

GSRP Preschool Application 23-2024

These materials were developed under a grant awarded by the Michigan Department of Education

Date of Application: _____ **Child's Name:** _____

Child's Birthdate: _____ **Place of Birth:** _____ **Gender:** _____

Proof of Birth* (Type of Document): _____

*Refer to Eligibility Factor Guidance Sheet for other qualifications.

If applicable, Date of Arrival in the United States: _____

Address: _____ **City:** _____ **Zip Code:** _____

Type of MEDICAID Insurance: _____ **Case #:** _____ **Child's Recipient ID:** _____

OTHER Medical Insurance: _____ **Policy Number:** _____ **NO Health Insurance** _____

Parent/Guardian's Name: _____ **Place of Birth:** _____

Address (if not child's address): _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

E-mail address: _____

Marital Status: Married Single Divorced Widowed Separated

Parent/Guardian's Name: _____ **Place of Birth:** _____

Address (if not child's address): _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

E-mail address: _____

Marital Status: Married Single Divorced Widowed Separated

(EF-7) Who has legal custody of the child? Mother Father Foster Care Legal Guardian Grandparent

If guardian or foster parent (other than biological parent), please complete:

Legal Guardian's Name(s): _____ **Case Number:** _____

List ALL household members for which you are financially responsible (include self, other adults, and children).

Name	Relationship to Child	Age

EF-4 Primary language spoken in the home: _____ Is the student's ethnicity Hispanic or Latino? Yes: _____ No: _____

Which of the following is the student's race (if multi-racial, place a check mark for each that applies):

_____ American Indian or Alaska Native _____ Black or African-American _____ White _____ Asian American

_____ Native Hawaiian or other Pacific Islander _____ Hispanic or Latino

Has your child attended school anywhere before? _____ If yes, date they started school: _____

Name of School: _____ City, State: _____

EF-1 Family Income (Estimated annual income (last 12 mos.) before deductions, including overtime): \$ _____
(MUST include income of all family members responsible for support of child: 1040, W2, most recent pay stubs, unemployment, child support, alimony, DHS, SSI)

EF-1 Does your family receive benefits from (DHS) Department of Human Services, SSI? _____

If YES, please explain: _____

Parent/Guardian's Employment Status: _____ Unemployed _____ Part Time _____ Full Time _____ Seasonal

Job Description: _____

Parent/Guardian's Employment Status: _____ Unemployed _____ Part Time _____ Full Time _____ Seasonal

Job Description: _____

EF-5 Highest grade or degree completed: Parent/Guardian: _____ Parent/Guardian _____

EF-2 Has your child been diagnosed with a disability or developmental delay? _____

If YES, please explain: _____
*Parents **MUST** provide the most current IEP to the GSRP office during the application process.*

EF-3 Has your child been expelled from preschool or a child care center? _____

EF-6 Has someone in your home ever been a victim of abuse and/or neglect? _____

EF-7 Is there any other information you believe would qualify your child for our program**?

Please explain: _____

**Refer to Eligibility Factor Guidance Sheet for other qualifications.

How did you hear of the Great Start Readiness Program? _____

By signing this application, you certify that the information given is true and accurate to the best of your knowledge.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ **Date:** _____

Office Use Only Teacher Assigned: _____ UIC: _____ Start Date: _____ End Date: _____

% FPL: _____ Quintile: _____ GSRP Eligible: _____ Head Start Eligible: _____ Date Referred: _____ ASQ Date: _____

Eligibility Factors: _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 Supporting Documentation: _____

Staff Name (please print): _____

Staff Signature: _____ **Date:** _____