



The Center
 Early Childhood Programs
 Lake County School District R-1

315 West 6th Street
 Leadville, CO 80461

Phone 719 486-6928
 Fax 719 486-9992

Head Start, Colorado Preschool Program, Tuition-Based Preschool and School Age Programs, Services for Children with Special Needs

Dear Parent,

Thank you for your interest in The Center Early Childhood Programs. Our program offers a school readiness preschool program and extended day high quality child care.

The following items must be included with your application in order for it to be processed.

- Child's Birth Certificate
- Child's Immunization Record - Must be up-to-date on immunizations
- Health Insurance Card - Private Insurance, Medicaid, or CHP+
 If no health insurance - Please pick up an application from Mary in Room 9
- CACFP (Child and Adult Food Care Program) Eligibility form
- If you wish to be considered for a Head Start preschool spot, you must include one of the following as evidence of eligibility:
 - * 1040 Tax Form from 2015 or W-2 forms from 2015 or
 - * Check stubs representing one year of income
 - * Statement from Employer for one year of income or
 - * Documentation of a TANF or SSI award or
 - * Documentation of foster care status.

If you not have one of these forms of evidence of income on file, your child will not be considered for Head Start enrollment, only for the other preschool programs. *Please do not leave originals of these items - we will be happy to make copies if needed.*

Once you have completed and signed this application, please bring it and the required supporting documents to The Center. We will evaluate your requests and let you know which programs you qualify for, which programs have openings, and work to create a schedule that will fit your family's needs. **Please note:** *This application is printed on the front and back of the page.*

Completion of this application does not guarantee your child a place in the program.

If you have any questions at all, or if you would like assistance completing this application, please call Mary at 719-486-6928 or Jenny at at 719-486-6925 for Spanish.

Date and Time Received by Office:	Person receiving application:	Developmental Screening appointment

Child's Name _____ Date of Application _____

Our preschool program runs Monday through Thursday from 9:30am – 1:30pm. This program emphasizes school readiness, and includes family-style breakfast and lunch, group activities, formal lessons, child-directed activities, outdoor time, and lots of fun.

Some families may qualify for the preschool program free of charge or on a low-cost basis, based on the information you provide in this application packet.

In addition, we are open before preschool at 6:30am and after preschool until 5:30pm. During those extra hours, we provide high-quality child care on a tuition basis.

Please provide the most accurate scheduling information possible to help us provide you with appropriate services.

1) Are you interested only in preschool hours (currently Monday through Thursday, 9:30am to 1:30pm), or do you need an extended day of child care?

Circle One - Preschool Only Extended Day Don't know

If you need an extended day, please list the days and times you would like your child to attend The Center.

2) Do you want a tuition-based child care spot on Fridays?

Circle One - Yes No

THANK YOU. We will evaluate your requests and your completed application. We will then let you know which programs you are eligible for that will also meet your needs.

Program Descriptions

All children receive the same quality preschool experience in all programs at The Center.

Based on your needs, we will evaluate your child for some or all of the programs below:

Head Start - This federally funded program provides a regular preschool schedule (currently 9:30-1:30, Monday through Thursday) at no cost, according to the program's calendar. Head Start is a program for low income families, and your **child must be 3 or 4 by October 1, 2016**. Selection is based on age, income, and family size, as well as child and family needs. **TRANSPORTATION MAY BE PROVIDED TO THOSE WITHIN BUSSING AREA.**

Full Day Head Start - For families who qualify for Head Start. 40 hours a week of preschool that may include Fridays, at no cost for families who are in school or job training, or work full time. To be enrolled in Full Day Head Start, there must be no parent at home available to care for the child. **MORNING TRANSPORTATION MAY BE PROVIDED TO THOSE WITHIN BUSSING AREA.**

Colorado Preschool Program - This program is state funded and provides a regular preschool schedule (usually 9:15-12:00, Monday through Thursday) at no cost. A special tuition rates may be available to extend your child's preschool day. CPP can be combined with Head Start or tuition-based preschool for a longer day. **Children must be 3 or 4 by October 1, 2016**. There are no income requirements for this program. Selection is based on age and educational risk factors. **NO TRANSPORTATION PROVIDED.**

Tuition-Based Preschool - For a pre-paid monthly tuition fee, **children who are at least 3 years old by October 1, 2016**, can extend their hours, before and after the preschool experience hours, to meet their family's needs for child care. A scale is available with reduced rates for families who qualify for the Free or Reduced Lunch Program. Tuition-Based Preschool can be combined with a morning Head Start spot or the Colorado Preschool Program. **NO TRANSPORTATION PROVIDED.**

Services for Children with Special Needs - Lake County School District is the local service provider for children with diagnosed disabilities. Hours and services are determined by the Special Education staff and the child's family. If you have concerns about your child's development, please ask for information about Child Find.



The Center Early Childhood Programs Lake County Schools 2016-2017 Application Form



Revised 2/3/16

Please read the questions carefully and provide the most accurate information possible.

OFFICE USE ONLY
Enrollment Date _____ Entry Date _____

Child Information

Last Name		First Name		Middle Name	Nickname
Date of Birth	Birthplace			<input type="checkbox"/> Male	
Lives with (check all that apply): <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both <input type="checkbox"/> Mom's Partner <input type="checkbox"/> Dad's Partner <input type="checkbox"/> Grandparents <input type="checkbox"/> Foster Parents <input type="checkbox"/> Other _____				<input type="checkbox"/> Female	
Is there a court order affecting your child? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, you must provide a copy Details of order-	

Language / Race / Ethnicity Questionnaire

Primary Language spoken at home :	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Both <input type="checkbox"/> Other : _____
Primary Language for letters sent home :	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Both <input type="checkbox"/> Other : _____
Ethnicity : Please mark one.	<input type="checkbox"/> Hispanic or Latino origin <input type="checkbox"/> Non-Hispanic or Latino origin
Race : Please mark one or more.	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Other : _____

Mother / Guardian Information

Name		Mailing Address	
Date of Birth	Physical Address		
Preferred daytime contact	Home Phone	Cell or Message	Email Address
Employer	Employer Address		Work Phone
Does Mother live with child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Mother have legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's Employment Information : <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Homemaker <input type="checkbox"/> In job training or school <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Actively Deployed Military			
Mother's Education Information : <input type="checkbox"/> Less than High School Diploma <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some college, vocational, AA/AS degree <input type="checkbox"/> Bachelor or Advanced College degree			
Mother's Educational Goals : <input type="checkbox"/> GED classes <input type="checkbox"/> English classes <input type="checkbox"/> college classes <input type="checkbox"/> parenting classes <input type="checkbox"/> Other			
Was mother under 18 at time of this child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was mother unmarried at the time of this child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent/Guardian Signatures

Mother/Guardian Signature	Date	Father/Guardian Signature	Date
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Father / Guardian Information

Name		Mailing Address	
Date of Birth	Physical Address		
Preferred daytime contact	Home Phone	Cell or Message	Email Address
Employer	Employer Address	Work Phone	

Does Father live with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Father have legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Father's Employment Information : Full Time Part Time Seasonal Unemployed Seeking Employment
 Homemaker In job training or school Disabled Retired Actively Deployed Military

Father's Education Information : Less than High School Diploma High School Diploma or GED
 Some college, vocational, AA/AS degree Bachelor or Advanced College degree

Father's Educational Goals : GED classes English classes college classes parenting classes Other

Was father under 18 at time of this child's birth? Yes No
 Was father unmarried at the time of this child's birth? Yes No

Other Adult Caregiver in Home: <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent or <input type="checkbox"/> Live-in Partner Information (check one)

Is this person related to the applicant child by blood or through a marriage or adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name		Date of Birth	
Preferred daytime contact	Home Phone	Cell or Message	Email Address
Employer	Address	Work Phone	

Caregiver's Employment Information : Full Time Part Time Seasonal Unemployed Seeking Employment
 Homemaker In job training or school Disabled Retired Actively Deployed Military

List all other family members not listed above who live in your household and for whom you are responsible for the care and welfare.

Name	Relationship to child	Date of Birth	Is this person related to the child's parent(s)	Is this person supported by the parent(s) income?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total number of people living in the household (including you) for whom you provide financial support.	
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The Center respects and protects your family's privacy. The information you provide in this enrollment packet will be used to determine you eligibility for programs and services and will not be shared without your permission.

I understand this is an application for services that may be paid for with government funds and that intentionally providing misleading, inaccurate, or untruthful information may result in my child being terminated from the program.

*** I understand this is an application only and does not guarantee enrollment in the program ***

Parent/Guardian Signatures			
Mother/Guardian Signature	Date	Father/Guardian Signature	Date

Special Considerations (Check all that apply to your household and add any extra information you would like to provide.)

<input type="checkbox"/> Developmental concerns	<input type="checkbox"/> Speech / language concerns
<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Family member incarcerated
<input type="checkbox"/> Family violence / abuse	<input type="checkbox"/> Family in crisis
<input type="checkbox"/> Child in out of home placement	<input type="checkbox"/> Previously in Head Start
<input type="checkbox"/> Referral from agency Name of agency: _____	<input type="checkbox"/> Other- (Please describe):

Child Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act 42 USC 11435. The answers to this residency information help determine the services the child may be eligible to receive.

1. How many times has your family / child moved in the last 3 years? _____

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

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

**If you answered YES to the above questions, please complete the remainder of this section.
If you answered NO, you may skip to the next section.**

Where is the child presently living? (Check one box)	<input type="checkbox"/> In a motel or hotel	<input type="checkbox"/> In an emergency or transitional shelter
	<input type="checkbox"/> Awaiting foster care placement	<input type="checkbox"/> With more than one family in a house or apartment
	<input type="checkbox"/> Abandoned in a hospital	<input type="checkbox"/> Moving from place to place
	<input type="checkbox"/> In a place not designed for ordinary sleeping accommodations, such as a car, park, abandoned building, or campsite	

Mandated Child Abuse and Neglect Reporting

This is to inform you that all employees of The Center Early Childhood Programs are required by State Law to report all instances of suspected child abuse/neglect to the Lake County Department of Human Services. This agency will visit The Center to evaluate the circumstances, and if abuse or neglect is determined, and if the child is felt to be in danger of further abuse or neglect, the Department of Human Services will call the legal authorities and request that they take the child into protective custody, and they will notify you of the steps you must take.

Parent's Initials _____

Payment for Child Care Services

The Center's tuition-based child care services must be pre-paid. The Head Start Program is federally funded, and Colorado Preschool Program is funded by the state. These programs do not charge for their services provided for enrolled children. I agree to pay all fees incurred by the attendance of my children which are not covered by the funding of these or other programs, before or after their hours of operation.

Parent's Initials _____

Parent/Guardian Signatures

*** I understand this is an application only and does not guarantee enrollment in the program ***

Mother/Guardian Signature	Date	Father/Guardian Signature	Date
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Child's Name

Enrollment Form

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Primary Emergency Contact and Authorized Pick Up Person – In case of illness or emergency, if we cannot reach parents or guardians, who is the next person we should try to contact?

Name	Relationship to child
Phone	Note-

People Permitted to Pick Up Child or be contacted in case of emergency

(Do not list parents/guardians. All persons listed here must be over 18)

2016-2017

Name	Relationship to child
Phone	Note-

Name	Relationship to child
Phone	Note-

Name	Relationship to child
Phone	Note-

Name	Relationship to child
Phone	Note-

Name	Relationship to child
Phone	Note-

Name	Relationship to child
Phone	Note-

Name	Relationship to child
Phone	Note-

Name	Relationship to child
Phone	Note-

Name	Relationship to child
Phone	Note-

Name	Relationship to child
Phone	Note-

Parent/Guardian Signatures

Mother/Guardian Signature	Date	Father/Guardian Signature	Date
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Health Screening Consent**2016-2017**

I understand the following health screenings and examinations are required for my child's enrollment and participation in early childhood programs at The Center. I give my consent for my child named above to receive some or all of the following screenings, observations, and/or evaluations, and follow-up. This consent is valid for the program year immediately following the date it is signed. I understand that a parent or guardian must be present for Head Start dental and physical examinations. The results of these screenings and evaluations will be made available to me. I authorize release of information pertinent to any of these screenings, observations and evaluations to service providers deemed necessary by the Head Start, CPP, or Tuition based programs.

Health requirements for parents to complete:

*Required forms will be provided.
Assistance in making appointments is available upon request.*

Physical exam

Dental examination - *required for Head Start only*

Blood Lead Screening

Immunizations

Ages & Stages social/emotional screening –
*(paperwork will be provided by school)***Health screenings to be completed at school by staff:**

Developmental screening

Hearing screening

Vision screening

Heights & weights

Parent's Initials _____**Medical Treatment Authorization**

I authorize staff members of The Center Early Childhood Programs to arrange for medical or surgical care for my child named above, and give consent for care and/or treatment in the event of an emergency. Staff members may use their judgment in deciding what an emergency is, and may request the services of our doctor named on the Health Information form or another if he/she is unavailable, and call the hospital, and/or an ambulance. I understand that an attempt will be made to reach me and/or the emergency contacts provided to The Center, but contact is not necessary for the above consent to be in effect. A copy of this form will be presented as medical treatment authorization, and will be considered valid as the original. This consent will be in effect until withdrawn in writing by the person(s) signing. I accept responsibility for related expenses incurred, which are not the responsibility of The Center Early Childhood Programs or its employees.

Parent's Initials _____**Information Release**

I give permission for The Center Early Childhood Programs to exchange information with the following community partners for the purpose of providing the best services for my child and family. This authorization will continue in force until revoked by me in writing, and a copy or fax shall serve in its stead. This includes permission to copy, release, or discuss information with the purpose of facilitating interagency communication in providing services to myself and my family.

Parent's Initials _____

• Lake County School District

• Lake County Department of Human Services

• Lake County Public Health Agency

• My child's medical and dental care providers

• Family Literacy Program

• Disabilities Services Provider and Coordinator

• WIC Nutrition Program

• SolVista Health

Photo and Video Release Yes No

I authorize The Center Early Childhood Programs to photograph or permit photographs to be taken and for the filming of video of my child named above. The photos or videos may be posted in The Center, published in the newsletter, on The Center's website or social media pages, news media, or used in promotional materials for these programs.

Transportation Permission Yes No

I give permission for my child named above, to be transported to The Center Early Childhood Programs and to be transported home or to an alternate location named by me. If necessary, this includes health or dental visits. I give permission for my child named above to walk or be transported to activities, programs, or field trips as part of participation in The Center Early Childhood Programs.

Parent/Guardian Signature

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

Child's Name

Date of Birth

Enrollment Form

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Child's Medical Background and Health Concerns**2016-2017****Does your child now suffer from or have they suffered in the past from : (Please check all that apply.)**

<input type="checkbox"/> Asthma Will your child require an inhaler or nebulizer at school? <input type="checkbox"/> Yes <input type="checkbox"/> No What are the asthma triggers?	<input type="checkbox"/> Visual Problems (Difficulty seeing, headaches, wears glasses)	<input type="checkbox"/> Hearing Problems (Hearing aids, difficulty hearing, frequent earaches, tubes in ears)
<input type="checkbox"/> Skin Problems (Eczema, Hives, etc.)	<input type="checkbox"/> Bone, Joint or Muscle Injury Or Bone Disease	<input type="checkbox"/> Speech Problems (Hard to understand, Talked late)
<input type="checkbox"/> Pneumonia/RSV	<input type="checkbox"/> Cancer	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Anemia or Sickle Cell Anemia	<input type="checkbox"/> Gastro Esophageal Reflux (GER)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures/Convulsions	<input type="checkbox"/> Meningitis
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Leukemia
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Frequent fevers	<input type="checkbox"/> Sinus problems
<input type="checkbox"/> Orthopedic Problems	<input type="checkbox"/> Lead Poisoning	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Frequent stomach aches, indigestion, or vomiting	<input type="checkbox"/> Constipation, diarrhea, frequent or painful urination	<input type="checkbox"/> Fainting Spells
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Trouble chewing or swallowing	<input type="checkbox"/> Second hand smoke
<input type="checkbox"/> Wears diapers or pull ups	<input type="checkbox"/> Other:	
Has this child ever passed out during extreme physical exertion?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone in the family suffered a sudden, unexplained death before the age of 50?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any concerns listed above:

Allergies

Medication Allergies	<input type="checkbox"/> Penicillin <input type="checkbox"/> Cephalosporins <input type="checkbox"/> Other
Describe reactions and specify allergies if "other".	
Food Allergies	<input type="checkbox"/> Eggs <input type="checkbox"/> Fish <input type="checkbox"/> Milk/Milk Products <input type="checkbox"/> Nuts <input type="checkbox"/> Seeds <input type="checkbox"/> Gluten <input type="checkbox"/> Soy <input type="checkbox"/> Shellfish <input type="checkbox"/> Other
Describe reactions and specify allergies if "other".	
Environmental Allergies	<input type="checkbox"/> Bee stings <input type="checkbox"/> Insect bites <input type="checkbox"/> Seasonal Allergies <input type="checkbox"/> Animals / Animal fur <input type="checkbox"/> Dust <input type="checkbox"/> Latex <input type="checkbox"/> Other
Describe reactions and specify allergies if "other".	
Does your child require any medication, such as an Epi Pen, to manage his/her allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note : Doctor's written authorization is needed before any medication/or procedure can be given at school.)	
Special Diets	
Is your child on a special diet? (Diabetic, vegetarian, medical, religious, personal)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Note : A special diet statement signed by a medical authority, including their recommendations, is required to substitute any food served at The Center.)

Parent's Initials _____

Date Completed _____

Child Development

2016-2017

Does Your Child:	Mark one	Please Explain :
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Toileting

Consistently use the bathroom on their own?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Need help going to the bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever have potty accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Self Care

Wash and dry hands?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dress self with little help?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Know first and last name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Self Esteem and Emotions

Show aggression/inability to get along with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have sudden mood changes or unexplained moodiness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Act shy / withdrawn / fearful?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Separate from parents easily?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have experience playing with other children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have any family changes or problems, which may affect him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Sleep Habits

Have any trouble sleeping?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have discipline problems at bedtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Take a nap?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
When is your child's bedtime?		How many hours per night does your child sleep?

Development

Did your child do any of these things later than expected, causing concerns about his/her development?
<input type="checkbox"/> Sit up <input type="checkbox"/> Walk <input type="checkbox"/> Talk <input type="checkbox"/> Respond to directions

Child's Interests

What is your child good at?
What does your child like to do when he/she plays?

Does your child....?

Show an interest in using new words?	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Every once in a while <input type="checkbox"/> Never
Show an interest in books?	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Every once in a while <input type="checkbox"/> Never
Listen and follow directions?	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Every once in a while <input type="checkbox"/> Never
Show interest in counting, sorting, and numbers?	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Every once in a while <input type="checkbox"/> Never
Get along / problem solve with other children?	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Every once in a while <input type="checkbox"/> Never
Show interest in cutting, coloring, drawing, and writing?	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Every once in a while <input type="checkbox"/> Never
Complete tasks that he/she starts?	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Every once in a while <input type="checkbox"/> Never
Show an interest in nutritious foods and trying new foods?	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Every once in a while <input type="checkbox"/> Never
Form attachments to new adults?	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Every once in a while <input type="checkbox"/> Never

Parents Initials _____

Date Completed _____

Child's Name _____		Enrollment Form Page 9
Family Strengths		2016-2017
How often do you read to your child?	<input type="checkbox"/> Every day <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <input type="checkbox"/> Very rarely	
Are you aware of community resources to help make your family even stronger (such as the public library, public health, recreation programs, or public assistance)?	<input type="checkbox"/> Our family knows about and takes advantage of community resources. <input type="checkbox"/> Our family knows about resources and sometimes connects to them as needed. <input type="checkbox"/> Our family does not connect to community resources. <input type="checkbox"/> I would like more information about :	
How is your relationship to your child's school?	<input type="checkbox"/> We actively participate. We know how to advocate for our child's needs. We have regular interactions with school staff. We attend events and meetings. <input type="checkbox"/> We participate in Conferences and Home Visits as required. We sometimes come to events. We contact staff when there is a problem. <input type="checkbox"/> We have minimal interaction with the school, beyond enrollment and attendance. Staff call us if there is a problem. <input type="checkbox"/> We have no interest in our child's educational development and have no interactions with their school.	
How do you feel about your parenting skills?		
My family has warm interactions, shows affection to each other, and enjoys being together.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> I would like more information on more warmth and less stress in family interactions.
My family uses consistent, appropriate and effective discipline techniques.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> I would like more information on appropriate and effective discipline techniques
My family has consistent routines so everyone knows what to expect and transitions are easy.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> I would like more information on using routines to ease transitions.
I have knowledge about childhood development and am confident my child is growing and learning on track.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> I would like more information on childhood development.
I monitor my child's "screen time" and know that they are viewing only materials appropriate for their age and skill level.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> I would like more information on age appropriate media for preschool age children.
My family practices good nutrition habits, and we have enough food.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> I would like more information on healthy meals and eating habits.
My family has health coverage and a regular health care and dental care provider.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> I would like more information on applying for health coverage or using my existing coverage.
I provide a safe, regular, and comfortable home for my family.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> I would like more information on making my home even safer.
Both of my child's parents are connected to him/her and support his/her education.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> I would like more information on a father's role in child development and education.
Do you feel your child has the skills to be successful in school? (Examples: love of learning, following routines, interacting with adults and other children, specific concepts like colors, letters, numbers, shapes)	<input type="checkbox"/> Yes <input type="checkbox"/> Getting there <input type="checkbox"/> Not yet I would like my child to work on :	
Parents Initials _____ Date Completed _____		

2015-2016
Child and Adult Care Food Program

Dear Parent or Guardian,

Congratulations! You have chosen a childcare provider that participates in the Child and Adult Care Food Program (CACFP). Participating in the CACFP means that the provider cares about good nutrition for children, will introduce and serve a variety of nutritious foods for your child to eat, and will serve foods appropriate for your child's nutritional needs. The provider you have chosen cannot charge a separate fee for meals, nor ask you to provide food for your child for meals claimed for reimbursement from the CACFP, except in some special cases. Depending upon the hours in care, your provider will be serving your child breakfast, morning snack, lunch, afternoon snack, supper, and/or late snack.

Please complete, sign, and return this **Income Eligibility Form (IEF)** to the center as soon as possible. This information is required for the center to receive CACFP reimbursement for the meals served to your child. The Colorado Department of Public Health and Environment assures that this form is **confidential** and the information you provide will not be used elsewhere.

If no person in your household receives benefits from Temporary Assistance For Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps, or the Food Distribution Program on Indian Reservations (FDPIR), or is not the beneficiary of the Other Source Categorical Eligibility programs please list your household's total gross income from the current month, the amount projected for the first month the application is made for, or the month prior to the application. The U.S. Department of Agriculture, which funds this program, defines a household as a group of related or unrelated individuals who are living as one economic unit and who share housing and all significant income and expenses.

If no person in your household receives benefits from Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR), you must provide the last four digits of your Social Security Number according to regulations. The disclosure of the Social Security Number is voluntary; however, the last four digits of the Social Security Number, or an indication of "none," is required for the approval of this form.

If any of the children living in the household are beneficiaries of the Other Source Categorical Eligible programs (Foster, Head Start/Early Head Start or Even Start Program, Homeless, Migrant or Runaway), the children are eligible for free meals and there is no need to complete an application, just mark the box next to the program that applies. The institution collecting the form will need to verify the child's participation in the program by requesting documentation from the placement office if the child is a foster child; from the Even Start or Head Start official if the child or the pregnant mother is enrolled Head Start or Early Head Start, or the child is an Even Start participant; and from the Migrant, Homeless or Runaway program officials, if the child is a migrant, homeless or runaway child. For Even Start, documentation from the Even Start official confirming that the child has not yet entered Kindergarten.

If any person in your household receives benefits from the Temporary Assistance For Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR), income reporting in Part 3 and the disclosure of the last four digits of the Social Security Number (SSN) in Part 4 are not required.

Household Income Chart

If your household's income is less than or the same as the amounts indicated for your household's size on the chart below, the center will receive more meal reimbursement from the Child and Adult Care Food Program (CACFP) to help provide the best meals possible for the children in care.

Household Size	1	2	3	4	5	6	7	8	For each additional person add:
Yearly	21,775	29,471	37,167	44,863	52,559	60,255	67,951	75,647	+ 7696
Monthly	1,815	2,456	3,098	3,739	4,380	5,022	5,663	6,304	+ 642
Weekly	419	567	715	863	1,011	1,159	1,307	1,455	+148

This chart is not to be used for determining eligibility by center staff, but is a guide for families completing the form.

CACFP REQUIRED MEAL ITEMS				
MEALS	COMPONENTS	AGE 1-2	AGE 3-5	AGE 6-12
Breakfast	Fluid Milk	½ cup	½ cup	1 cup
	Juice or Fruit or Vegetable	¼ cup	¼ cup	½ cup
	Bread or Bread Alternate	½ slice	½ slice	1 slice
Snack	Fluid Milk	¼ cup	¼ cup	1 cup
	Juice or Fruit or Vegetable	¼ cup	¼ cup	¼ cup
	Meat or Meat Alternate	¼ ounce	¼ ounce	1 ounce
	Bread or Bread Alternate	½ slice	½ slice	1 slice
Lunch Supper	Fluid Milk	¼ cup	¼ cup	1 cup
	Fruit or Vegetable or Juice (Must serve at least 2 different varieties)	¼ cup total	¼ cup total	¼ cup total
	Bread or Bread Alternate	½ slice	½ slice	1 slice
	Meat or Poultry or Fish	1 ounce	1½ ounces	2 ounces
	Cheese or Egg or	1 ounce	1½ ounces	2 ounces
	Cooked Dry Beans and Peas or Peanut Butter or	¼ cup	¼ cup	½ cup
	Yogurt, Plain or Flavored (May also be served at snack)	2 Tbsp	3 Tbsp	4 Tbsp
		4 ounces	6 ounces	8 ounces
		or	or	or
		½ cup	¾ cup	1 cup

SAMPLE MENU	
BREAKFAST	<ul style="list-style-type: none"> • Oatmeal • Baked Apples & Raisins • Milk
SNACK	<ul style="list-style-type: none"> • Hard Cooked Egg • Carrot Sticks
LUNCH/SUPPER	<ul style="list-style-type: none"> • Turkey and Cheese Tortilla Roll ups • Orange Slices • Sliced Tomatoes • Milk

If you have questions about the CACFP, contact your childcare provider's CACFP Sponsor.

Name of CACFP Sponsor: _____

Phone Number: _____

If the center is not a sponsored facility, contact:
Child and Adult Care Food Program
Colorado Department of Public Health and Environment
303-692-2330

The U.S. Department of Agriculture prohibits discrimination against its applicants and recipients of the Child Nutrition Programs on the basis of race, color, national origin, age, disability and sex. To file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.fst.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-6992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-8128 (Spanish). USDA is an equal opportunity provider and employer.





Colorado Child and Adult Care Food Program Income Eligibility Form (IEF) 2015- 2016

Part 1- Child(ren) Enrolled in Child Care: List name & age of each child enrolled. Indicate each child's race and ethnicity. If this information is left blank, the institution representative may complete it based on visual identification. This information is strictly for statistical reporting requirements and does not affect eligibility.

Note: A =Asian; AI/AN=American Indian or Alaskan Native; B/AA=Black or African American; H/PI=Native Hawaiian or other Pacific Islander; W=White.

Last Name	First Name	Age	Ethnicity (select one) and Race (select one or more)
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W

Other Source Categorically Eligible programs allow automatic eligibility at the Free rate in the CACFP when the institution obtains documentation from the corresponding agency and verifies children are enrolled in one of the programs listed below. If applicable, please check one of the boxes.

- One or more child listed above is a foster child who is the responsibility of the State or was placed by the court. The institution must obtain documentation from the placement agency verifying the child is a foster child.
- One or more child listed above is an Early Head Start, or Head Start child or pregnant mother or an Even Start enrolled child, who is categorically eligible for free meals and therefore is not required to complete an IEF. However, one of the following documents from the Head Start program must be on file: 1) An approved Head Start or Even Start application; 2) A statement of Head Start or Even Start enrollment; or 3) A list of participants from the Even Start or Head Start official listing the Early Head Start or Head Start child's or pregnant mother's name. 4) For the Even Start documentation from the Even Start official that confirms the child has not entered Kindergarten.
- If one or more child listed above is a homeless, migrant, or runaway child, the institution must obtain documentation verifying the status of the child from the director of the homeless shelter, Migrant Education Program Coordinator, or an official of the Runaway and Homeless Youth program.

Please note: If you marked one of the boxes listed above, you do not need to complete the rest of this form. **SKIP TO PART 5 – Signature.**

Part 2 - Assistance Programs: Does anyone in your household receive benefits from any of the programs listed below?

If no, go to Part 3.

If yes, please mark which assistance program (only one is required), write the case number, and **SKIP TO PART 5 – Signature.**

- Supplemental Nutrition Assistance Program (SNAP), previously known as Food Stamps Case Number: _____
- Temporary Assistance for Needy Families (TANF) Case Number: _____
- Food Distribution Program on Indian Reservations (FDPIR) Case Number: _____

(Quest Card or Social Security Numbers are not acceptable)

Part 3- Income Report: List the names of all household members who are not listed in Part 1. Write the amount of income received by each household member for the current month, projected income for the first month of the application, or the month prior to the application. Indicate if income is weekly (W), monthly (M), or annually (A).

Gross Income/Salary/Wages

- Gross earned income or cash income before deductions.
- Monetary compensation for services, including wages, salary, tips, strike benefits, commissions, fees, withdrawals from savings, investments, trust accounts, and other accounts.
- Net income from self-owned businesses and farms.
- Social Security, public assistance or Welfare payments (e.g. TANF, General Assistance/General Relief), alimony, child support payments, and unemployment and worker's compensation.
- Private pensions or annuities, retirement benefits, disability benefits, veteran's benefits, dividends or interest, income from estates, trusts or investments, net rental income, cash withdrawals from savings, and net royalties.
- Student financial assistance (grants or scholarships) not used to meet education expenses.
- Regular contributions from persons not living in the household or any other money that may be available to pay for child(ren)'s meals.

List '0' if income is negative.

Last Name	First Name	Gross Income/ Salary/Wages		Other Income		TOTALS Center Use Only		
		\$	W M	\$	W M	\$	W M	
		A		A		A		
		A		A		A		
		A		A		A		
		A		A		A		
		A		A		A		
Total Number in Household		Note: If necessary, convert multiple income schedules to annual income. Multiply weekly income by 52, bi-weekly by 26, monthly by 12.				Total Income:	\$	W M
						A		

Part 4 - Social Security Number: If the adult household member completing this form does not provide a TANF, SNAP, or FDIIR number in Part 2, the person completing this form must provide the last four digits of his/her Social Security Number (SSN).

x	x	x	-	x	x	-				
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Check this box if the adult household member signing this form does not have a Social Security Number.

Part 5 - Signature: I certify that all of the information on this form is true and correct and is given in connection with the receipt of Federal Funds. Institution officials may verify information. Deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. Note: If the child is a foster child, an official of a court or other agency with responsibility for the child may sign this form.

_____ Signature of Adult Household Member		_____ Date	_____ Street Address		
_____ Printed Name			_____ City	_____ State	_____ Zip Code
			_____ Home Telephone		_____ Work Telephone

FOR CENTER STAFF USE ONLY					
Income Category (check one): <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid (Ineligible for Free or Reduced Priced meals)					
This form expires 12 months after the month in which the institution makes the determination. Example: If the determination date is July 2015, the form is valid from July 1, 2015 through July 31, 2016. The institution may use the date the parent/guardian signs the income eligibility form, OR the date the sponsor's official makes the determination and signs and dates the income eligibility form. The same approval method selected must be used for all forms approved by the Sponsor.					
_____ Signature of Center's Eligibility Official	Determination Date: <table border="1"> <tr> <td>____</td> <td>____</td> </tr> <tr> <td>Month</td> <td>Year</td> </tr> </table>	____	____	Month	Year
____	____				
Month	Year				

The U.S. Department of Agriculture prohibits discrimination against its applicants and recipients of the Child Nutrition Programs on the bases of race, color, national origin, age, disability and sex. To file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and