



Dear Parent or Guardian:

Thank you for your interest in Roanoke Valley Early Care and Education Opportunities. Attached you will find the requested application for all programs serving children birth to 5. Completion of this application authorizes a release of information for programs that you request, or are deemed eligible for.

If your child qualifies and is accepted for a Head Start Program, you will be notified immediately.

Each year the funding for the Virginia Preschool Initiative Program is determined by the State Legislative Budget. If you are applying to enroll in the public school preschool, when the school division has been notified of funding, all applications received to that date will be processed and families will be informed of the status of their application.

If your first choice is unavailable, you may be referred to receive preschool services through another program within Roanoke Valley.

DIRECTIONS:

- Page 1:**
- Please tell us about your child. ***No part of this section can be left blank.***
 - Please tell us about the Parent/Guardian. Only parents and legal guardians may apply for publicly funded early care and education opportunities. Many private providers will also only accept applications from the the parent or legal guardian.
- Page 2:**
- If you are applying for free or reduced early care and education opportunities, you must complete the Family Income section in it's entirety and documentation will be required to verify. *If you are applying for a specific early care and education site, and not seeking assistance for tuition, please skip the Family Income section.*
- Page 3:**
- Please tell us more about your family so we can better provide information and resources to you as needed. *If you are applying for free or reduced early care and education opportunities, you must complete the Additional Applicant/Family Information section in it's entirety. This section will help us understand the needs of your child and family.*
 - Please tell us more about the type of early care and education you are seeking for your child so we can ensure we are meeting the needs of your child and your family.

If you would like more information about early care and education providers in your area, please visit VAQuality.org or ChildcareVA.com where you can search for information within your city or county. In order to process the application, you must provide information for all questions asked. Not answering all questions could cause a delay in determining the family's status for the program. The early care and education program that you are accepted in may have additional documentation that will need to be completed upon enrollment.

This application may be completed online. Additional documents may be uploaded online for verification. If completing the paper form, the application and supporting documents may be emailed, mailed, delivered, or faxed to:

Smart2Start
United Way of Roanoke Valley
325 Campbell Ave SW
Roanoke, Va 24016
FAX: (540) 344-4304

If you have any questions, please call: (540) 283-2785 or email: Smart2Start@uwrva.org. Thank you for the opportunity to assist you in finding a high quality, early care and education solution for your child.

Applicant & Family Member Information

Applicant							
First	Middle	Last	Suffix	Nickname	Birthdate	Gender	Alt ID
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	
Primary Health Coverage		Other Coverage		Insurance #		Medicaid Eligibility	Medicaid #
						<input type="checkbox"/> Not Eligible	Doctor/Medical Home
						<input type="checkbox"/> On Medicaid	
						<input type="checkbox"/> Potentially	
Dental Coverage		Dental Coverage #				Dentist/Dental Home	

Primary Adult							
First	Middle	Last	Suffix	Birthdate	Gender	Alt ID	
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative			<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			
	<input type="checkbox"/> Master's						If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:				Place Employed:			

Secondary or Other Adult							
First	Middle	Last	Suffix	Birthdate	Gender	Alt ID	
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative			<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			
	<input type="checkbox"/> Master's						If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:				Place Employed:			

Additional Child (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthdate	Gender	
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	

Additional Child (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthdate	Gender	
Race		Hispanic		English Proficiency		Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Family Information, Income & Contacts

Family Information							
Family Living Address							
Started Living At Date	Living Address	Address Line 2	ZIP	City	State	County	
Family Mailing Address							
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)	Type (check one)	Note (extension or best time to call)	Opt In for Text Messages				
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income						
Income Verified by	Verification Date		TANF Status		SSI	
			<input type="checkbox"/> Yes <input type="checkbox"/> Formerly on TANF/Not now	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note
	\$		\$			
	\$		\$			
	\$		\$			
Income Notes						

Emergency Contacts						
Contact 1	Name	Relationship	Emergency Contact		Release To	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Address	ZIP	City	State		
	Phone Number 1	Phone Number 2	Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Contact 2	Name	Relationship	Emergency Contact		Release To	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Address	ZIP	City	State		
	Phone Number 1	Phone Number 2	Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Person(s) Authorized To Pick Up Child						
Person(s) <u>NOT</u> Authorized To Pick Up Child*						
<p>Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.</p> <p>* NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must include, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.</p>						

Birth – 5 Childcare/Preschool Application

Additional Applicant/Family Information		
Program Year	Preferred Start Date	
Please Check all that apply		
YES/NO		
<input type="checkbox"/> / <input type="checkbox"/> Child has a diagnosed Disability. If so, what is the diagnosis? _____		
<input type="checkbox"/> / <input type="checkbox"/> Child has an IEP/IFSP? If so, what are the educational and developmental supports indicated? _____		
<input type="checkbox"/> / <input type="checkbox"/> Child has an allergy? _____ Medication _____		
<input type="checkbox"/> / <input type="checkbox"/> Child has a physical disability/impairment _____		
<input type="checkbox"/> / <input type="checkbox"/> Child has health insurance Provider _____ Policy/Case # _____		
<input type="checkbox"/> / <input type="checkbox"/> Child was born prematurely/high risk pregnancy. If premature, weeks carried? _____		
<input type="checkbox"/> / <input type="checkbox"/> Child is toilet trained (this is not a requirement)		
<input type="checkbox"/> / <input type="checkbox"/> Child was in foster care or an orphanage		
<input type="checkbox"/> / <input type="checkbox"/> Does your child receive any services? (Examples: speech, counseling, occupational, etc.) If yes, please describe: _____		
<input type="checkbox"/> / <input type="checkbox"/> Chronic or terminal illness in family		
<input type="checkbox"/> / <input type="checkbox"/> Child has a deceased parent		
<input type="checkbox"/> / <input type="checkbox"/> Child has an incarcerated parent		
<input type="checkbox"/> / <input type="checkbox"/> Child or family is in counseling		
<input type="checkbox"/> / <input type="checkbox"/> Parent/Guardian did not complete high school		
<input type="checkbox"/> / <input type="checkbox"/> Parent or family experiencing substance abuse		
<input type="checkbox"/> / <input type="checkbox"/> Child, parent, or family experiencing domestic violence		
<input type="checkbox"/> / <input type="checkbox"/> Does your child require transportation to and/or from preschool/childcare?		
Is there anything else you would like us to know about your child and/or family?		
Do you have concerns about your child's development?		Do you have concerns about your child's behavior?
Previous Child Day Care Programs and Schools Attended	Child Attends this and another Program - Please Name	Grade

Please provide us with as much information as possible about program selection so we can ensure the needs of your family are being met.

Program Selection
With limited spaces available in all programs, please rank, in order, the program that will best fit the needs of your family with 1 being your top choice:
_____ Part Day Services (3 – 5 hours during the school year) _____
_____ School Day Services (hours and days in public schools) _____
_____ Full Day Services (more than 5 hours a day) _____
_____ Non-Traditional Hours (evening or weekend) _____
_____ Specific Site _____
If it is determined that you are not eligible or accepted into your first program choice, are you willing to learn about other program options that are available?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Please visit VAQuality.org or ChildcareVA.com for additional information about providers within your city or county.
* Birth Certificate or Letter of Birth is required to determine eligibility for Head Start.
* Proof of residency is required for eligibility of public school program options.
* Income verification will be required if you are applying for a free or reduced program option.
* The following documents are required upon enrollment. If you are unable to provide these documents, it may restrict your opportunity to enroll in the program of your choice.
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Current Physical <input type="checkbox"/> Current Immunization Record <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Income

Applications are accepted year-round. Initial application review for placement is February to May for the 2020-21 school year. Educational home visits are a part of some programs. Information will be handled confidentially. Incomplete applications cannot be processed. Please be sure to complete this form in its entirety.

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. I understand that this application will serve to meet the needs of my family through available public and/or private providers and based on my eligibility, will support my family in securing childcare/preschool services for my child. All of my child and family personal information will be handled respectfully and confidentially.

Signature of parent/guardian: _____ Date: ____/____/____

* Documentation is required

Applicant Name: _____ Birthday _____

Applicant Eligibility & Enrollment Information

Eligibility			
Program Term	Agency	Initial Status	Status Date
		<input type="checkbox"/> New <input type="checkbox"/> Accepted <input type="checkbox"/> Waitlisted	
Releases Signed	Date Signed	Child will transition to	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Location Preference Priority	Site	Classroom	Funding
1st			
2nd			
3rd			
Enrollment Notes			
Application Date	Application Status	Application Number	Participation Year
	<input type="checkbox"/> Complete & Verified <input type="checkbox"/> Incomplete, info not returned <input type="checkbox"/> Incomplete <input type="checkbox"/> Other - specify in notes		
Eligibility Date	Number in Family	Eligibility Income	
CACFP Date	CACFP Income	Per (for example, year, month, other)	CACFP Status
			<input type="checkbox"/> Free (full reimbursement) <input type="checkbox"/> Paid (minimum reimbursement) <input type="checkbox"/> Reduced price (reduced reimbursement)
Child eligible to participate in program	Type of eligibility interview	Income Status	Documentation used to determine eligibility
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In-person <input type="checkbox"/> Telephone	<input type="checkbox"/> Over Income <input type="checkbox"/> Public Assistance <input type="checkbox"/> Eligible (Below 100%) <input type="checkbox"/> Foster child <input type="checkbox"/> Homeless	<input type="checkbox"/> Income Tax Form 1040 <input type="checkbox"/> W-2 <input type="checkbox"/> TANF Documentation <input type="checkbox"/> Pay stub or pay envelopes <input type="checkbox"/> Unemployment <input type="checkbox"/> Written statements from employers <input type="checkbox"/> Foster care reimbursement <input type="checkbox"/> SSI Documentation <input type="checkbox"/> Other
Documentation of No Income			

Eligibility Criteria

To set up your program's eligibility criteria on this form: Type or print each of the program's eligibility questions in the spaces provided below. Then, for each question, list each of the possible answers (along with their corresponding point values).

To complete this form: Circle the applicable answer and print the number of eligibility points it represents in the Points column. We've included the following example to help you get started.

Disability?	Diagnosed (50 pts), Suspected (25 pts), None (0 pts)	25
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Eligibility Question	Possible Answers	Points