



112 Commonwealth Drive
Lemont Furnace, PA 15456
Phone: 724-437-2590
Fax: 724-430-4827

E-mail: prekcounts@privateindustrycouncil.com
Web: www.privateindustrycouncil.com

A division of:



Dear Parent/Guardian:

Thank you for your interest in the PA Pre-K Counts program. Please return your completed application along with copies of the following: Please only send copies.

1. Your **annual household** income
2. Your child's birth certificate

According to program regulations, annual household income (earned and unearned) is required to establish eligibility.

The following are included in determining annual income:

- a. Most recent W-2 Form (**2018**) or Most recent tax return (**2018**) or Pay stubs (*last 30 days*)
- b. Unemployment Financial Determination Letter
- c. SSI/Social Security Financial Award Letter
- d. Child Support Information documenting (SCDU stub or court order) amount received monthly
- e. Unearned income including cash and contributions, dividends, interest, net income, net royalties and periodic receipts from estates or trusts.

Please return your completed application to the Private Industry Council / attention Pre-K Counts. Please note the gray shaded areas on the application are for agency staff only.

Private Industry Council / Pre-K Counts
112 Commonwealth Drive
Lemont Furnace, PA 15456

For questions call: 724-437-2590

Sincerely,

Pre-K Counts Staff

PA Pre-K Counts Family Application

112 COMMONWEALTH DRIVE
 LEMONT FURNACE, PA 15456
 Phone: 724-437-2590 Fax: 724-430-4827

Application Date: _____

Program Year: _____

General Information - Primary Adult: (Please PRINT CLEARLY all information)								
Primary Adult Last Name:		First Name:		Middle:		Suffix:		
Primary Adult Living Address			City	State	Zip	County		
Primary Adult Mailing Address (if different)			City	State	Zip	Date of Birth		
Phone Number	Type: Home, Work, Cell, etc.		Primary	Notes				
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
Number in Household _____			Num. in Family _____		Total Num. of Children _____			
Parental Status <input type="checkbox"/> One <input type="checkbox"/> Two			Primary Language at Home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other					
			Specify: _____					
Family Income				Agency staff will complete shaded				
Family Member	Income Source	Amount	Per	Annual Amount	Type ¹	Desc. ²	Verif. ³	Staff Initials
				\$				
				\$				
				\$				
1. Type Codes ERN-Earned SUB-Subsidized (not from a wage)		2. Description Codes PEN-Pension SSI-SSI SS-Social Security SSD-Social Security Disability		3. Verification Codes CS-Check Stub W2-W2 EL-Employer Letter DL-Determination Letter TR-Tax Return				

If my child's application is determined to be eligible for Head Start, I give my permission for my information (contact, income and birth certificate) to be shared with PIC's Head Start programs. Yes No

Income Notes _____

Emergency Contacts								
Contact 1	Name		Relationship to Child		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to	
	Address		City		State		Zip	
	Phone 1	Type / Notes	Phone 2	Type / Notes	Phone 3		Type / Notes	
Contact 2	Name		Relationship to Child		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to	
	Address		City		State		Zip	
	Phone 1	Type / Notes	Phone 2	Type / Notes	Phone 3		Type / Notes	
Contact 3	Name		Relationship to Child		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to	
	Address		City		State		Zip	
	Phone 1	Type / Notes	Phone 2	Type / Notes	Phone 3		Type / Notes	

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs 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 normal business hours.

Parent/Guardian Signature _____ Date _____

Verifying Staff Member _____ Date _____

Family Member Information

Primary/Legal Guardian Adult					
Last	First	Middle	Preferred	Gender	
Birthday 	Relationship to Child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____				
Race (check all that apply) <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Island <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Highest Grade Completed	Employment Status ¹	<i>(check all that apply)</i> <input type="checkbox"/> Lives with this Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent (18 yrs or younger) <input type="checkbox"/> Incarcerated Parent	
		Email Address: _____ _____			
Secondary Adult					
Last	First	Middle	Preferred	Gender	
Birthday 	Relationship to Child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____				
Race (check all that apply) <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Island <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Highest Grade Completed	Employment Status ¹	<i>(check all that apply)</i> <input type="checkbox"/> Lives with this Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent (18 yrs or younger) <input type="checkbox"/> Incarcerated Parent	
		Email Address: _____ _____			
Secondary Adult Living Address (if not living with applicant) City _____ State _____ Zip _____ County _____					

Other Family Members					
Adult/Child	Last	First	Birthday	Gender	Relationship
Notes _____ _____					
1. Employment Status Codes: F - Full Time, P - Part Time, R - Retired or Disabled, T - Training or School, B - Full Time & Training, I - Part Time & Training, S - Seasonally Employed, U - Unemployed					

NOTICE: "All meals served to children under the Child Care Food Program are served at no separate charge regardless of race, color, sex, age, handicap, or national origin. There is no discrimination in admissions policy, meal service, or use of facilities. "Any complaints of discrimination should be submitted in writing within 180 days, of the incident to the Secretary of Agriculture, Washington, DC 20250." Information from this application will be used for ongoing reporting/monitoring and assessment on a secured web-based system that is shared with multiple agencies (i.e. OCDEL, Head Start, CCIS, Early Intervention and other divisions within the Private Industry Council of Westmoreland/Fayette Inc).

Child Information

Agency staff will complete shaded boxes

Site Applying For: (Locations subject to change)	<input type="checkbox"/> Connellsville Twp. Elementary, Connellsville <input type="checkbox"/> Friendship Hill, Point Marion <input type="checkbox"/> Marshall Elementary, Uniontown <input type="checkbox"/> Marzolf Primary School, Shaler Area SD, Pittsburgh <input type="checkbox"/> Masontown Elementary School, Masontown	<input type="checkbox"/> Reserve Primary School, Shaler Area SD, Pittsburgh <input type="checkbox"/> Southmoreland Elementary, Scottdale <input type="checkbox"/> Springfield Twp. Elementary, Normalville <input type="checkbox"/> Todd Lane Elementary, Monaca <input type="checkbox"/> Wharton Elementary School, Farmington							
Last _____		First _____		Middle _____		Preferred _____		Suffix _____	
Birthdate _____		Gender _____		Verification of Birth Birth Cert. # _____ State: _____ Verified by: _____ Title: _____					
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unspecified			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary Other Language Spoken: _____ <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Primary			
Primary Health Coverage Source <input type="checkbox"/> Private <input type="checkbox"/> CHIP <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Medical Assistance					Does this child have an Active IEP or Behavior Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE PROVIDE.				
Health Information Immunizations Up-to Date? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your Child have a physician they see regularly: <input type="checkbox"/> Yes <input type="checkbox"/> No Doctor Name: _____ Is your child under the care of a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, why? _____ Does your child use the bathroom independently? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain. _____ Does your Child have a dentist they see regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No Dentist Name: _____ Is there a custody agreement regarding this child? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE PROVIDE.					Check if you have any of the following concerns regarding your child: <input type="checkbox"/> Speech <input type="checkbox"/> Behavioral <input type="checkbox"/> Developmental <input type="checkbox"/> Physical <input type="checkbox"/> Health <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Other: _____ Please Explain (optional): _____ Have you applied with Pre-K Counts or Head Start for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Year: _____ Is this child currently or has previously participated in the following? <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> Early Intervention Is this child in childcare/preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where? _____				
Is this child income eligible for HS? Yes No					School district you live in: _____ Home Elementary School: _____ Agency Referral: _____				
Primary Site: _____					_____				

Computer: _____
 Initial & date

Verified Disability: _____
 Initial & date