SMART 2START

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.

| DIRECTIO | NS: |
|----------|---|
| 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@uwrv.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



| Applica | ant | | | | | | | | |
|--|--|--|--|---|--|--|--|----------------------|---|
| First | | Middle | Last | Suffix | Nicknam | ne Birth | ndate Gende | er | Alt ID |
| | | | | | | | | | |
| | | | | | | | | | |
| Race | | | | Hispanic | English Prof | iciency | Other Language | | Other Language Proficiency |
| □ Asian | | an Indian/Alask | | □ Yes | Little | | | | □ Little |
| Black | | an/Pacific Islan | der | □ No | Moderate | | | | □ Moderate □ None |
| U White | □ Multi-R | acidi | | | None Proficient | | | | □ None □ Proficient |
| | Health Cove | rade Other | Coverage | Insurance # | | id Eligibility | Medica | aid # | Doctor/Medical Home |
| i innui y i | | | corolago | filoaranoo # | | | weater | | |
| | | | | | | /ledicaid | | | |
| | | | | | □ Pote | | | | |
| Dent | tal Coverage | ; | Dental Cove | rage # | | | Dentist/De | ntal Home | |
| | | | | | | | | | |
| <u> </u> | | | | | | | | | |
| Primary | v Adult | | | | | | | | |
| First | | Middle | Last | Suffix | | Birth | ndate Gend | er | Alt ID |
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| | | | | | | | | | |
| Race | | | | Hispanic | English Prof | iciency | Other Language | | Other Language Proficiency |
| □ Asian | | an Indian/Alask | | □ Yes | Little | | | | □ Little |
| □ Black | | an/Pacific Islan | der | □ No | □ Moderate | | | | |
| □ White □ Other: | □ Multi-F | acial | | | None Proficient | | | | None Proficient |
| | Grade Compl | eted | _ | Employment Statu | | Child's Re | lationship | Custody | |
| | | □ Grade 10 | 🗆 Full Tim | 1.5 | e & Training | | al/Adopted/Step | | Lives with Family |
| | | Grade 10 | Part Tim | | e & Training ne & Training | Grandel | | | Provides Financial Support |
| | | □ Grade 11 | | | | □ Other R | | | □ Teen Parent |
| Col or A | 0 | □ < Grade 9 | | yed Retired | or Disabled | □ Foster | | | |
| □ GED | | □ HS Gradua | te | | | □ Other | | | If teen parent, subsidized? |
| | | Master's | | | | | | | □ Yes □ No |
| Email Add | dress: | | | | Place | Employed: | | | |
| | | | | | | | | | |
| Second Second | | | | | | | | | |
| | lary or O | | | | | | | | |
| First | | Middle | Last | Suffix | | Birth | ndate Gend | er | Alt ID |
| | | | Last | Suffix | | Birth | ndate Gend | er | Alt ID |
| First | | | Last | | English Prof | | | er | |
| | | | | Suffix Hispanic | English Prof | | ndate Gend Other Language | er | Alt ID Other Language Proficiency |
| First Race | □ Americ | Middle | ka Native | Hispanic | | iciency | | er | Other Language Proficiency |
| First Race Asian Black White | □ Americ | Middle an Indian/Alast an/Pacific Islan | ka Native | Hispanic □ Yes | □ Little □ Moderate □ None | iciency | | er | Other Language Proficiency Little Moderate None |
| First Race □ Asian □ Black | □ Americ □ Hawaii | Middle an Indian/Alast an/Pacific Islan | ka Native | Hispanic □ Yes | □ Little □ Moderate | iciency | Other Language | er | Other Language Proficiency |
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* 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 Information | | | | | | | | | | |
|--------------------------------|-----------------------|---------|-----------|----------------|-------------------------|---------------------|---------------------------|------|------------|---------------|---------------|
| Family Living Address | ; | | | | | | | | | | |
| Started Living At Date | Living Address | | | Address L | ine 2 | ZIP | City | | State | County | |
| | | | | | | | | | | | |
| Family Mailing Addres | S | | | | | | | | | | |
| Same as living? | Started Using Date | Mailing | Address | | | Address Line 2 | ZIP | City | | | State |
| □Yes □ No | | | | | | | | | | | |
| Phone Number(s) | | Туре (с | heck one) | | | Note (extension | or best time to call |) | Opt In for | Text Mess | sages |
| | | □ Cell | □ Home | □ Work | □ Other | | | | □ Yes □ |] No | |
| | | □ Cell | □ Home | □ Work | □ Other | | | | □ Yes □ |] No | |
| | | □ Cell | □ Home | □ Work | □ Other | | | | □ Yes □ |] No | |
| Parental Status (check one) | Primary La at Hor | 0 0 | | ieless mily | Active Duty Military | Military Veteran | Referred by Welfare Ag | | | eiving IAP | WIC |
| □ One □ Two | | | | Yes No | □ Yes □ No | □ Yes □ No | □ Yes □ No | | | Yes No | □ Yes □ No |

| Income Verified by | | | Verificat | ion Date | | TANF Status | SSI |
|--------------------|--------|--|------------------|--|-----------------|---|---------------|
| | | | | | □ Yes □ Form | □ No erly on TANF/Not now | □ Yes □ No |
| Family Member | Amount | Per (for example: week, month, year) | Annual Amount | Descriptio example: SS Child Sup | SI, Job, | Verification (for example: W2, check stub) | Note |
| | \$ | | \$ | | | | |
| | \$ | | \$ | | | | |
| | \$ | | \$ | | | | |
| Income Notes | | | | | | | |

| En | nergency Contacts | | | | | | |
|---------|---|----------------------|------------------------------|---------------------|------------|-------------|-----------|
| | Name | Relationship | | Emergen | cy Contact | Releas | е То |
| t t | | | | □ Yes | □ No | □ Yes | □ No |
| ac | Address | | ZIP | City | | | State |
| Contact | | | | | | | |
| - | Phone Number 1 | Phone Number 2 | | Phone Number | - 3 | | |
| | □ Cell □ Home □ Work | | □ Cell □ Home □ Work | | | □ Cell □ Ho | me 🗆 Work |
| | Name | Relationship | | Emergency | Contact | Releas | е То |
| t 2 | | | | □ Yes | □ No | □ Yes | □ No |
| tac | Address | | ZIP | City | | | State |
| Contact | | | | | | | |
| | Phone Number 1 | Phone Number 2 | | Phone Number | - 3 | | |
| | 🗆 Cell 🗖 Home 🗖 Work | | □ Cell □ Home □ Work | | | 🗆 Cell 🗆 Ho | me 🛛 Work |
| | Person(s) Authorized To Pick Up Child | | | | | | |
| | | | | | | | |
| | Person(s) NOT Authorized To Pick Up Child* | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Appropriate paperwork such as custody papers sha • NOTE: Section 22.1-4.3 of the Code of Virginia st enrolled in a public school or day care center must during school or day care activities. | ates that unless a c | ourt order has been issued t | to the contrary, th | | | |

Birth – 5 Childcare/Preschool Application

| Additional Applicant/Family Information | | |
|---|---|-------|
| Program Year | Preferred Start Date | |
| | | |
| Please Check all that apply | | |
| YES/NO □ / □ Child has a diagnosed Disability. If so, what is the diagnosis? □ / □ Child has an IEP/IFSP? If so, what are the educational and development | ntal supports indicated? | |
| Child has an allergy? Medicatio | n | |
| □ / □ Child has a physical disability/impairment | # | |
| □ / □ Child has health insurance ProviderPolicy/Case □ / □ Child was born prematurely/high risk pregnancy. If premature, weeks ca | "arried? | |
| I / I Child is toilet trained (this is not a requirement) | | |
| □ / □ Child was in foster care or an orphanage □ / □ Does your child receive any services? (Examples: speech, counseling, | occupational, etc.) If ves, please describe: | |
| | | |
| □ / □ Chronic or terminal illness in family □ / □ Child has a deceased parent | | |
| \Box / \Box Child has an incarcerated parent | | |
| □ / □ Child or family is in counseling | | |
| □ / □ Parent/Guardian did not complete high school □ / □ Parent or family experiencing substance abuse | | |
| \Box / \Box Child, parent, or family experiencing domestic violence | | |
| \Box / \Box Does your child require transportation to and/or from preschool/childcar | e? | |
| 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 |
| revious onitio Day Gale Flogranis and Schools Attended | Onito Attendo tillo and another Program - Piease Name | Graue |
| | | |
| Discon provide up with an much information on passible shout are served | | |
| Please provide us with as much information as possible about program s | election 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 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? |
| □Yes □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. |
| □ Birth Certificate □ Current Physical □ Current Immunization Record □ Proof of Residency □ 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: |
|--------------|------------------|
|--------------|------------------|

* Documentation is required

Date: ____/___/___/

This Page for Agency Use Only:

Applicant Name:

Birthday

Applicant Eligibility & Enrollment Information

| Eligibility | | | | | | | |
|---|---------------------------------------|---|---------------|--|---------------|---|--|
| Program Term | Agency | | Initial Sta | atus | | | Status Date |
| | | | □ New | □ Accepted | □ Waitliste | d | |
| Releases Signed | Date Signed | | Child wil | l transition to | | | |
| □ Yes □ No | | | | | | | |
| Location Preference Priority | Site | | | Classroom | า | | Funding |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| Enrollment Notes | | | | | | | |
| | | | | | | | |
| Application Date | Application Status | | | | Applicati | ion Number | Participation Year |
| | □ Complete & Verified □ Incomplete | d □ Incomp □ Other - | | not returned notes | | | |
| Eligibility Date | Number in Fam | ily El | igibility Inc | come | | | |
| | | | | | | | |
| CACFP Date | CACFP Income | Pe | er (for exa | mple, year, month | n, other) | CACI | FP Status |
| | | | | | 🗆 Pa | ee (full reimburse id (minimum reim duced price (redu | |
| Child eligible to participate in program | Type of eligibility interview | Income S | tatus | | Documentation | used to determin | e eligibility |
| □ Yes □ No | ☐ Telephone | Over Income Public Assista Eligible (Belo Foster child Homeless | | □ Income Tax □ W-2 □ TANF Docur □ Pay stub or p | mentation | | ements from employers reimbursement |
| 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 |
|-------------|--|----|
| | | |

| Eligibility Question | Possible Answers | Points |
|----------------------|------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |