



Kids and Company at Rolland Warner - 3145 W Genesee St. Lapeer, MI - 810-667-2454

## Great Start Readiness Program Eligibility Parent Checklist

The GSRP Application and GSRP Eligibility Form must be completed and returned. This does not guarantee enrollment as eligibility must be determined. If your child is eligible, next steps will be communicated to you for completion of enrollment.

### Documents Parent Provides

- Driver's License
- Birth Certificate
- Proof of Income (1040 Federal Tax Return for verification)
- 2<sup>nd</sup> Proof of Residency

Available upon request or please access on our website at [www.lapeerschools.org](http://www.lapeerschools.org):

- Parent Handbook
- Early Childhood Curriculum Guide





# Early Head Start / Head Start / GSRP Application



Program Year \_\_\_\_\_ Program Preference \_\_\_\_\_ AM/PM/FD/HB

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*Child's First Name*

*Middle Name*

*Last Name*

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: M / F Age & name verified by: Birth Certificate \_\_\_ Other (specify): \_\_\_\_\_

Race: (Check all that apply)  American Indian/Alaska native  Asian/Asian American  Black/African American  
 Caucasian/White  Hawaiian/Pacific Islander  Other: \_\_\_\_\_

Hispanic or Latino:  Yes  No Medical provider: \_\_\_\_\_ Dental provider: \_\_\_\_\_

Insurance:  Medicaid / CHIP  State-only funded  Private health insurance  None  Other \_\_\_\_\_

Primary Name: \_\_\_\_\_

Secondary Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_  Mother  Father

Date of Birth: \_\_\_/\_\_\_/\_\_\_  Mother  Father

Grandparent  Foster  Other \_\_\_\_\_

Grandparent  Foster  Other \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Education Level (Check highest achieved)

- Less than high school graduate
- High school graduate/G.E.D.
- Some college/vocational school/Associate degree
- Bachelor or advanced degree

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Employed:  Full-time  Part-time  No  
In School/Job Training  Yes  No

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In School/Job Training  Yes  No

Is mother currently pregnant?  Yes  No  Unknown If yes, due date: \_\_\_\_\_

**List first and last name and birth date of others in the household supported by income of the parent/guardian(s):**

- |              |              |
|--------------|--------------|
| 1. _____ / / | 4. _____ / / |
| 2. _____ / / | 5. _____ / / |
| 3. _____ / / | 6. _____ / / |

Living Address: \_\_\_\_\_  
(Number & Street) (City) (Zip Code)

Mailing Address (if different from above): \_\_\_\_\_  
(Number & Street or PO Box) (City) (Zip Code)

County: \_\_\_\_\_ School District: \_\_\_\_\_ ISD: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Active US Military:  Yes  No US Military Veteran:  Yes  No

Referred by a Child Welfare Agency:  Yes  No SNAP:  Yes  No WIC:  Yes  No

Alternate Contact: \_\_\_\_\_  
(Name) (Phone)

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

**Transition Status**

- Transitioning from EHS (NEMCSA or other grantee)
- Transitioning from other than NEMCSA HS/program

**Eligibility and Prioritization Criteria (Check all that Apply)**

- Child is eligible for special education services. (2 – documentation viewed: \_\_\_\_\_)
- Child's developmental progress is less than expected for his/her chronological age. (2 – documentation viewed: \_\_\_\_\_)
- Child has chronic health issues causing development or learning problems. (2 – documentation viewed: \_\_\_\_\_)
- Severe or challenging behavior (child has been expelled from preschool or child care center). (3)
- Primary home language other than English (English is not spoken in the child's home or English is not the child's first language). (4)
- Parent(s) with low educational attainment (parent has not graduated from high school or is illiterate). (5)
- Abuse/neglect of child, sibling or parent (domestic, sexual, or physical abuse of child or parent; child neglect issues; substance abuse). (6)
- Parental loss due to death, divorce, incarceration, military service or absence. (7)
- Sibling issues. (7)
- Teen parent (not yet age 20 when first child born). (7- documentation viewed: \_\_\_\_\_)
- Family is homeless or without stable housing. (7)
- Residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to community services). (7)
- Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays. (7)
- Unemployed parent (currently looking for work). (N/A)
- High-quality publicly funded full-day pre-kindergarten (GSRP) is available in area. (N/A)

To increase the likelihood of my child benefiting from a preschool experience, I, parent/guardian, authorize my family/child application/eligibility information be shared with local collaborating preschool education agencies. This authorization shall remain in effect for two (2) years from the signature date. I have the right to revoke, in writing and at any time, said consent.

Yes  No

I certify the information provided in support of this application is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* AGENCY USE ONLY \*\*\*\*\*

- TANF       SSI
- Foster Care       Homeless      Number in Household: \_\_\_\_\_      Family Income: \$ \_\_\_\_\_

Information verified and taken by: \_\_\_\_\_ Date: \_\_\_\_\_

These materials were developed under a grant awarded by the Office of Head Start and Michigan Department of Education.