





## **GSRP Preschool Application 2019-2020** These materials were developed under a grant awarded by the Michigan Department of Education

Date of Application:	Child's Name:				
Child's Birthdate:	Place of Birth:		G	ender:	
Proof of Birth* (Type of Document): *Refer to Eligibility Factor Guidance Sheet for other qualifications.					
If applicable, Date of Arrival in the I	Jnited States:		-		
Address:		_ City:	Zip Co	de:	
Type of MEDICAID Insurance:	Case #:	Case #: Child's Recipient ID:			
OTHER Medical Insurance:	Po	licy Number:	NO Health I	nsurance	
Parent/Guardian's Name:		Place of Birth:			
Address ( <i>if not child's address</i> ):		City:		Zip Code:	
Home Phone:	Cell:	V	Vork:		
E-mail address:					
Marital Status:Married	SingleDivorcedY	WidowedSeparate	d		
Parent/Guardian's Name:Place of Birth:					
Address (if not child's address):		City:		Zip Code:	
Home Phone:	Cell:	V	Vork:		
E-mail address:					
Marital Status:Married	SingleDivorced	WidowedSeparate	d		
(EF-7) Who has legal custody of the	<b>e child?</b> MotherFa	therFoster Care	Legal Guardian	Grandparent	
If quardian or foster parent (other than biological parent), please complete:					
Legal Guardian's Name(s):	egal Guardian's Name(s): Case Number:				
List ALL household members for which you are financially responsible (include self, other adults, and children).					
Name	2	Relationship	to Child	Age	







EF-4 Primary language spoken in the home: Is the student's ethnicity Hispanic or Latino? Yes: No:				
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 IslanderHispanic or Latino				
Has your child attended school anywhere before? If yes, date they started school:				
Name of School: City, State:				
<b>EF-1 Family Income</b> (Estimated annual income (last 12 mos.) before deductions, including overtime): \$				
EF-1 Does your family receive benefits from (DHS) Department of Human Services, SSI?				
If YES, please explain:				
Parent/Guardian's Employment Status:UnemployedPart TimeFull TimeSeasonal				
Job Description:				
Parent/Guardian's Employment Status:UnemployedPart TimeFull TimeSeasonal				
Job Description:				
EF-5 Highest grade or degree completed: Parent/Guardian: Parent/Guardian				
EF-2 Has your child been diagnosed with a disability or developmental delay?				
If YES, please explain:				
<b>EF-3</b> Has your child been expelled from preschool or a child care center?				
EF-6 Has someone in your home ever been a victim of abuse and/or neglect?				
<b>EF-7</b> Is there any other information you believe would qualify your child for our program**?				
Please explain:				
How did you hear of the Great Start Readiness Program?				
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:				
Office Use Only Teacher Assigned:UIC:Start Date: End Date:				
% FPL: Quintile: GSRP Eligible: Head Start Eligible: Date Referred: ASQ Date:				
Eligibility Factors:1234567 Supporting Documentation:				
Staff Name (please print):				
Staff Signature: Date:				