**Procedure for Completing the**

**Early Childhood Programs of Northwest Michigan Client Intake**

**ONE** application must be completed for **EACH** applicant who is applying for a program.

Note: For GSRP, if the family has joint custody and neither parent receives child support, an application must be completed with each parent.

Applications should be taken in person rather than over the phone. During an in-person interview, sensitive information may be shared from the family. This will also help to build a strong relationship foundation for appropriate services for children and families.

HSPPS 1302.12(2): Program staff may interview the family over the telephone if an in-person interview is not possible or convenient for the family.

Agency Policy: Staff who intentionally violate eligibility rules would be in violation of the NMCAA Standards of Conduct and are subject to discipline up to and including termination.

Applications should not be sent to the verifying Manager unless every item is complete on the application and all income is verified (no incomplete applications). Note: Applications can be sent to the verifying Manager even if there is trouble documenting the age of the child. Document attempts to obtain age verification on the Application Notes page.

**Preferred Placement 1st and 2nd Choice:** Family preference of waitlist placement.

**School District:** School district the applicant currently lives in.

**Class Age**: Applicant’s class age based on program year applying for.

 Choose “Prenatal” if applicant is an expectant mother.

**Based on Program Year**: Program year the family is applying for (September 1-August 31).

**GSRP Age Eligible**: If the applicant is age eligible for GSRP, select Y, if not select N

 Applicant will be 4 years old on or before December 1st of the school year the application is considered for.

**GSRP Early Entry**:If the applicant will be 4 years old between 9/2-12/1, select Y, if not select N.

**GSRP Eligibility Factors**:Total number of eligibility factors based on GSRP#1-7 on 2nd page.

 Refer to GSRP Implementation Manual, Program Eligibility Factors for guidance.

**EHS Transition**: If applicant is transitioning from EHS select Y, if not, select N.

**EHS Staff**: Type in the current EHS home visitors first and last name or site name if center based.

**Section 1 -** **Living and Mailing Address**

Enter the current living **Street** **Address**, **City**, **Zip Code** and **County**. If mailing address is different than

current living address complete the **PO Box** section.

\* Applicant must live in Michigan to apply.

**Section 2- Parent/Guardian/Foster Information**

 **Row A01**- Information regarding the adult completing the application.

 **Row A02**- Information regarding the secondary adult in home.

Enter the first and last name(s), date of birth (MM/DD/YY), and gender by either M or F for each

individual Parent/Guardian/Foster.

 \* A01/A02 must be related to the applicant by blood, marriage, adoption, guardianship,

 foster/kinship care, power of attorney to be on the application.

**Educ. Level:** Select the highest education level completed.

|  |  |
| --- | --- |
| G09: Grade 9 or less | CTG: Vocational or Trade School |
| G10: Grade 10 | COL: Some college or advanced training |
| G11: Grade 11 | AD: Associates Degree |
| G12: Grade 12 | BD: Bachelor’s Degree |
| HSG: High School Graduate | MD: Master’s Degree |
| GED: General Educational Development | PHD: Ph.D./Doctorate |

 **Present Employment Status:** Select current status

|  |  |
| --- | --- |
| Full Time (30 or more hours per week) | Part Time (29 or less hours per week) |
| Unemployed  | Seasonally employed |
| Retired  | In training or school |
| Disabled | \*Homemaker |
| \*\*Part time and in training | \*\*Full time and in training |

\*Select homemaker if the person is a stay-at-home parent or guardian and has not received income

 or unemployment in the last 12 months.

\*\*If an adult is in school but also is working full or part time, select part time and in training or full

 time and in training.

**Email:** Current e-mail address

**Phone Number:** Current phone number including area code.

**Txt:** Select “Y” if they accept text messaging, if not, select “N”.

**Parental/Guardian Status:** Select the appropriate status; One Parent, Two Parents, Guardianship,

Foster/Kinship Care, Power of Attorney.

 **Current Teen Parent:** Select Y if the parent is not yet 20 of the applying child, if not select N.

 **Military Status:** Select Veteran, Active Military or Veteran/Active if A01 and/or A02 meet the criteria.

 **Expectant Family:** If the mother or father of the applicant is currently pregnant or expecting a child,

select Y and indicate the due date.

 **Custody Agreement:** Indicate “Y” or “N” if there is a custody agreement for divorced or separated parents

of the applicant. Describe any custody arrangements in box 20. IE: Week on week off, etc.

Note: GSPR applications: If there is 50/50 custody of the applicant, without either receiving child support from the other, two applications must be completed. One for each individual parent/family of the applicant.

**Section 3 - Program Applicant Information**

 **C01**

 **Applicant’s legal name:** First/Last as it appears on the birth certificate.

 **Applicant’s date of birth:** MM/DD/YY. Age can be verified using a certified birth certificate, hospital birth

certificate, MCIR Record, MDHHS Documents, or Court Documents.

 **Gender:** Select M for male; F for female.

 **Ethnicity Hispanic/Latino:** Select Y if child is Hispanic/Latino, Select N if they are not.

 **Race:** Select the code letter for race; you may select more than 1 if biracial.

AI/AN: American Indian or Alaska Native

Asian: Asian

B/AA: Black or African American

NH/OPI: Native Hawaiian or Other Pacific Islander

W: White

**Related to:** This would include stepparents and foster parents.

B12: Child is related to both adults listed in Section 2 through blood/birth/adoption.

A01: Child is related only to the first adult listed through blood/birth/adoption.

A02: Child is related only to the second adult listed through blood/birth/adoption.

**How related:** C: Natural or adopted child (includes stepchild)

F: Foster Child

G: Grandchild

R: Relative

O: Other

**Section 4 – Children in the Family Information**

\*A Child in the Family is defined as any child living in the home.

\*List additional children on the Application Notes page.

 **C02-C09**

 **Childs legal name:** First/Last.

 **Childs date of birth:** MM/DD/YY

 **Gender:** Select M for male; F for female.

 **Related to:** This would include stepparents and foster parents.

B12: Child is related to both adults listed in Box 20 through blood/birth/adoption.

A01: Child is related only to the first adult listed through blood/birth/adoption.

A02: Child is related only to the second adult listed through blood/birth/adoption

 **How related:** C: Natural or adopted child (includes stepchild)

F: Foster Child

G: Grandchild

R: Relative

O: Other

**Section 5 – Number Of People In Family**

 **Number of people in** **family**: Indicate the total number of immediate family through blood, marriage or

adoption listed on the application in Sections 2,3 and 4.

\* Foster Care/Kinship Care Children and Children placed in Kinship care by MDHHS are considered a family of one.

\* EHS applications can include the unborn baby in the number of people in the family if the application is for the expectant mother. For EHS, once the baby is born a Change of Status needs to be completed dropping the mother and adding the baby to EHS. Also, a new application needs to be completed for the baby.

\*Head Start/GSRP applications do not count the unborn baby; but once the baby is born, staff will complete a change of status to add the baby to family.

 **Number of children in the family:** Indicate the total number of children in the family.

 **Number of children age Birth-3 years:** Indicate the total number of children in the family who are 0-3

years old.

**Section 6 – Language Spoken in the applicants home**

 **Primary language** **spoken in the applicant’s home:** Indicate the primary language spoken in the home.

 **Secondary language:** If a secondary language is spoken in the applicants home Indicate it here.

 **Is anyone in the home acquiring or learning another language in addition to English?** Indicate Y or N.

 **Language acquiring or learning.** If “Y” is indicated above, specify the name of the language here.

**Section 7 – Do you currently receive?**

 To the right of each support indicate “Y” or “N” if the family is currently receiving it.

**WIC:** Is the family is currently enrolled in WIC (Women Infant Children)?

**Healthy Families America:** Is the family is currently enrolled in the Healthy Families America program?

**MDHHS Child Care Subsidy:** Does the family currently receive a Child Care Subsidy?

**Maternal Infant Health Program (MIHP)**: Is the family currently enrolled in MIHP?

**Section 8 – Related to an NMCAA employee?**

 **Related to an NMCAA employee?:** To the right indicate “Y” or “N” if the applicant is related to an NMCAA

employee. IE parent, grandparent, aunt, uncle, cousin, etc.

 **If yes, first/last name of employee and relationship to applicant.:** Indicate the first/last name of the family

member the applicant is related too, include the type of relationship. IE parent, grandparent, aunt,

uncle, cousin, etc.

**Section 9 –** **Were they professionally referred to the program?**

 **Were they professionally referred to the program?:** To the right indicate “Y” or “N” if the applicant the

applicant was professionally referred to program. IE from MDHHS, CPS, WIC, Local ISD, etc.

 **By who?:** Indicate the name of the referring agency.

 **Why?**: Indicate why the referring agency made the referral. IE Support family outcomes/goals.

Support child/parent development. Assist in providing stability for the family, etc.

**Section 10 – Health/Dental insurance, Medical/Dental Home**

 **Health Insurance:** If the applicant has health insurance select the type, either Medicaid or Private Health

Insurance. If the applicant does not have health insurance indicate No Insurance.

 **Medical Provider and/or Office:** If the applicant has an established medical home and/or physician,

indicate the name of the practice or doctor’s name. If they do not have an established medical home

and/or doctor indicate “Not at this time”.

 **Dental Insurance:** If the applicant has dental insurance select the type, either Medicaid or Private Health

Insurance. If the applicant does not have health insurance indicate No Insurance.

 **Dental Provider and/or Office:** If the applicant has an established dental home and/or dentist,

indicate the name of the practice or dentist’s name. If they do not have an established dental home

and/or dentist indicate “Not at this time”.

**Section 11 – Medically Diagnosed Allergies, Chronic/Serious Health and/or Dental Conditions**

 **Medically Diagnosed Allergies:** Indicate diagnosed allergies the applicant has. IE: eggs, milk, tree nuts, etc.

 **Describe:** Describe what the reaction is to the allergy indicated above. Do they have an EPI Pen, need

medication administered at school, food/beverage substitute. If more space is needed document

this on the application notes page.

 **Chronic/Serious Health and/or Dental Conditions:**  Indicate If there are any health and/or dental concerns

for the applicant. IE: chronic ear infections, tubes in their ears, wears glasses, tooth decay, etc.

 **Describe:** Add any additional comments related to the condition, the that would assist staff in supporting

the family.

**Section 12 – Current Diagnosed Disability, Suspected Disability, Special Accommodations Needed**

 **Diagnosed Disability with Current IEP/IFSP:** Indicate“Y” or “N”If the child has a current IEP or IFSP from

an ISD or Early On.

 **Describe**: What services does the applicant currently receive through their IEP/IFSP? IE: Speech, OT, PT, etc.

 **Suspected Disability:** Indicate “Y” or “N” if there is a undiagnosed concern regarding the applicant

development to include cognitive, physical social emotional, etc.

 **Describe**: Describe the undiagnosed concerns for the applicant. IE: ADD, ADHD, Speech, Autism, etc.

 **Special Accommodations Needed:** Indicate “Y” or “N” if the applicant needs any accommodations.

 **Describe**: Describe the accommodation. IE: Will need a special chair, a ramp to get into the school, etc.

**Note: Sections 13 through 19 are also GSRP Program Eligibility Factors. Guidance on determination if the applicant meets the criteria can also be referenced from the current GSPR Implementation Manual: Program Eligibility Factors Defined.**

When deciding whether a situation or condition should be considered an eligibility factor, the most important question to ask is whether and how the situation puts the child at risk for low educational attainment and how the risk factor will have a negative impact on the child’s development. If the situation or condition is not something that puts the child’s educational future at risk, then it is not an eligibility factor for that child.

**Section 13 – Income** **(GSRP Eligibility Factor #1)**

Check the appropriate income eligibility that corresponds to the family’s total gross household income

based upon the Child Development Poverty Income Guidelines.

\*Families experiencing homelessness, receiving public assistance (FIP, SNAP. SSI) and children in foster care automatically are considered Low income at or below 250% FPL. Their QSRP Quintile is 0-50% on the Eligibility Verification page of the application packet

**Section 14 –** **Diagnosed Disability or Identified Developmental Delay (GSRP Eligibility Factor #2)**

 Check the box left of Diagnosed Disability or Identified Developmental Delay if any of the following are

 applicable to the applicant. Also check the box to the left of the qualifying factor.

 Current IEP.

 Early On transition referral at age three.

 Special education referral: developmental concerns noted, but not eligible for services.

 Screening assessment results combined with professional or parental referral.

 Specific diagnosis on health form.

 Referral or diagnosis from physical or mental health system or provider, or other early

childhood program.

**Section 15 – Sever or Challenging Behavior (GSRP Eligibility Factor #3)**

 Check the box left of Severor Challenging Behavior if any of the following are applicable to the applicant.

 Also Check the box to the left of the qualifying factor.

Child has been expelled from preschool or child care center.

Social services or medical referrals.

Parent report that applicants behavior has prevented participation in another group setting.

Legal report or restraining order.

Check the box to the left of the qualifying factor.

**Section 16 –** **Primary Home Language Other than English (GSRP Eligibility Factor #4)**

Check the box to the left of Primary Home Language Other than English if English is not spoken in the child’s

Home or English is not the child’s first language. If this box is checked, then complete:

**Childs Primary Language:** Indicate the language the applicant primarily speaks.

**Child’s Home Language:** Indicate the primary language spoken in the applicant’s home.

**Section 17 – Parent/Guardian(s) with Low Educational Attainment (GSRP Eligibility Factor #5)**

 Check the box to the left of Parent/Guardian(s) with Low Educational Attainment if one or both of the

 Parent/Guardian(s) have not graduated from high school, earned a GED or is illiterate. If this box is checked,

 then to the left of **Mother** and/or **Father** indicate the highest completed grade level the parent/guardian.

**Section 18 – Abuse/Neglect of Child or Parent (GSRP Eligibility Factor #6)**

 Check the box to the left of Abuse/Neglect of Child or Parent if they meet any of the following criteria:

 Domestic, sexual, or physical abuse of child, sibling, person in the home or parent; child neglect issues.

In addition to this, check the corresponding boxes specific to the individual(s) it pertains to.

IE: If a parent experienced Domestic Violence, check the box to the left of “Parent” followed by the

box to the left of ”Physical”. You can also make a note as to which parent it pertains to.

**Section 19 – Environmental Risk (GSRP Eligibility Factor #7)**

Check the box to the left of Environmental Risk and any boxes that specifically identify the Environmental

 Risk, if they meet any of the following criteria:

 **Loss of Parent** due to death, divorce, incarceration, military service, or absence; Could include armed

services deployment, incarceration, chronic illness (physical, mental, emotional), or frequent changes in custody, grandparents raising grandchildren, single parent, foster family or marital problems. **Reason:** Note the specific reason. Additional notes can be written in box 20.

 **Teen Parent**, not age 20 when first child born; If child is a much later birth, rather than the first child of

a teenager or one of several in close proximity, the factor may or may not cause risk and should

be examined carefully. **Age:** Note the age of the parent at the time of birth of their first child.

 **Sibling Issues**; Child’s situation is negatively affected by issues related to a sibling that include chronic

illness, behavior issues, disability, death. **Note:** Any specifics that support the issue. Additional notes can be written in box 20.

 **Family is Homeless or Without Stable Housing;** Family is homeless, living in a shelter or with other

families, is in home foreclosure, or has frequent changes of residence. Check the specific current Homeless Criteria.

 **Residence in a High-risk Neighborhood;** Area of high poverty, high crime, with limited access to limited

community services.

 **Prenatal or Postnatal Exposure to Toxic Substances,** known to cause learning or developmental

delays. Prenatal or postnatal toxic exposure including Fetal Alcohol Syndrome, children born

addicted, or environmentally induced respiratory problems. Note: The specific toxic substance and any other information that may be helpful in understanding the circumstances around the exposure. Additional notes can be written in box 20.

**Section 20 – Eligibility Notes/Additional Information**

This is a place to document any information that would be helpful for staff to know/consider when working with/supporting the applicant and/or family. This may include and is not limited to: Employment changes and frequency. Moving residences and frequency. Explanation of why an individual receives SSI/SSDI. Health/Mental Health diagnosis of family members/parents. Death of family members that impact the family. Any family needs/crisis/changes that are important to the family. Etc.…

\*Do not write anything in this Box that you would not want the parent to see.

\*\*Additional comments regarding income and clarification can be written on the Family Income

 Status/Staff Documentation Form.

**Section 21 – Income (All proof of income documents must be included with the application.)**

  **Family Member: F**irst and last name of family member that has income.

 **Source/Employer:** Family Members name of employer that income was earned from and/or Income

Source such as SSI, SSDI, FIP, Child Support, etc.

 **Annual Income:** Gross Income (Total Income) before any deductions are taken from the Family Members

Source/Employer.

 **Total Yearly Income:** The total/sum of all income in the Annual Income column. This total/sum is used to

determine income eligibility.

\*See the HS Definition of Income or the GSRP Eligibility Guidance. Military and Homeless income also have additional guidance. Refer to Child and Family Development Eligibility and Income Guidance for more information regarding income verification guidelines.

 **Income Verified By:** Check all boxes that indicate how the information was verified.

 **Age Verified By:** Check a box to indicate the document used to verify the applicants age. Include a copy of

supporting documents with the application packet. Note: The application can be submitted without the Age Verified supporting documents. Make every attempt possible to provide the documents after it has been submitted.

**Section 22 – Eligibility Factors**

 **Eligibility Factors:** Check Eligibility Factor(s) that apply to the applicant/family; Foster/Kinship Care,

SSI/FIP/SNAP, Homeless.

 **EHS/HS Eligibility:** Check **Eligible** if the Total Yearly Income is at or below 100% FPL

orcheck **OI** (**O**ver **I**ncome) if the Total Yearly Income is over 100% FPL.

 **GSRP Eligibility:** Check **Eligible** if the Total Yearly Income is at or below 250% FPL

orcheck **OI** (**O**ver **I**ncome) if the Total Yearly Income is over 250% FPL.

 **Returning 2nd Year Eligibility:** If the applicant attended Head Start the previous school year select “Y”, if not

select “N”. If “Y” is selected, then chose the criteria that represents the applicant from the prior

application/school year.

**Section 23 – Release of Application Information and Sharing of Early Childhood Application Information**

 Parent/Guardian/Foster Parent must sign this box to authorize the sharing of the application to other

 programs for the likelihood of benefiting from an educational experience.

**Section 24 – Certification**

 Ask the Parent/Guardian/Foster to read the certification statement printed on the application.

 They must then sign and date the application.

**Section 25 – Signature of verifying staff member:**

 As the verifying staff member, you sign the form here and write in the date when the information was

 verified.

**The Head Start/GSRP Eligibility Verification or Early Head Start Eligibility Verification**:

 This form must be completed with each application.

\*Joint Custody GSRP applications have an additional Eligibility Verification form.

Complete the top Box for applying year(s) and GSRP Quintile percentage.

1. Applicants Name
2. Applicants Date of Birth
3. Parent/Guardian/Foster’s First/Last Name
4. Preferred Site
5. Type of eligibility interview conducted: In Person or Audio Video Call
6. Check all that apply for eligibility
7. Check all documents used to determine eligibility.

**Reminder all documents must be attached to application.**

1. Write/Select how they heard about the program they are applying for.
2. Write favorite things about their family.
3. Family prefers 4 hour or 7-hour program
4. Transportation needs
5. What school do siblings attend
6. Staff Signature of person determining eligibility
7. Staff name of person determining eligibility
8. Verifying signature of person verify on documents, income and application

**Family Income Status/Staff Documentation and Third Part Documentation:**

 Clarification comments on the Family Income Status form ensure that the status of child support,

 unemployment and any other income-related information is documented.

 Please use Third Party Documentation form as needed to obtain documentation from a person providing

 housing or daily expenses, or documentation from an employer.