Illinois Action for Children

PFA and PI Partner Site

Enrollment Form



Preschool For All Program (PFA) Prevention Initiative Program (PI)

Please check the child’s program

Intake Staff Checklist

Birth Certificate

Physical/Immunizations

Income Documentation

Parent Handbook

Home Visit Appointment

 Completed Application

Parent Consent Form

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| --- | --- | --- |
|  | Date Enrolled | Date Discharged |
| First Name Middle Name Last Name  |
| Date of Birth (Month/Date/Year) | Age at Enrollment | Gender (Male/Female) | Country of Birth if not in US |
| Race/Ethnicity (please circle one)American Indian or Alaska Native Asian Black/African American Hispanic/Latino Native Hawaiian/Pacific Islander Two or more Races/Ethnicities White/CaucasianOther:  |
| List any existing medical conditions, medication, and/or special attention your child may require(asthma, food allergies, health concerns) |
| Pediatrician’s Name: | Address: | Phone: |
| Parent Information: | Parent/Guardian 1: | Parent/Guardian 2: |
| Full Name: |  |  |
| Relationship to Child: |  |  |
| Home Address: |  |  |
| City/State/Zip Code: |  |  |
| Contact Numbers: | Home | Cell | Home | Cell |
| Employment Status: | * Unemployed, not seeking employment
* Unemployed, seeking employment
* Unemployed, enrolled in job training
* Employed Less than 20hrs per week
* Employed More than 20hrs per week
* Self-employed
 | * Unemployed, not seeking employment
* Unemployed, seeking employment
* Unemployed, enrolled in job training
* Employed Less than 20hrs per week
* Employed More than 20hrs per week
* Self-employed
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| --- | --- | --- |
| Place of Employment: |  |  |
| Work Address: |  |  |
| City/State/Zip Code: |  |  |
| Work Telephone Number: |  |  |
| Work Hours: |  |  |
| Scheduled Days andHours of Care Needed: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Parent Information cont.: | Parent/Guardian 1 | Parent Guardian 2 |
| Highest Education Level: | * High School Diploma/GED
* Some High School/No Diploma
* 8th Grade or Less
* Current High School Student
* Vocational School Training
* Associate Degree
* Some College
* Bachelor’s Degree
 | * High School Diploma/GED
* Some High School/No Diploma
* 8th Grade or Less
* Current High School Student
* Vocational School Training
* Associate Degree
* Some College
* Bachelor’s Degree
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| Family Information: |
| Person Completing Application: | Mother Father Guardian Other:  |
| **Family Size:** |  |
| **Family Income:** | $ | **per/month or per/year** |
| Family Structure: | Both Parents in Home Single Parent Family Parents Have Joint CustodyLives w/ an Adult other than Parent Other: |
| Child Welfare Involvement w/in the Past Year(Department of Children and Family Services)Yes No | Family Has an Open Intact Case(Assigned DCFS Caseworker)Yes No |
| Child has been a Youth in Care(Involvement with Foster Care System)Yes No | Child’s Parent is a Youth in Care(Either Parent of the Child is currently or within the past year has been a ward of the state)Yes No |
| Primary Language Spoken in Home (Please circle one) Arabic English Spanish Cantonese (Chinese)Vietnamese Polish Other:  |
| Native Language (Please circle one)Arabic English Spanish Cantonese (Chinese) Vietnamese Polish Other:  |
| Is the Child LEP? (Limited English Proficiency)Yes No | Is the child a military connected student?Yes No |
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| Other than you, who else has permission to pick up your child? |
| Name: Relationship: | Address: | Telephone Number: Home:Cell: |
| Name: Relationship: | Address: | Telephone Number: Home:Cell: |
| Name: Relationship: | Address: | Telephone Number: Home:Cell: |
| In case of an emergency, I give permission for the following people to pick up my child. |
| Name: Relationship: | Address: | Telephone Number: Home:Cell: |
| Name: Relationship: | Address: | Telephone Number: Home:Cell: |
| Name: Relationship: | Address: | Telephone Number: Home:Cell: |
| Enrolled Sibling(s): |
| Enrolled Sibling 1: | Name: | Age: |
| Enrolled Sibling 2: | Name: | Age: |
| Enrolled Sibling 2: | Name: | Age: |
| Child Information/History: |
| Age of Mother at Birth: |  | Were parents married at time of birth?Yes No |  |
|  |  |  |
| Was the child born with a low birth weight?(under 5lbs. 8ozs.)Yes No | Birthdate of Biological Mother (if available) | Birthdate of Guardian/Caregiver(if not biological mother) |

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|  | Special Education Services: |
| Is the child receiving IDEA (Individual with Disabilities Education Act) or IEP (Individualized Education) program services?Yes No | If yes, location of where the child receives services? |
| If yes, date IEP (Individualized Education Program) was completely developed and implemented? | Date services began: |
| If the child is receiving services, please check the IDEA (Individuals with Disabilities Education Act) service option below:Blended Preschool Classroom Self-contained Early Childhood Education Special Education Speech Only Services |
| Is the child receiving Early Intervention Services?Yes No | If yes, provide the Early Intervention Number: | If yes, provide the Early Intervention Eligibility Date: |
| Referral Source:Referred by CFC (Child and Family Connections) or EI (Early Intervention) Early Learning Program/Child Care Other:  |
| Delay in Early Intervention to Special Education Transition:Please check the box for the reason why your child experienced a transition delay for Early Intervention to Special Education (if applicable)?* Parent failure or refusal to produce child for evaluation caused a delay in the eligibility determination timeline.
* The child enrolled in the district after parental consent was received in another district, but before eligibility could be determined.
* Early Intervention CFC (Child and Family Connections) sends the referral after the child is 2 years and 9 months, but they received the child before age 2 years and 9 months.
* Early Intervention CFC (Child and Family Connections) Received child after 2 years and 9 months and makes the referral.
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| If the child is dually enrolled in a school district for services, provide information here. |
| Name of Illinois Action for Children Head Start or Preschool for All Site | School District Name | School District Contact Information | Start Date of Services with the District |

# Signature of parent/guardian: Signature of Program Staff: Signature of IAFC Staff:

Date: Date: Date:

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| Eligibility Information: |
| Birth Certificate | Proof of Income | Please check one: Homeless Foster Care | Public Assistance/TANF |
| Type of Income Documentation:Tax Form W-2 Pay Stubs No Income Letter Other  |
| Family Summary: | Family Size: | Family Income |

\*Please note, the amounts in each column represent the maximum for each category.

***Ex:*** *A single mother with a household of 3 who makes $18,500 would fall in the 100% FPL category because she makes more than the maximum for the 50% FPL of $10, 390*

**\*Please circle the FPL the family falls in below.**

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| **2019 Federal Poverty Level Guidelines** |
| Persons in Family/Household | 50% | 100% | 200% |
| 1 | $ 6,245 | $12,490 | $24,980 |
| 2 | $8,455 | $16,910 | $33,820 |
| 3 | $10,665 | $21,330 | $42,660 |
| 4 | $12,875 | $25,750 | $51,500 |
| 5 | $15,085 | $30,170 | $60,340 |
| 6 | $17,295 | $34,590 | $ 69,180 |
| 7 | $19,505 | $39,010 | $ 78,020 |
| 8 | $ 21,715 | $ 43,430 | $ 86,860 |

Previous Program Attended: (circle all that apply)

Early Childhood Program Prevention Initiative (birth to 3) Early Head Start (birth to 3) Early Intervention (birth to 3/infants and toddlers with disabilities/DHS)

Child Care No Previous Program Attended (First time enrolling in an Early Learning Program)

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| --- | --- | --- |
| **CRITERIA** | **POINTS** | **ISSUED POINTS** |
|  | **HIGHEST PRIORITY (if any marked with an “\*” is selected, family should be immediately enrolled)** |
| **\*Homeless** | **200** |  |
| **\*Child and/or Mother is in Foster Care** | **200** |  |
| **\*Receiving Public Assistance SSI, TANF (documented/cash benefits only)** | **200** |  |
| **\*Family income at or below 50% of Federal Poverty Level** | **200** |  |
| **Child with diagnosed disability with IEP/IFSP/504B or is referred for special education evaluation (parent must provide documentation of referral for evaluation & proof of family income)** | **200** |  |
|  | **SECONDARY PRIORITY** |
| **Mother is pregnant** | **100** |  |
| **Sibling of currently enrolled** | **100** |  |
| **Transitioning from PI** | **100** |  |
| **Family is in the DCFS system (including those receiving intact services)** | **100** |  |
|  | **OTHER FACTORS** |
| **Family income at or below 100% of Federal Poverty Level** | **50** |  |
| **Receiving SNAP** | **50** |  |
| **Child is 3 years old (includes 2 years old at time of enrollment)** | **50** |  |
| **Teen Parent (at time of birth of child)** | **50** |  |
| **Single Parent Family** | **50** |  |
| **Relative or Grandparent (primary caregiver)** | **50** |  |
| **Parent/Caregiver primarily speaks a language other than English at home** | **50** |  |
| **Primary Care Giver has less than 12th grade (high school diploma)** | **50** |  |
| **Returning Child from previous HS program** | **50** |  |
| **Child’s Parent/Guardian active military or veteran** | **50** |  |
| **Screening indicates delays in development but no referral to special education at this time** | **50** |  |
| **Total Points** |  |  |