

Fairfax County Office for Children

Virginia Preschool Initiative Enrollment 2015-2016

Applicant & Family Member Information

Applicant						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race/Ethnicity						
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> White	<input type="checkbox"/> Hawaiian/Pacific Islander			
<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Other: _____			
Primary Health Coverage			Medicaid	Pediatrician	Dentist	
<input type="checkbox"/> Children's Health Insurance Program (CHIP)		<input type="checkbox"/> Other	<input type="checkbox"/> Not Eligible			
<input type="checkbox"/> Private Health Insurance		<input type="checkbox"/> Medicaid	<input type="checkbox"/> On Medicaid			
<input type="checkbox"/> No Insurance			<input type="checkbox"/> Potentially Eligible			

Adult 1						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race/Ethnicity						
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> White	<input type="checkbox"/> Hawaiian/Pacific Islander			
<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Other: _____			
Highest Grade Completed		Employment Status			Child's Relationship	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training		<input type="checkbox"/> Natural/Adopted/Step (Parent)	
<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"/> Col Deg/Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School		<input type="checkbox"/> Niece/Nephew	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Foster	
<input type="checkbox"/> GED	<input type="checkbox"/> Master's				<input type="checkbox"/> Other	
E-mail Address: _____						

Family Information & Contacts

Family Information						
Living Address		Address Line 2	Zip	City	State	County
Mailing Address (if different)		Address Line 2	Zip	City	State	County
Phone Numbers		Type (check one)		Note (for example, an extension or best time to call)		
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				
Parental Status (check one)	Primary Language Spoken at Home	Homeless Family	Active Duty Military	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	

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

Certification: I certify that this information is true. If any part is false, my participation in this program may be terminated. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____

Date _____

Applicant Eligibility & Enrollment Information (For Office Use Only)

Eligibility			
Program Term	Program Name	Site Address	Classroom Name or Number
Application Status			Parent Consent Form
<input type="checkbox"/> Complete & Verified	<input type="checkbox"/> Incomplete, info not returned	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Incomplete	<input type="checkbox"/> Other - specify in notes		
Eligibility Status			
<input type="checkbox"/> Income below 200% of federal poverty level	<input type="checkbox"/> Homeless	<input type="checkbox"/> Foster Care	
<input type="checkbox"/> Income between 201-250% of federal poverty level	<input type="checkbox"/> Individual Education Plan	<input type="checkbox"/> Receipt of public assistance such as SSI, TANF	
<input type="checkbox"/> Individual Education Plan & Income below 350% of federal poverty level	<input type="checkbox"/> Parent without High School Diploma or GED		

Staff Signature _____

Date _____