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**Pre-School Application**

**All sections must be complete to determine your family’s eligibility.**

| **Child’s First, Middle and Last Name:** | **Child’s Birthdate** | **Mother or Legal Guardian Name:** | **Father or Legal Guardian Name:** |
| --- | --- | --- | --- |
|  |  |  |  |
| **Parental Status (Legal Custody of Child:** | **Child Lives with:** | **Address** | **Address** |
| [ ] Mother [ ]  Father |  |  |  |
| **Sole Custody:** | **Physical Custody:** | **Joint Custody:** | **Day Phone Number(s):** |
|  |  |  |  |
| **Evening Phone Number(s):** | **Email Addresses** | **# of members in family:** | **# of members in household:** |
|  |  |  |  |

**Is your family currently receiving any of the following forms of income and/or assistance? (Check all that apply).**

| [ ]  TANF (Temporary Assistance for Needy Families) | [ ]  SSI(Supplemental Security Income) | [ ]  Unemployment Benefits |
| --- | --- | --- |
|  [ ]  Child Support  |  [ ]  Daycare Assistance | [ ]  Food Stamps (SNAP) |
| [ ]  WIC (Women, Infants, & Children) | [ ]  Alimony/Spousal Support | [ ]  Disability |
| [ ]  Social Security | [ ]  Scholarships/Grants | [ ]  Section 8/Subsidized Housing |
| [ ]  Utility Assistance | [ ]  VA Benefits | [ ]  Rental Income |

**Do any of the following situations apply to your family? (Check all that apply).**

| [ ]  Homeless or living in shelter | [ ]  Living with relatives or others due to loss of housing or economic hardship | [ ]  Living with relatives or others by choice |
| --- | --- | --- |
| [ ]  Unsafe or unhealthy environment | [ ]  Abusive home | [ ]  Child’s mother does not have high school diploma or GED |
| [ ]  Child’s father does not have a high school diploma or GED | [ ]  Child’s mother is currently incarcerated | [ ]  Child’s father is currently incarcerated |
| [ ]  Active duty military | [ ]  In need of emergency food/shelter | [ ]  Disabled parent/legal guardian  |

**Child History and Specific Information. (Check all that apply).**

| **Child’s First, Middle, and Last Name:** |  |
| --- | --- |
| [ ]  Current IEP | [ ]  Referral by Pediatrician for Speech or Developmental Delay |
| [ ]  Evaluated or Child Find/Early Intervention or other agency |
|  |
| **Please include your child’s birth certificate, immunization records, and income verification (proof of income) upon submission. For additional information or assistance please contact Michelle Berta****@ 540-227-0023 mberta@rappahannockschools.us** |
|  |

|  |  |
| --- | --- |
| **Parent/Guardian Signature** | **Date** |

**Income Verification Form**

**CONFIDENTIAL INFORMATION**

Include total gross annual income (before taxes) of the child’s parent or parents (defined as parent, guardian, legal custodian, or other person having control or charge of the child)

**Parent/Guardian (P/G) #1:**

| Weekly | X 52 | = Annual Income |
| --- | --- | --- |
| Every 2 weeks | X 26 | =  |
| Twice a month | X 24 | =  |
| Monthly | X 12 | =  |
| Other Income |  | =  |

**Parent/Guardian (P/G) #2:**

| Weekly | X 52 | = Annual Income |
| --- | --- | --- |
| Every 2 weeks | X 26 | =  |
| Twice a month | X 24 | =  |
| Monthly | X 12 | =  |
| Other Income |  | =  |

**Total Household Income**

| **#1 P/G Income:** | **#2 P/G Income:** | **Other Income:** | **Total:** |
| --- | --- | --- | --- |
|   |  |  |  |

Are you currently working for the same employer as documented on the W-2/tax form?

* P/G #1: [ ]  Yes [ ]  No
* P/G #2: [ ]  Yes [ ]  No

(If either P/G answered “No” above, current income information is needed to determine income eligibility.)

Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc.?

* P/G #1: [ ]  Yes [ ]  No
* P/G #2: [ ]  Yes [ ]  No

 **Income Verification Form Continued**

**CERTIFICATION**

I certify that all of the above information is true and correct and that all income is reported (if submitted). I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that the school/program will receive state funds based on the information I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program.

|  |  |
| --- | --- |
| Signature of Parent/Guardian (Required for Consideration) | Date |
|  |  |
| I verify that I have examined ALL information (Staff Signature) | Date |
|  |  |
| **STUDENT NAME** |  |

**OFFICE USE ONLY**

**VERIFICATION OF INCOME**

|  |
| --- |
| **Staff Member Income Verified by:****(please print)** |

**How Verified:**

[ ]  W-2 Form [ ]  Tax Forms [ ]  Pay Stubs (Salary) [ ]  SSI Verification [ ]  SNAP Verification [ ]  TANF Verification

[ ]  Written statement from employer [ ]  Child Support [ ]  Social Security Benefits/Unemployment/Other

Number of people in household:

| **Children** | **Adults** | **Total** |
| --- | --- | --- |
|  |  |  |

**Virginia Preschool Initiative Declaration of No Income or No Documentation of Income Form (only complete this form is you have no income or verification of income)**

| Parent(s)/Guardian(s) Name(s) |  |
| --- | --- |
| Child’s Name: |  |
| Address: |  |

Check which of the below applies to your current situation:

[ ]  I certify that I had no income of my own in the last 12 months.

[ ]  I certify that at this time I cannot produce evidence of my income.

Indicate how you provide for the following (savings, assistance form family, cash earned):

| Housing: |  |
| --- | --- |
| Food: |  |
| Transportation: |  |

If you indicate that you have income but cannot verify the income with documentation, indicate the income source and the amount below:

| **Source of Income** | **$ Amount** |
| --- | --- |
| Social Security | $  |
| SSI | $  |
| TCA | $  |
| Child Support | $  |
| Other (cash earned, etc.) | $  |
| Total | $  |

**All sections must be complete to determine your family’s eligibility. All information will be held in strict confidence as is available to you during normal business hours.**

**I certify that the information provided to support this information is accurate and truthful to the best of my knowledge. I understand that program staff will verify this information and that deliberate misrepresentation may result in withdrawal from this program.**

| Parent Guardian Signature: |  | Date: |  |
| --- | --- | --- | --- |
| Staff Signature/Title: |  | Date: |  |