

Applying Child: _____ DOB: _____

This section is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the applicant may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No

2. If no, please skip the rest of this section.

If yes, please answer the questions below.

Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

Where is the child presently living? (Check one box)

- In a motel Moving from place to place
- In a shelter With more than one family in a house or apartment
- In a place not designed for ordinary sleeping accommodations, such as a car, park, or campsite.

I certify that the above information on pages 1 and 2 is true and accurate. I understand that should verification determine that any part of the application is false, it may hinder the application process. I also understand that the information contained will be held in confidence and used to determine eligibility and program planning.

Applicant's Signature: _____ Date: _____

*Please mail or return this application to this address
→
or to your local Head Start or GSRP site*

Barry ISD
Attn: Birth-to-5 Application
535 W. Woodlawn Ave.
Hastings, MI 49058
Phone: (269) 945-9545 x 163

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For Staff use only: Distributed by: DATA Tracking # WEBSITE
 Date Received in Data:

Developmental, Disability & Health Concern Identification Section

Does your child have a disability, health, or developmental concern? Yes No

Your response is voluntary and the information provided about your child is confidential. Your declining to respond will not be used to exclude your child from enrollment.

Is your child now being, or has your child ever been, **evaluated** for any of the following disabilities or health concerns? Do you have any concerns, even though your child has not yet been evaluated? Please **check** all that are appropriate.

	<u>Evaluated</u>	<u>Confirmed/qualified</u>	<u>Concerns</u>
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational (EARLY ON, Project Find)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Behavioral Disorder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment/Deafness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Impairment (physical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech or Language Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment/Blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please explain) _____			

Where are services provided (school/agency): _____

Specialist or Medical Provider name: _____

If your child is receiving services, please sign the release of information consent below.

Release of Information Consent

Release of Information regarding (Child's name): _____

I, _____, as parent/guardian, hereby give my permission for Community Action ECS to contact the above for information regarding my child.

 Signature of Parent/Guardian Date

Early Childhood Risk Factors

Please answer each question in the right hand column with a yes or no.

Parents do not fill out sections under “FOR OFFICE USE ONLY”

Risk Factor	Definition	Please check Yes or No on each question.
Child is diagnosed with a disability or has an identified developmental delay	Child is eligible for special education services or child’s developmental progress is less than that expected for his/her age or has chronic health issues causing development or learning problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No – Child has active IEP and is receiving special education services <input type="checkbox"/> Yes <input type="checkbox"/> No – Child has an IFSP and received Early On Services <input type="checkbox"/> Yes <input type="checkbox"/> No – Child has health issues that could result in a developmental delay or learning difficulty. <input type="checkbox"/> Yes <input type="checkbox"/> No – Physician has referred for special education services <input type="checkbox"/> Yes <input type="checkbox"/> No – Child has received a low score on a developmental screening
Severe or challenging behavior	Child has been expelled from a preschool or child care center	<input type="checkbox"/> Yes <input type="checkbox"/> No – Child’s behavior has repeatedly prevented him/her from participating in a group setting (for example: preschool, church, or day care) <input type="checkbox"/> Yes <input type="checkbox"/> No – A mental health professional has referred child for services.
Primary home language other than English	English is not spoken in child’s home; English is not the child’s first language.	<input type="checkbox"/> Yes <input type="checkbox"/> No – Your child is entering school not able to speak English and must learn the language. <input type="checkbox"/> Yes <input type="checkbox"/> No – English is your child’s second language.
Parent/s with low educational attainment	Parent has not graduated from high school or is struggling with illiteracy.	<input type="checkbox"/> Yes <input type="checkbox"/> No – One or both parents did not graduate from high school <input type="checkbox"/> Yes <input type="checkbox"/> No – One or both parents have difficulty with reading or cannot read.
Abuse/neglect of child or parent	Domestic, sexual, or physical abuse of child or parent; child neglect issues.	<input type="checkbox"/> Yes <input type="checkbox"/> No – Child has been abused or neglected or there has been domestic or spousal abuse of parent or sibling. <input type="checkbox"/> Yes <input type="checkbox"/> No – There has been abuse of alcohol, prescription or non-prescription drugs by family members or in the home.
Environmental Risks	Parental loss due to death, divorce, incarceration, military service, or absence.	<input type="checkbox"/> Yes <input type="checkbox"/> No – Parent deployed in the military <input type="checkbox"/> Yes <input type="checkbox"/> No – Parent incarcerated <input type="checkbox"/> Yes <input type="checkbox"/> No – Parent suffers from chronic illness (physical, emotional, mental) <input type="checkbox"/> Yes <input type="checkbox"/> No – Frequent changes in custody of child. <input type="checkbox"/> Yes <input type="checkbox"/> No – Grandparent raising grandchild <input type="checkbox"/> Yes <input type="checkbox"/> No – Single parent or parents have divorced or separated <input type="checkbox"/> Yes <input type="checkbox"/> No – Child is in foster care.

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Environmental Risks (continued)	Sibling Issues exist	<input type="checkbox"/> Yes <input type="checkbox"/> No – Child’s situation is negatively effected by issues related to a sibling (chronic illness, behavior issues, disability, death)
	Teen parent	<input type="checkbox"/> Yes <input type="checkbox"/> No – Parent was not yet 20 at the birth of first child.
	Family is homeless or without stable housing	<input type="checkbox"/> Yes <input type="checkbox"/> No – Family is homeless, living in a shelter, or with other families <input type="checkbox"/> Yes <input type="checkbox"/> No – Family home is in foreclosure or there are frequent changes in your residence.
	Residence in a high risk neighborhood	<input type="checkbox"/> Yes <input type="checkbox"/> No – Child experiences daily exposure to environmental pollutants (lead exposure, rodents, insect infestations). <input type="checkbox"/> Yes <input type="checkbox"/> No – Neighborhood has a high crime rate, violence, injury, drug abuse or death rates <input type="checkbox"/> Yes <input type="checkbox"/> No – Home is unsafe or crowded <input type="checkbox"/> Yes <input type="checkbox"/> No – Home has lack of utilities or no space for children’s play.
	Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays.	<input type="checkbox"/> Yes <input type="checkbox"/> No – Child born with Fetal Alcohol Syndrome <input type="checkbox"/> Yes <input type="checkbox"/> No – Child born addicted to drugs <input type="checkbox"/> Yes <input type="checkbox"/> No – Child suffers from respiratory problems because of environment

FOR OFFICE USE ONLY – Parents do not fill out last sections

Extremely Low Family Income	Extremely low family income (under 200% of poverty level)	This risk factor is reserved for children eligible for Head start who cannot be served by Head Start, and those just over the Head Start income guideline. This risk factor counts as two risk factors when prioritizing children for enrollment.						
Low Family Income	Low family income is between 200% and 300% of federal poverty level	Families are not income eligible for Head Start but are income eligible for GSRP.						
Risk factors	#1 Disability 1	#2 Behavior 1	#3 Language 1	#4 Low Education 1	#5 Abuse/Neglect 1	#6 Environmental 1	#7 Income < 200% 2	#8 Income 200-300% 1
Income Category	A Below Poverty Guidelines	B 101%-130% of Poverty Guidelines	C 131%-185% of Poverty Guidelines	D 186%-300% of Poverty Guidelines	E Over 300% of Poverty Guidelines			