Child Nan	0-5 Head Start Gratot, Ionia, Isabolta, Montcalm (Clinton)		Date of Birth:	:	Sex:	Male	Female
Parent/Guardian1							
					Relationship:		
County: School District in white					-		
-			-				
	(Street)		(P.O. Box)	(City)		(Zip)	
Phone1		Cell□Home □Mess	s Phone2		Home Mess	TEXT M	essages □Yes□No
Please ider	ntify the closest crossr	oads near your hor	ne:				
Day Care	Address (if different):						
•	child attended any Earl	• •				•	es,where
-	child have an IEP (Ind		tion <u>Pl</u> an)?:		□Yes	□No	
•	child ever involved wi	•				□No	
•	child have an up to da		?:		□Yes	□No	
•	hild's immunizations u	-			□Yes	□No	
s this chil	d in a foster care place	ement?:			□Yes	□No	
-		-					
amily In	Total Gross Income	Time Period of	s based on child's age, f	•	Id's need, and f Income (check		
Parent 1		U Weekly			hild Support		HS Financial
	\$	Monthly	Annually	SSI 🗌 S	SD	🗌 Oth	or:
	Ψ				50		<u>ei.</u>
Parent 2	*	Weekly	Bi-weekly	Working C	hild Support	DH	HS Financial
Parent 2	\$	Weekly Monthly	Bi-weekly		hild Support		HS Financial
	\$	Monthly	Bi-weekly Annually	Working C	hild Support	DH	HS Financial
Child live	\$	Monthly Father O	Bi-weekly S Annually S ther	Working C SSI C S	hild Support SD	DH	HS Financial
Child live Does you	\$ with? Mother family receive any of	☐ Monthly ☐ Father ☐ O f the following?	Bi-weekly Since Si	Working C SSI SSI S	hild Support SD ace Program)	DH Oth	HS Financial e <u>r:</u>
Child live Does you	\$ with? Mother family receive any of	☐ Monthly ☐ Father ☐ O f the following?	Bi-weekly S Annually S ther	Working C SSI SSI S	hild Support SD ace Program)	DH Oth	HS Financial e <u>r:</u>
Child live Does you	\$ with? Mother family receive any of	☐ Monthly ☐ Father ☐ O f the following?	Bi-weekly Since Si	Working C SSI SSI S	hild Support SD ace Program)	DH Oth	HS Financial e <u>r:</u>
Child live Does you: Any incor	\$ with?	☐ Monthly ☐ Father ☐ O f the following? 6-12 months (i.e. u	Bi-weekly Since Si	Working C SSI SSI S al Nutrition Assistan crease/decrease, re	hild Support SD ace Program) acently started	U DH Oth WIC working)?	HS Financial er:
Child live Does you: Any incor 'his is an a	\$ with? Mother r family receive any of me changes in the last pplication only and do	Monthly Father O f the following? 6-12 months (i.e. u bes not guarantee y	Bi-weekly Since Si	Working C SSI SSI S al Nutrition Assistan crease/decrease, re ed into a program.	hild Support SD ace Program) ecently started The recruitm	DH Oth WIC working)?	HS Financial e <u>r:</u> ttee will review yo
Child live Does you: Any incor his is an a hild's app orogram o	\$ With? D Mother r family receive any of me changes in the last pplication only and do lication and determine options are available	Monthly Father O f the following? 6-12 months (i.e. u bes not guarantee y which program(s) in all areas. Shou	Bi-weekly Since Si	Working C SSI SSI S al Nutrition Assistan crease/decrease, re ed into a program. opears most eligib a particular progra	hild Support SD ace Program) ecently started The recruitm de. Document m, please indic	DH Oth WIC working)?	HS Financial e <u>r:</u> ttee will review yo ired. Not all ogram on the
Child live Does you: Any incor his is an a hild's app orogram o ollowing 1	\$ With? D Mother r family receive any of me changes in the last pplication only and do lication and determine options are available ine so parent preference	Monthly Father O f the following? 6-12 months (i.e. u bes not guarantee y which program(s) in all areas. Should be consider	Bi-weekly Since Si	Working C SSI SI al Nutrition Assistan crease/decrease, re ed into a program. opears most eligib a particular progra	hild Support SD (ce Program) (cently started The recruitm (e. Document (m, please indic (). Local p	DH Oth WIC working)?	HS Financial e <u>r:</u> ttee will review yo ired. Not all ogram on the l be followed
Child live Does you: Any incor 'his is an a child's app program o collowing 1 egarding s	\$ with?	Monthly Father O f the following? 6-12 months (i.e. u bes not guarantee y which program(s) in all areas. Shou ce may be consider ment. I authorize the second	Bi-weekly Simplemental Simplemental Simplement, wage indefinition of the second	Working C SSI SI S al Nutrition Assistan crease/decrease, re ed into a program. opears most eligib a particular progra nation, educationa	hild Support SD ace Program) acently started The recruitm e. Document m, please indic Local pr l records, and	DH Oth WIC working)?	HS Financial er: ttee will review yo ired. Not all ogram on the l be followed ion records to be
Child live Does you: Any incor his is an a hild's app orogram o ollowing 1 egarding s hared betw	\$ with?	Monthly Father O f the following? 6-12 months (i.e. u bes not guarantee y which program(s) in all areas. Shou ce may be consider ment. I authorize t eadiness Preschool	Bi-weekly Simplemental Simple Simplement Simplement, wage incomplexity will be enrolled for which your child and you be interested in a set:	Working C SSI SI S al Nutrition Assistan crease/decrease, re ed into a program. opears most eligib a particular progra nation, educationa districts, local Inte	hild Support SD ace Program) ecently started The recruitm e. Document m, please indic Local pr l records, and rmediate Scho	DH Oth WIC working)?	HS Financial er: ttee will review yo ired. Not all ogram on the l be followed ion records to be s, local Health
Child live Does you Any incor This is an a child's app program o following 1 regarding s hared betw Departmen	\$ with?	Monthly Father O f the following? 6-12 months (i.e. u bes not guarantee y which program(s) in all areas. Shou ce may be consider ment. I authorize t eadiness Preschool	Bi-weekly Simplemental Simplemental Simplement, wage indefinition of the second	Working C SSI SI S al Nutrition Assistan crease/decrease, re ed into a program. opears most eligib a particular progra nation, educationa districts, local Inte	hild Support SD ace Program) ecently started The recruitm e. Document m, please indic Local pr l records, and rmediate Scho	DH Oth WIC working)?	HS Financial er: ttee will review yo ired. Not all ogram on the l be followed ion records to be s, local Health
Child live Does you Any incor This is an a hild's app orogram o ollowing l egarding s hared betw Departmen pest of my	\$ with? D Mother r family receive any of me changes in the last pplication only and do lication and determine options are available if ine so parent preference specific program place ween the Great Start Re ts, and the EightCAP, knowledge.	Monthly Father O f the following? 6-12 months (i.e. u bes not guarantee y which program(s) in all areas. Shou ce may be consider ment. I authorize te adiness Preschool Inc. 0-5 Head Star	Bi-weekly Annually	Working C SSI SI al Nutrition Assistant crease/decrease, re ed into a program. oppears most eligib a particular progra nation, educationa districts, local Inte e verifies that the	hild Support SD ace Program) ecently started The recruitm e. Document m, please indic Local pi l records, and rmediate Scho above informa	DH Oth WIC working)? ent commi ation requ cate that pr rotocol will immunizat ol Districts tion is corr	HS Financial er: ttee will review yo ired. Not all ogram on the be followed ion records to be s, local Health rect and true to the
Child live Does you Any incor his is an a hild's app orogram o ollowing l egarding s hared betw Departmen est of my	\$ with? D Mother r family receive any of me changes in the last pplication only and do lication and determine options are available if ine so parent preference specific program place ween the Great Start Re ts, and the EightCAP, knowledge.	Monthly Father O f the following? 6-12 months (i.e. u bes not guarantee y which program(s) in all areas. Shou ce may be consider ment. I authorize te adiness Preschool Inc. 0-5 Head Star	Bi-weekly Simplemental Simple Simplement Simplement, wage incomplexity will be enrolled for which your child and you be interested in a set:	Working C SSI SI al Nutrition Assistant crease/decrease, re ed into a program. oppears most eligib a particular progra nation, educationa districts, local Inte e verifies that the	hild Support SD ace Program) ecently started The recruitm e. Document m, please indic Local pr l records, and rmediate Scho	DH Oth WIC working)? ent commi ation requ cate that pr rotocol will immunizat ol Districts tion is corr	HS Financial er: ttee will review yo ired. Not all ogram on the be followed ion records to be s, local Health rect and true to the

For more information, call 1-866-754-9315, option 2 or Michigan Relay Center: 1-800-649-3777 (Voice & TDD)
Gratiot and Isabella County apply online at: www.michiganpreschool.org

Fax: 616-754-9310 E-mail: deniseb@8cap.org Apply online: www.8cap.org or your local school district

How did you hear about your lo	cal preschool program: (circ	· · · · · · · · · · · · · · · · · · ·	Community Organization	Event
Friend/Family Member	Older Children Attended		EightCAP, Inc. Website/Staff	Other:
i i	rograms will not discriminate against a ere funded in whole or in part under a s	nyone because of race, col	or, national origin, sex, age, or disability. –	

FOR OFFICE USE ONLY Reviewed by: _____ Date: _____ Inc : _____ Age (as of 9-1)_____

CHILD'S NAME	COUNT	ГҮ						
PARENT'S NAME	PHONE	E NUMBER						
	NEEDS AS	SESSMENT						
2. How much schooling have you con								
Were you under 20 years old when your first child was born?: yes no								
Have you lived in more than 2 homes in the past three (3) years?: Uses no								
Has anyone in your home ever been a victim of physical/domestic/sexual abuse or neglect?: Use no								
Do you reside in a high-risk neighborhood (high poverty, crime or limited access to critical resources)?: Uyes Ino								
Have your children suffered a parental loss due to death, divorce, incarceration, military service or absence?: Uses Ino								
8. Has your child ever been expelled f	rom a child care center?: Uye	es 🔲 no						
9. Has your child ever been exposed t	o a toxic substance?: ves	no If yes, what substance						
 10. In the past 2 years have you or mer Experienced difficulty in obtaining Used the emergency room? Received a shut-off notice from a u Been homeless? Ever been without heat? Used a food bank or pantry? 	medical services? yes yes tility company? yes	□ no □ no □ no □ no □ no □ no						
11. How many people are living in you	r home? (including yourself ar	nd the child you are applying for):						
Name:	Date of Birth:	Relationship to applicant child:						
		Relationship to applicant child:						
		Relationship to applicant child:						
		Relationship to applicant child:						
		Relationship to applicant child:						
		Relationship to applicant child:						
12. Primary Language spoken in your h								
13. What is the Primary Language spok	en by your child(ren)?: Eng	lish Spanish Other						
The information gathered is used to belo devel	on a Community Needs Assessment a	and will assist in determining the eligibility of your child in a preschool program						
No personal information will ever be shared or								
and o *Serving	ther Presch	rt Readiness Program, ool Opportunities Gratiot & Isabella Counties* ES THAT QUALIFY!						
Pre-Reading & Pre		Nutritious Meals & Snacks						
Art Opportunities		Special Education Services						
	Activities	-						
Music & Rhyming		Parent Engagement & Velunteering Opportunities						
Exercise & Outdoo	-	Volunteering Opportunities						
Tooth brushing/He	and instruction	Transportation (in most areas)						