

# 2023-2024 Wayne County GSRP Intake Application

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

Federal Poverty Level (FPL): \_\_\_\_\_ Quintile: \_\_\_\_\_ Total Number of Eligibility Factors: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Language: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Licensed Site Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

***\*\*Staff MUST initial next to each document as it is received from the parent/guardian.\*\****

Enrollment File		Family Engagement File
<u>GSRP Forms required before enrollment:</u>		ASQ-3 Summary Sheet: Date Entered into system: _____
GSRP Intake Application Date Received: _____		COR or GOLD Report Dates: 1 _____ 2 _____ 3 _____
Income Documentation (If applicable) Type: _____ Date Received: _____		Individualized Development Plan Dates: _____
Birth Certificate or Alternative* Type: _____ Date Received: _____		CACFP or NSLP Participant Form
Parent Identification Type: _____ Date Received: _____		McKinney-Vento Form (If applicable)
<u>Licensing Forms required before enrollment:</u>		Additional Documents used by subrecipient
Child Information Record Date Received: _____		<b><u>Eligibility Factors: Check all that apply</u></b>
Immunizations Date Received: _____		1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____
Written Information Packet Documentation Date Received: _____		EF Documentation: _____
<u>Licensing Form due within 30 calendar days of start date:</u>		EF Documentation: _____
Health Appraisal Date Received: _____		EF Documentation: _____

\*See [Eligibility Factors Defined](#) document for acceptable alternatives and for information about what documentation is acceptable.

# Application

## GSRP Child

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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 \_\_\_\_\_

## Parent/Guardian

**Name:** \_\_\_\_\_

Address (if not child's address): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

**Employment Status:** Unemployed \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_ Seasonal \_\_\_\_\_

## Parent/Guardian

**Name:** \_\_\_\_\_

Address (if not child's address): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

**Employment Status:** Unemployed \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_ Seasonal \_\_\_\_\_

## **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:** \_\_\_\_\_

## **How did you hear of the Great Start Readiness Program?**

Radio Ad \_\_\_\_\_ TV Ad \_\_\_\_\_ Billboard \_\_\_\_\_ Flyer \_\_\_\_\_ Family/Friend \_\_\_\_\_

Other \_\_\_\_\_, please explain \_\_\_\_\_

\_\_\_\_\_

## Income Verification

- To calculate the Federal Poverty Level use the [Federal Poverty Level Calculator](#).
- **Families at or below 250% automatically qualify for Eligibility Factor 1.**
- Over-income (at or above 251%): Should not exceed 15% of your total enrollment, must have at least one Eligibility Factor as they will not qualify for an Eligibility Factor 1, must be [prioritized](#) based on FPL percent. See [Income Eligibility Guidelines](#) for more information.
- If a family provides income that is 2xM: multiply it by 2 to get a monthly amount which can be entered into the calculator.
- If a family provides documentation with two different pay frequencies, calculate them to be the same pay frequency. For example: if mom gets **monthly** income and dad gets **biweekly** income, multiply mom's amount by **12** and dad's amount by **26**, then add them together to get the total (i.e. \$700 x 12 months = \$8,400; \$300 x 26 = \$7,800; \$8,400 + \$7,400=\$15,800 annually).

List <b>ALL</b> household members for which you are financially responsible (include self, other adults, and children).					
Name	Relationship to Child	Age	Name	Relationship to Child	Age
	<b>GSRP Child</b>				

### Income Verification: EF-1 (Family qualifies for EF-1 if 250% of the FPL or lower)

Income Type*:		Frequency:		Gross Pay Amount:	
Income Type:		Frequency:		Gross Pay Amount:	
Income Type:		Frequency:		Gross Pay Amount:	
Income Type:		Frequency:		Gross Pay Amount:	
Total income from all sources:					

Total Number Supported: \_\_\_\_\_ Total income from all sources: \_\_\_\_\_

Federal Poverty Level (FPL): \_\_\_\_\_ Is this family at or below 250% FPL: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Quintile: \_\_\_\_ Income-eligible for: **Head Start**, Quintile 1 \_\_\_\_ 2 \_\_\_\_ **GSRP**, Quintile 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ OI \_\_\_\_

#### Documentation of No Income *(complete only if parent has no income)*

\_\_\_\_ I affirm that I do not receive income from any source      \_\_\_\_ I am a student

\_\_\_\_ I am supported by family members

\_\_\_\_ Other: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

\_\_\_\_ (Q1 or Q2) I understand that my family qualifies for Head Start and acknowledge that I have been given information regarding Head Start services and locations and that my name and phone number can be shared with local Head Start agencies.

## Eligibility Factors (EF)

Guidance: The bolded responses mean that the family qualifies for that eligibility factor.

### EF-2

Has your child been diagnosed with a disability or developmental delay? **Yes** \_\_\_\_\_ No \_\_\_\_\_

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 childcare center? **Yes** \_\_\_\_\_ No \_\_\_\_\_

### EF-4

Is the GSRP child from a multi-lingual home?: **Yes** \_\_\_\_\_ No \_\_\_\_\_

What language is spoken in your home? \_\_\_\_\_

### EF-5

Parent/guardian #1 completed high school/GED? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Parent/guardian #2 completed high school/GED? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

### EF-6

Has someone in your home ever been a victim of abuse and/or neglect? **Yes** \_\_\_\_\_ No \_\_\_\_\_

### EF-7: If a family answers yes to any or all of these questions it is considered ONE EF-7

Has your child lost a parent due to death, divorce, incarceration, military service, or absence? **Yes** \_\_\_\_\_ No \_\_\_\_\_

Does your child have a sibling with: a chronic illness, behavior issues, a disability? **Yes** \_\_\_\_\_ No \_\_\_\_\_

Has your child lost a sibling? **Yes** \_\_\_\_\_ No \_\_\_\_\_

Were one or both parents teen parents when your *first child* was born? **Yes** \_\_\_\_\_ No \_\_\_\_\_

Do you live in a high-risk neighborhood? **Yes** \_\_\_\_\_ No \_\_\_\_\_

High-risk neighborhood includes:

Daily exposure to environmental pollutants (lead, rodents, insect infestations)

High crime

Violence

Risk for injury

Drug abuse

High death rates

Unsafe or crowded housing

Lack of utilities

No space for children's play

Has your child been exposed to toxic substances, either before birth or after? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Toxic substances include:

Fetal Alcohol Syndrome

Children born addicted

Environmentally-induced respiratory problems

Did the family answer yes to any of the EF-7 questions above? **Yes** \_\_\_\_\_ No \_\_\_\_\_

Eligibility Factors: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ Total Number of EFs: \_\_\_\_\_

**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: \_\_\_\_\_

**By signing this intake application, I certify that I completed this form with the parent/guardian and the information is correct to the best of my knowledge.**

Staff Name (please print): \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_