Pre-K Collaborative Partners which may include but is not limited to BOE, Child care, and NCWVCAA HS. However, some information is required in order to determine enrollment. All information disclosed will be used only by those persons related to the program and who are on a need to know basis. Upon request, the Pre-K Collaborative Partners discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for the purposes of the student's enrollment or transfer. This includes disclosure of immunization records and other medical information to the applicable Pre-K Collaborative Partner for enrollment or placement purposes.

CHILD'S NAME: _____ BIRTHDATE: _____ [*Verification of Birth: _____ Court Records -
[Last] [First] [MI]

GENDER: ____F ____M Social Security #: _____

MAILING ADDRESS: _____ LIVING ADDRESS: _____

MOTHER'S NAME: _____ [Last Grd in school: ____] LIVING IN THE HOME: YES NO PHONE: [H] _____
[Last] [First] [MI]
Veteran: YES NO [If under 18, list DOB: _____] Cell _____ [W] _____

FATHER'S NAME: _____ [Last Grd in school: ____] LIVING IN THE HOME: YES NO PHONE: [H] _____
[Last] [First] [MI]
Veteran: YES NO [If under 18, list DOB: _____] Cell _____ [W] _____

CUSTODY RESTRICTIONS?: YES; NO (If so, describe: _____)

1.	Does the student named above currently reside in Taylor County? (please circle)	YES	NO
2.	Do you need child care?	Yes	No
	If yes, then please circle all that apply:	before school	after school
3.	The student lives with:		
	a. 1 Parent		
	b. 2 parents		
	c. 1 parent and another adult		
	d. a relative, friend, or other		
4.	Is your current address a temporary living arrangement?	YES	NO
5.	HOMELESS – Definition: The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence and includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; (b) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and (d) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described (a) through (c).		
	YES	NO	
6.	The student lives in:		
	A. Single family home Mobile Home or house	E. In a car	
	B. An apartment	F. In a camper or campsite	
	C. In a shelter	G. A public or private place, not ordinarily used as a regular sleeping area	
	D. In a motel/hotel	H. Other _____	
7.	How many people live in this residence?	5 or less	more than 5 but less than 10
			10 or more
	Services Received at last school attended:		
	Title I	Free Lunch	Social Services
			Special Education
			No Assistance

DIRECTIONS TO HOME: [Be as specific as possible]: _____

ALTERNATE CONTACT: _____

[Name] [Address] [Relationship] [Phone]

ARE YOU ABLE TO TRANSPORT YOUR CHILD TO FIRST CHOICE SITE? YES NO OTHER SITE? YES NO

OTHER IMPORTANT INFORMATION:

NATIVE LANGUAGE:

[Language spoken in the home]: English; Spanish; French; South East Asian; German; Italian; Polish;
Other – (Please specify: _____)

ETHNIC GROUP: Asian –or- Pacific Islander; African American (Black); American Indian –or- Alaskan Native;
Caucasian (White); Hispanic; Japanese; Other - (Please specify: _____)

90 130 10 NV

CHILD'S NAME: _____ BIRTHDATE: _____
[Last] [First] [M]

This will determine if further information is needed to determine funding sources for preschool services.

Everyone Living In the Household and supported by child's parent:

Name:	Birth Date:	Relationship:
-------	-------------	---------------

Family receives:

 TANF (Temporary Assistance for Needy Families)

 SSI – for anyone in the home

 WIC

SNAP

Birth-to-Three

 No Assistance

Family Income range:

_____ \$11,490 or less _____ \$35,610 or less

 \$15,510 or less \$39.630 or less

 \$19,530 or less \$41,067 or less

 \$23,550 or less \$46,293 or less

____ \$27,270 or less ____ \$51,519 or less

 \$31,590 or less \$51,520 or more

____ Total in the family/household supported by child's parents.
(Including parents)

"As a part of the application process, I, the undersigned parent/guardian certify that":

1. The information provided is accurate to the best of my knowledge;
2. I understand that making application for my child to participate in the Taylor County Collaborative Preschool program is not a guarantee a first choice of placement in a particular Preschool site or classroom, and that this is determined based upon the Taylor County Preschool Index Criteria; and

I further understand that:

1. I will be made aware of my child's placement recommendation via U.S mail as soon as determinations are available;
2. It is *my* responsibility to accept or decline, *in writing*, said placement recommendation in accordance with timelines set forth in order to secure the slot for my child; *and*
3. Any changes to the child's place of residence/address, phone number or custodial status are to be reported, *in writing*, to the North Central Community Action Association office immediately."
4. Any participant or potential participant of the HS/EHS program who falsifies or misrepresents given information for the purpose of their child/themselves being enrolled in the program could lead to reporting to appropriate authorities and/or rejection of application for participation in the EHS/HS Program.

[Signature of Parent/Guardian]

[Date]

[Signature of Staff]

[Date]

[Signature of Case Worker (If applicable)]

[Date]

R&E17

Revised: 10/31/16, 11/27/17, 12/6/17, 11/26/18

Preference-(Site) (1st Choice) _____ (2nd Choice) _____

CONFIDENTIALITY STATEMENT: This information is being requested on a voluntary basis. However, some information is required in order to determine enrollment. All information disclosed will be used only by those persons related to the program and who are on a need to know basis. Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for the purposes of the student's enrollment or transfer. This includes disclosure of immunization records and other medical information to the Webster County Board of Education for enrollment or placement purposes.

CHILDS NAME: _____
(LAST) (FIRST) (MIDDLE)

BIRTHDATE: _____ (VERIFICATION OF BIRTH) _____ Certificate of Live Birth _____ Court Records

GENDER: F M **Insurance #:** _____

MAILING ADDRESS: _____ **LIVING ADDRESS:** _____

MOTHERS NAME: _____ (Last grade in school: _____ Living in home? Yes _____ No _____)
(If under 18, list DOB _____)
Occupation: _____ Deceased Yes _____ No _____ (year _____)

PHONE (h) _____ **PHONE (w)** _____

FATHERS NAME: _____ (Last grade in school: _____ Living in home? Yes _____ No _____)
(If under 18, list DOB _____)

PHONE (h) _____ **PHONE (w)** _____
Occupation: _____ Deceased Yes _____ No _____ (year _____)

CUSTODY RESTRICTIONS Yes _____ No _____ (If yes, describe: _____)
(Verification on file? Yes _____ No _____ (Source: _____)

DIRECTIONS TO HOME: (Be as specific as possible) _____

ALTERNATE CONTACT: _____

If necessary, would you be able to transport your child to his/her preschool site? Yes _____ No _____
Does your child have a primary care physician? Yes _____ No _____ (Physician's name: _____ Phone: _____)
Describe any physical or medical conditions child has (tubes in ears, hearing, medications, specials dietary needs, restricted activity, toilet training, allergies, other) _____
Immunization status: _____

EDUCATIONAL HISTORY:
Was child previously enrolled in any of the following? (Give date(s)/location(s)-as applicable)
Child Care: _____ Head Start: _____ Early Head Start _____
Pre-school: _____ Other: _____
Is your child receiving any special education services? Yes _____ No _____ (If yes; please list: _____)

OTHERS LIVING IN THE HOME:
(name) (birthdate) (relationship)

NATIVE LANGUAGE:
English _____ Spanish _____ French _____ S.E. Asian _____ German _____ Italian _____ Polish _____ Other _____

ETHNIC GROUP:
White _____ Asian or Pacific Islander _____ Black _____ Non-Hispanic _____ Japanese _____ Hispanic _____ American Indian or Alaskan Native _____ Other _____

If a telephone interview was conducted, please explain why: _____

HOMELESS (Please read the following definition to applicant and answer question) The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence and includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement, (b) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and (d) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in (a) through (c).

Applicant feels their living situation meets the definition of homeless? (circle one) yes no (If yes, complete the Homeless Identification Determination Form)

FINANCIAL INFORMATION (Answer each section below)

1. INCOME BASED ON (Income Verifications must represent 12 month period unless family receives TANF on a regular basis or currently receiving SSI) _____ Current Situation (TANF or SSI); _____ Last Calendar Year; _____ Previous 12 months

2. OTHER ELIGIBILITY (Please circle yes or no by each category)

TANF (Temporary Assistance for Needy Families)	yes	no	SSI (Supplemental Security Income)	yes	no
Meets McKinney-Vento Definition of Homeless	yes	no	Child is Foster Child	yes	no

(Complete sections 3 and 4 only if you did not answer yes to any questions in Section 2-Categorically Eligible.)

3. VERIFICATIONS USED TO DETERMINE INCOME ELIGIBILITY (Circle yes or no by each category)

1040 TAX RETURN	yes	no	Amount _____	Year of return _____
W-2 FORM(s)	yes	no	Amount _____	Year on W2 _____
PAY STUBS	yes	no	Amount _____	Date of paystubs _____
Pay Envelope	yes	no	Amount _____	Date of Envelope _____
SIGNED EMPLOYMENT STATEMENT	yes	no	Amount _____	Date _____
UNEMPLOYMENT	yes	no	Amount _____	Dates Received _____
WORKER'S COMPENSATION	yes	no	Amount _____	Dates Received _____
CHILD SUPPORT	yes	no	Amount _____	Frequency _____
SOCIAL SECURITY DISABILITY	yes	no	Amount _____	Frequency _____
SOCIAL SECURITY SURVIVOR BENEFITS	yes	no	Amount _____	Frequency _____
OTHER CASH INCOME	yes	no	Amount _____	Frequency _____

TOTAL GROSS ANNUAL INCOME _____ HS/EHS FAMILY UNIT [Total Adults: _____] [Total Persons <18: _____]

4. CERTIFICATION OF PARTIAL OR NO INCOME COMPLETED yes no (Complete the Certification of Partial or No Income if applicant cannot provide any or one complete year of income. Attach to Application)

As a part of the application process, I, the undersigned parent/guardian certify that:

- The information provided is accurate to the best of my knowledge.
- I understand that completing this application for my child to participate in the Webster County Collaborative Preschool program is not a guarantee of placement in a particular Preschool site or classroom and that this is determined based upon a combination of factors, rather than simple parent preference.

I further understand that:

- I will be made aware of my child's placement recommendation via U.S mail as soon as determinations are available;
- It is my responsibility to accept or decline, in writing, said placement recommendation in accordance with timelines set forth in order to secure the slot for my child; and
- Any changes to the child's place of residence/address, phone number or custodial status are to be reported immediately, in writing, to the NCWVCAA Pre-K located at PO Box 724, Cowen, WV 26206 notifying Family Resource Coordinators of changes.

*Any participant or potential participant of the HS/EHS program who falsifies or misrepresents given information for the purpose of their child/themselves being enrolled in the program could lead to reporting to appropriate authorities and/or rejection of application for participation in the EHS/HS program.

[Signature of Parent/Guardian]

[Date]

[Signature of Staff]

[Date]

[Signature of Case Worker (If applicable)]

[Date]

Total Points: 90 130 10

EHS Age in Months

Enrolled at EFEHS/NMEHS

Enrolled at Technical Center

Enrolled at Adult Learning Center

CSS Initial: _____ PS Approval: _____

COUNTY/SITE:

***CONFIDENTIALITY STATEMENT:** This information is being requested on a voluntary basis. However, some information is required in order to determine enrollment. All information disclosed will be used only by those persons related to the program and who are on a need to know basis.

CHILD'S NAME: _____
 LAST FIRST MI BIRTHDATE: _____
 GENDER: _____

MAILING ADDRESS: _____
LIVING ADDRESS: _____

MOTHER'S NAME: _____
 LAST FIRST MI
 LIVING IN THE HOME: YES _____ NO _____
 IF UNDER 18 LIST DOB: _____

FATHER'S NAME: _____

LAST FIRST MI

LIVING IN THE HOME: YES _____ NO _____

IF UNDER 18 LIST DOB: _____

DIRECTIONS TO HOME: _____

PHONE: _____

ALTERNATE CONTACT:

NAME	ADDRESS	RELATIONSHIP
<hr/>	<hr/>	<hr/>
PHONE:	<hr/>	

OTHERS LIVING IN HOUSEHOLD:

BIRTHDATE

VERIFICATION OF BIRTH:

**CERTIFICATE OF LIVE BIRTH
COURT RECORDS**

EARLY HEAD START VERIFICATIONS:

VERIFICATION OF PREGNANCY

EXPECTED DELIVERY DATE

REC WIC YES NO

REFERRER TO WIC

CUSTODY ISSUES: yes or no

If yes, is verification on file?: yes or no

CAN YOU PROVIDE TRANSPORTATION FOR YOUR CHILD?	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

ANY CONCERNS ABOUT CHILD'S OVERALL HEALTH AND DEVELOPMENT:
IF YES, SPECIFY CONCERN:

DOES CHILD HAVE A PRIMARY CARE PHYSICIAN? YES _____ NO _____

DO YOU HAVE MEDICAL ASSISTANCE OR OTHER INSURANCE? YES _____ NO _____

PHYSICIAN'S NAME: _____

MEDICAL CARD/INSURANCE NUMBER: _____

Child's Name: _____ Birthdate: _____ ☐ In-person interview ☐ Telephone interview
If telephone interview was conducted, please explain why: _____

HOMELESS (Please read the following definition to applicant and answer question) The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence and includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; (b) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and (d) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in (a) through (c).

Applicant feels their living situation meets the definition of homeless? (circle one) yes no (If yes, complete the Homeless Identification Determination Form)

FINANCIAL INFORMATION (Answer each section below)

1. INCOME BASED ON (Income Verifications must represent 12 month period unless family receives TANF on a regular basis or currently receiving SSI)
____ Current Situation (TANF or SSI); ____ Last Calendar Year; ____ Previous 12 months

2. OTHER ELIGIBILITY (Please circle yes or no by each category)

TANF (Temporary Assistance for Needy Families) yes no **SSI (Supplemental Security Income)** yes no
Meets McKinney-Vento Definition of Homeless yes no **Child is Foster Child** yes no
(Complete sections 3 and 4 only if you did not answer yes to any questions in Section 2-Categorically Eligible.)

3. VERIFICATIONS USED TO DETERMINE INCOME ELIGIBILITY. (Circle yes or no by each category)

1040 TAX RETURN	yes	no	Amount	Year of return
W-2 FORM(S)	yes	no	Amount	Year on W2
PAY STUBS	yes	no	Amount	Date of paystubs
Pay Envelope	yes	no	Amount	Date of Envelope
SIGNED EMPLOYMENT STATEMENT	yes	no	Amount	Date
UNEMPLOYMENT	yes	no	Amount	Dates Received
WORKER'S COMPENSATION	yes	no	Amount	Dates Received
CHILD SUPPORT	yes	no	Amount	Frequency
SOCIAL SECURITY DISABILITY	yes	no	Amount	Frequency
SOCIAL SECURITY SURVIVOR BENEFITS	yes	no	Amount	Frequency
OTHER CASH INCOME	yes	no	Amount	Frequency

TOTAL GROSS ANNUAL INCOME _____ **HS/EHS FAMILY UNIT [Total Adults: _____]** [Total Persons <18: _____]

4. CERTIFICATION OF PARTIAL OR NO INCOME COMPLETED yes no (Complete the Certification of Partial or No Income if applicant cannot provide any or one complete year of income. Attach to Application)

"I certify that the information provided is accurate to the best of my knowledge"

Any participant or potential participant of the HS/EHS program who falsifies or misrepresents given information for the purpose of their child/themselves being enrolled in the program could lead to reporting to appropriate authorities and/or rejection of application for participation in the HS/EHS program.

Signature of Parent/Guardian _____ Date _____

Signature of Staff _____ Date _____

Case Worker's Name (If Applicable) _____ Date _____

Address: _____ Phone: _____

NCWVCAA HS/EHS

R&E 17

REVISED: 12/2016; 12/2017

BARBOUR COUNTY
UNIVERSAL PRE-K PROGRAM SELECTION CRITERIA

Student's Name: _____

Preference of Site(s): _____ _____ _____
 Homeschool 1st Choice 2nd Choice

Placement of Pre-Kindergarten students will be based on the following criteria and point system. Children receiving the most points will receive priority in pre-kindergarten placement. In the event of a tie, a drawing will be held to determine the placement of students.

1. Income Data (Completed on Application)	Yes= 10 No=0	_____
2. Provided Certificate of birth from Office of Vital Statistics	Yes=10 No=0	_____
3. Provided up-to-date immunizations.	Yes=10 No=0	_____
4. Lives within home school district for 1 st choice.	Yes=10 No=0	_____
5. Health Check Form (Fully Completed)	Yes=10 No=0	_____
6. Completed Application	Yes=10 No=0	_____

All information must be in by May 6, 2019 to receive credit for the selection process.

_____	_____	_____	_____
Reviewer BCS	Date	Reviewer HS	Date

The following items are required by the beginning of school:

1. Health Check Form (Fully completed)
2. Dental Screening
3. Up-to-date immunizations
4. Birth Certificate

Revised: December, 2018

CRITERIA FOR ENROLLMENT

(Check with your County/Children Services Supervisor to verify if this is the form you should be using)

Name _____ Date of Birth _____

Use the following criteria to determine a value for each family. This point value will be used to determine enrollment prioritization after income eligibility is determined.

Head Start Returnee

(Must meet the definition of returnee)

22 Points _____

Child/Family meets the definition of Homeless

20 Points _____

Income/Automatically Eligible (SSI, TANF, Foster Child)

10 Points _____

Income between 100-130% of poverty guidelines

5 Points _____

Transitioning from Early Head Start

5 Points _____

3 Year Old (before July 1st of the program year)

5 Points _____

3 Year Old (after July 1st of the program year)

3 Points _____

Child residing with other than biological parent/ Foster Child

2 Points _____

Community Agency Referral (written document from WIC, DHHR, BOE, Social Service Agency or Head Start staff)

2 Points _____

High Risk (i.e. incarcerated parents, ESL, CPS Cases. Domestic Violence)

2 Points _____

Family in need of full day Head Start services

1 Point _____

Total Points: _____

Notes:

- When all else is equal, family situation, parental & child age will be considered.
- A child who has been enrolled in a center or home-based program and is transferring to another center or home-based area will be given the first available slot.
- EHS over income transitioning children have priority over Head Start non-enrolled children providing the 10% over income slots have not been exceeded.

Staff Signature _____

Date _____

Child Name: _____

DOB: _____

Pocahontas County Pre-K Selection Criteria for Placement

Criteria:

3 and 4 year olds with an IEP	Automatic
4 year old Homelessness or Foster Care	Automatic
Head Start Eligible	5 points
Health and Dental Check Form	10 points
Certificate of Live Birth	5 points
Verified, Current Immunization Record	5 points
Application completed by May 1 st	5 points
Total Points	_____ points

Guidelines:

- A review of all applications will take place the first week in June.
- All Pre-K applicants will be awarded a space based on the above criteria, but cannot be guaranteed placement in the site requested.
- In the event of a tie in points, the Pre-K committee has decided that the child who has a birthday closest to July 1st will have priority over the other children. For example: July 9th birthday would get priority over a June 20th birthday.

Revised: 11/17/2017

Criteria for Enrollment for Preston County Pre-K

Collaborative

Child's Name: _____ DOB: ____/____/____ Age: ____ (____)

THE FOLLOWING CRITERIA WILL BE USED WHEN DETERMINING PRIORITIZATION OF PRESCHOOL APPLICATIONS. ALL **4 YEAR OLDS** (PRIOR TO JULY 1ST) WILL BE AWARDED A SPACE BASED ON THE ABOVE CRITERIA, BUT CANNOT BE A GUARANTEED PLACEMENT IN THE SITE REQUESTED. **4 YEAR OLDS** IN THE ATTENDANCE AREA WILL BE CONSIDERED BEFORE STUDENTS NOT IN THE ATTENDANCE AREA. **3 YEAR OLDS** (PRIOR TO JULY 1ST) MAY BE PLACED IN CLASSROOMS TO REACH THE MINIMUM FUNDED ALLOTMENT OF INCOME ELIGIBLE CHILDREN, BUT ARE **NOT** GUARANTEED A PLACEMENT FOR THE PROGRAM YEAR.

- | | |
|---|---------------------|
| <input type="checkbox"/> 4 YEAR OLD HOMELESS | Automatic Placement |
| <input type="checkbox"/> 4 YEAR OLD WITH AN IEP
(PRIOR TO JULY 1) | Automatic Placement |
| <input type="checkbox"/> 4 YEAR OLD LOW INCOME
(PRIOR TO JULY 1)
(MEETING FEDERAL POVERTY GUIDELINES) | 50 points |
| <input type="checkbox"/> 4 YEAR OLD OVER INCOME
(PRIOR TO JULY 1) | 40 points |
| <input type="checkbox"/> 3 YEAR OLD WITH AN IEP
(PRIOR TO JULY 1) | 20 points |
| <input type="checkbox"/> EHS Participant/Foster Child | 10 points |
| <input type="checkbox"/> 100-130% Income Eligible (3 or 4 YEAR OLD) | 5 points |

TOTAL POINTS: _____

IF POINTS ARE EQUAL, THE CHILD WITH THE OLDEST CHRONOLOGICAL AGE WILL BE GIVEN PREFERENCE.

STAFF INITIALS: _____ DATE: ____/____/____

CSS: _____ PCB: _____

CRITERIA FOR ENROLLMENT FOR
RANDOLPH COUNTY SCHOOLS/HEADSTART COLLABORATION SITES

The following criteria will be used when determining prioritization of preschool applications.

Live in Home School District	30 points
3 and 4 year olds with IEPs	Automatically in
Homelessness	Automatically in
Low income (meeting federal poverty guidelines) 4 year old (before July 1 st of program year)	10 points
Over income (over federal poverty guidelines) 4 year old (before July 1 st of program year)	7 points
Health Check Form	10 points
Live Birth Certificate	5 points
Immunization Record	5 points
Community Agency Referral Written document from WIC (Women's, Infants, and Children) DHHR (Department of Health and Human Resources) BOE (Board of Education) Social Service Agencies or a Request for Services Form	3 points

A review of all applications will take place the first week in June.

Incomplete applications will be awarded a space but Randolph County Collaborative team can't guarantee placement.

In the event of a tie in points, the Pre- K committee has decided that the child who has a birthday closest to July 1st will have priority over the other children. For example: July 20th birthday would get priority over a June 20th.

Taylor County Collaborative Preschool Placement Criteria-2019-2020 Little Feet DayCare and Preschool/North Central WV Community Action Head Start/Taylor County Board of Ed.			
All applications will be considered for selection for preschool. Placement of Preschool students in June will be based on the following criteria and point system. Children receiving the most points will receive priority in preschool placement. In the event of "ties", birthdates will be used as a way of ranking with oldest children receiving preference.			
	Date Received	Score	Comments:
Students identified as special needs: IEP for PK Special Needs, Foster Care <u>OR</u> Homeless		Automatic Placement	BOE _____ NCWVCAA _____ LF _____
Developmental Level (DIALS) (0/no score; 3/score within normal range; 5/score indicates "at-risk")			
Certificate of Live Birth Form (1/turned in; 0/not turned in)			
Social Security Card Form (1/turned in; 0/not turned in)			
Dental Check Form (1/turned in; 0/not turned in)			
Health Check Form (1/turned in; 0/not turned in)			
Immunizations/ Immunization Plan (1/turned in; 0/not turned in)			
Attended Child Find (2/yes; 0/no)			
Low Income (as determined by Federal Poverty Guidelines) (2/yes/ 0/no)			
Attendance Zone Residence (1/yes; 0/no)			
Returnee from HS/BOE/Little Feet Preschool Program (1/yes; 0/no)			
Total Score			

All items are to be turned in by June 1st to receive points in the criteria process for the site selection.

Student's Name _____ Birth Date _____

Parents Signature: _____ Date: _____

TAYLOR COUNTY CRITERIA FOR ENROLLMENT OF 3-YEAR-OLDS

NAME _____ DATE OF BIRTH _____

Use the following criteria to determine a point value for each family. This point value will be used to determine enrollment prioritization after income eligibility is determined.

Head Start Returnee (Must meet the definition of returnee.)	22 pts
Child/Family meets the definition of homeless	20 pts
Child with a disability/ IEP	20 pts
Income/Other eligible (SSI, TANF, Foster Child)	10 pts
Transitioning from Early Head Start	10 pts
Income between 100-130% of poverty guidelines	5 pts
3 year old (before July 1 st of the program year)	5 pts
3 year old (after July 1 st of the program year)	3 pts
Child residing with someone other than biological parent/foster family	2 pts
Community/ Agency Referral (Written document from WIC, DHHR, BOE, Birth-to-Three, Social Service Agency or a request for services form.)	2 pts
High Risk Families (i.e. incarcerated parents, English as Second Language, Open CPS Cases, Domestic Violence, Single Parent home)	2 pts

Total Points: _____

Staff Signature: _____

Date: _____

WEBSTER COUNTY PRE-K CLASS SELECTION CRITERIA

The following criteria will be used when determining prioritization of preschool applications for enrollment by the selection team **on or before May 31 of each year.**

1. Parent Request—all complete Applications will be divided by Site as indicated by the parent's preference.
2. IEP, Homeless, Foster Children, and Chronic Medical Conditions—these children
3. Applications will be counted to determine the number of Head Start eligible children in the county. If maximum enrollment numbers are not met next steps will determined. (Staff will continue process of finding eligible families, administration will assess information to determine other measures, etc.)
4. Random Selection—applications will be randomly drawn until the number listed below is achieved
 - *Initial Numbers:
 - Glade I --- 18
 - Glade II --- 18
 - Webster Springs Elementary I ---18
 - Webster Springs Elementary II --- 18
 - Hacker Valley --- 10
5. When the above numbers are met, students will be assigned to the second choice or an available slot.
6. New enrollees (after slots are assigned) will enrolled in sites with available sots.

***-Sites may increase to 20 students based on need.**

CRITERIA FOR ENROLLMENT

(Check with your County/Children Services Supervisor to verify if this is the form you should be using)

Name _____ Date of Birth _____

Use the following criteria to determine a value for each family. This point value will be used to determine enrollment prioritization after income eligibility is determined.

Head Start Returnee

(Must meet the definition of returnee)

22 Points _____

Child/Family meets the definition of Homeless

20 Points _____

Transitioning from Early Head Start

10 Points _____

Income/Other Eligible (SSI, TANF, Foster Child)

10 Points _____

Income between 100-130% of poverty guidelines

5 Points _____

3 Year Old (before July 1st of the program year)

5 Points _____

3 Year Old (after July 1st of the program year)

3 Points _____

Child residing with other than biological parent

2 Points _____

High Risk (i.e. incarcerated parents, ESL, CPS Case(s), Domestic Violence, Single parent home)

2 Points _____

Community Agency Referral (written document from WIC, DHHR, BOE, Social Service Agency or Head Start staff)

2 Points _____

Family in need of full day Head Start services

1 Point _____

Total Points: _____

Notes:

- When all else is equal, family situation, parental & child age will be considered.
- A child who has been enrolled in a center or home-based program and is transferring to another center or home-based area will be given the first available slot.
- EHS over income transitioning children have priority over Head Start non-enrolled children providing the 10% over income slots have not been exceeded.

Staff Signature _____

Date _____