



**COORDINATED PRESCHOOL INTAKE FORM – PRESCHOOL PROMISE AND HEAD START**

**CHILD APPLYING FOR PRESCHOOL**

Child's Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

**Child's Language**

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

**DOCTOR**

Name:	Address	City	State	Zip	Phone
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**DENTIST**

Name:	Address	City	State	Zip	Phone
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Was child referred to the program?  Yes  No If yes, by whom? \_\_\_\_\_ Why? \_\_\_\_\_

Health Insurance:  Yes  No If yes, name of coverage \_\_\_\_\_

**FAMILY INFORMATION**

**Parent or Guardian 1**

Parent/Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Language**

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

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

**Parent or Guardian 2**

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child:  Parent  Legal Guardian  Russian  Foster Parent  Other: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Language**

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

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

Parental Status:  One  Two Number in Family: \_\_\_\_\_ Number in Household \_\_\_\_\_

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

- Supplemental Nutrition Assistance Program (SNAP)  Women, Infants, and Children (WIC)
- Temporary Assistance for Needy Families (TANF)  Free or Reduced Lunch Program

**FAMILY MEMBER INFORMATION – ADULTS**

First and Last Name of all Adults in the Home ~ Enter <b>Primary Adult First</b>	Date of Birth	Insurance	Sex	School	Employ. Status	Provides Financial Support
		Yes No	M F			Yes No
		Yes No	M F			Yes No
		Yes No	M F			Yes No

Teen Parent (19 or under at birth of enrolling child):  Yes  No

**FAMILY MEMBER INFORMATION – CHILDREN**

First and last name of children living in home	Date of Birth	Insurance	Sex	Child/Primary Adult Relationship	Custody
		Yes No	M F		Yes No
		Yes No	M F		Yes No
		Yes No	M F		Yes No
		Yes No	M F		Yes No
		Yes No	M F		Yes No

**Child/Primary Adult Relationship:** Parent, Legal Guardian, Foster, Grandchild, Niece/Nephew, or Other: \_\_\_\_\_

**STAFF USE ONLY**

Family Member	Source	Amount	Annual Income	Descr. Code	Verification Code	Notes
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
<b>Total Yearly Income of Family</b>			\$			

**Description Cod**

PEN = Pension  
 SS = Social Security  
 SSI = Supplemental Security Income  
 CS = Child Support  
 SSDI = Social Security Disability Income  
 FC = Foster\*  
 HL = Homeless\*  
 TAN = TANF/Pre-TANF\*

**Verification Code**

CS = Check Stub  
 L = Letter  
 W2 = W-2  
 SD = Self Declaration  
 TR = Tax Return  
 O = Other

**ELIGIBILITY INFORMATION – STAFF USE ONLY**

Child Eligible Next Year: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sibling Eligible Next Year: <input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Birth/Age: <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation:	Proof of Residency: <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation:
Family Income is: <input type="checkbox"/> <100% <input type="checkbox"/> 101%-130? <input type="checkbox"/> 130%-200% <input type="checkbox"/> >200%	Disability Status: <input type="checkbox"/> None <input type="checkbox"/> Suspected <input type="checkbox"/> Diagnosed Income Status: <input type="checkbox"/> Eligible HS <input type="checkbox"/> Eligible PP <input type="checkbox"/> Not Eligible

**AUTHORIZATION FOR EXCHANGE OF INFORMATION**

This release authorizes a mutual exchange of information between agencies in order to give the most complete and thorough services available. It does not authorize the release to any other person or agency except those agencies listed below. Unless revoked in writing, this release and exchange of information shall remain in effect for a period of 12 months.

Please initial indicating consent for the following information to be exchanged between St. Helens School District, Northwest Regional Educational Service District, Head Start and/or additional providers \_\_\_\_\_ to help us better serve your child through coordinated service planning and delivery.

- |   |  |
|---|--|
| <input type="checkbox"/> Intake form  | <input type="checkbox"/> Discussion/Consultation between members of listed agencies around |
| <input type="checkbox"/> Official student academic/administrative records                   | care coordination  |
| <input type="checkbox"/> Educational Multidisciplinary team evaluations and related reports | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Individualized Family Service Plan/Section 504 Plan                |  |

**PARENT/GUARDIAN SIGNATURE**

By signing this application, I swear that I have given true and complete information and that the Oregon Department of Education, Early Learning Division and Head Start may verify the information on this application. I understand that making false statements or hiding information may subject me to state and federal penalties. I understand that state funds help pay for Preschool Promise and that child care may end if funds are no longer available.

I understand that Information in this application and classroom data will be shared with the Preschool Promise Program, their Enrollment Committees, Providers and/or Staff, the Early Learning Division of the Oregon Department of Education, Head Start and used only for research purposes and in ways that will not reveal who you are. Federal or state laws may require us to show information to government officials (or sponsors) who are responsible for monitoring the program. However, an assigned number will be used to designate your family and child information that does not personally identify you. You will not be identified in any publication from this program or in any data files shared with other researchers.

***This confidential eligibility application form is not a guarantee of admission into the Preschool Promise Program or Head Start.***

**Parent/Guardian Signature and Date Required**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date