



Eligibility and Enrollment Form for School Readiness Services

PLEASE COMPLETE EACH SECTION

I. FAMILY INFORMATION [<u>MUST</u> include self, second parent (if in household) and children applying for services]					
Applicant's Name	Relationship to Client Self	Birth date	SSN (Optional)	Race	Sex
Name	Relationship to Client	Birth date	SSN (Optional)	Race	Sex
Name	Relationship to Client	Birth date	SSN (Optional)	Race	Sex
Name	Relationship to Client	Birth date	SSN (Optional)	Race	Sex
Name	Relationship to Client	Birth date	SSN (Optional)	Race	Sex
Name	Relationship to Client	Birth date	SSN (Optional)	Race	Sex

Is there another child in the family currently enrolled with another central agency and/or district? Yes No

Name of Central Agency: _____
Child's Name: _____

II. CONTACT INFORMATION			
Home Phone Number:	Cell Number:	Parent's/Guardian's Marital Status: _____	Household Size*: _____
Residential Address:		Mailing Address (if different):	
E-mail Address: _____			Language spoken at home: _____
Emergency Contact:	Phone: _____	Relationship to Client: _____	

*Indicate household size in this section as listed on ELCNC-217 Verification of Family Status

III. PURPOSE FOR CARE			
Parents/Guardians employed at least 20 hours a week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Attach proof of income and employment for past 6 weeks)	
at least 30 hours a week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Attach proof of income and employment for past 6 weeks)	
Parents/Guardians disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Attach Verification of Disability)	
Parents/Guardians currently attending school or training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Attach copy of school schedule)	
Name of Student:	School Name & Address: _____		
Hours:	_____		
Purpose of Care other than the above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify: _____	

IV. FAMILY NEEDS SURVEY			
A variety of literature is available to you and your family. Please circle any topics of interest:			
Food	Health & Nutrition	Health Insurance-Child	Parent Workshops
Financial	Counseling	Child Education	Adult Education
Stress Management	Housing	Child Behavior	Adult Medical
Clothes	Employment		Adult Dental
Other: _____ (specify)		No Current Needs _____ (initial)	

V. SIGNATURE: I certify that the information I have given is true and complete.	
Signature of Client: _____	Date: _____ / ____ / ____

Fair Disclosure Statement: THE PROVISION OF SCHOOL READINESS SERVICES IS SUBJECT TO THE AVAILABILITY OF FUNDING AND PLACEMENT PRIORITIES.

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