

EARLY CHILDHOOD PROGRAMS OF NORTHWEST MICHIGAN CLIENT INTAKE 1 of 2

Preferred Placement 1 2	School District	Class Age Based on Program Year	GSRP Age Eligible GSRP Early Entry	GSRP Eligibility Factors	EHS Transition EHS Staff _____						
1. Street Address Zip Code			City State	PO Box# Zip Code	State City						
2. First / Last Name of Parent/Guardian/Foster		DOB	Gender	Educ. Level	Present Employment Status	Email Address	Phone Number/Txt				
A01											
A02											
Parental/Guardian Status Pregnant Mother/Expectant Father		Due Date _____		Current Teen Parent Custody Agreement	Military Status Write notes in box 20.						
3. First / Last Name of Applicant C01		DOB	Gender	Related To	How Related	Ethnicity Hispanic/Latino	Race				
4. First / Last Name of Children C02		DOB	Gender	Related To	How Related	First and Last Name of Children C06	DOB	Gender	Related To	How Related	
C03						C07					
C04						C08					
C05						C09					
5. Number of People in Family			Number of Children in Family			Birth to 3 Years Old					
6. Primary Language Spoken in Home Secondary Language				Is anyone in the home acquiring or learning another language in addition to English? Language acquiring or learning.							
7. Do you currently receive? WIC		Healthy Families America		MDHHS Child Care Subsidy		Maternal Infant Health Program (MIHP)					
8. Related to an NMCAA employee?		If yes, first/last name of employee and relationship to applicant.									
9. Were they professionally referred to the program?				By Who?			Why?				
10. Health Insurance Dental Insurance				Medical Provider and/or Office Dental Provider and/or Office							
11. Medically Diagnosed Allergies Describe				Chronic/Serious Health and/or Dental Conditions Describe							
12. Diagnosed Disability with Current IEP/IFSP Describe				Y	N	Suspected Disability Describe			Special Accommodations Needed Describe		

Check all that apply											
<b>13.</b>	Income:	Low income at or below 250% FPL	251% - 300% FPL							<b>GSRP #1</b>	
		301% - 350% FPL	351% and above FPL								
<b>14.</b>	Diagnosed Disability or Identified Developmental Delay:	IEP	Early On	Doctor Report	Screening Tool					<b>GSRP #2</b>	
<b>15.</b>	Severe or Challenging Behavior:	Expelled From	Medical or Mental Health Referral								<b>GSRP #3</b>
<b>16.</b>	Primary Home Language Other than English:	Child's Primary Language			Child's Home Language					<b>GSRP #4</b>	
<b>17.</b>	Parent/Guardian(s) with Low Educational Attainment:	Father	Mother	Note:						<b>GSRP #5</b>	
<b>18.</b>	Abuse/Neglect of Child or Parent:	Child:	Drugs	Alcohol	Physical	Parent:	Drugs	Alcohol	Physical	<b>GSRP #6</b>	
		Person in the Home:	Drugs	Alcohol	Physical	Family Member:	Drugs	Alcohol	Physical		
	Note										
<b>19.</b>	Environmental Risk	Loss of Parent/Reason	Teen Parent(not yet 20 at birth of 1st child)/Age							<b>GSRP #7</b>	
	Sibling Issues:	Chronic Illness	Behavioral Issues	Disability	Death	Note					
	Homeless or Without Stable Housing:	Shelter	Transitional Housing	Doubled Up	Hotel/Motel	Unsheltered					
	Residence in High Risk Neighborhood	Prenatal Exposure to Toxic Substances			Note						
<b>20.</b>	Eligibility Notes/Additional Information										
<b>21.</b>	Income: Family Member	Source/Employer	Annual Income	Income Verified By: Tax Forms W2 Pay Stubs UIA Child Support							
				MDHHS 3 <sup>rd</sup> Party FIS McKinney-Vento SSI Foster Care Other							
				Age Verified By: Certified Birth Certificate Hospital Birth Certificate							
				MCIR MDHHS Court Documents Other							
<b>22.</b>	Eligibility Criterion:	Foster/Kinship Care	Total Yearly	HS/ EHS Eligibility:		Eligible	OI	Returning 2nd Year Eligibility			
		SSI/FIP/SNAP Homeless	Income	GSRP Eligibility:		Eligible	OI				
<b>23.</b>	<b>RELEASE OF APPLICATION INFORMATION AND SHARING OF EARLY CHILDHOOD APPLICATION INFORMATION</b>										
	To increase the likelihood of my child benefiting from an early childhood educational experience, I, parent/guardian/foster, authorize Early Head Start, Head Start, Tribal Head Start, Non-profit Licensed School Readiness Programs, the Local School District, the Intermediate School District and District Partners to share family/child application/eligibility information. This authorization shall remain in effect for two years from the signature date. Consent is voluntary and may be revoked by the undersigned at any time. Revocation is not retroactive and therefore does not apply to an action that occurred before the consent was revoked.										
	Child's Name _____		Date of Birth _____		Parent/Guardian/Foster Signature _____				Date _____		
<b>24.</b>	Certification: <i>I certify that this information is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during business hours.</i>										
	Parent/Guardian/Foster Signature _____				Date _____						
<b>25.</b>	Signature of Verifying EHS/HS/GSRP Staff Member: _____						Date: _____				