

Wayne County GSRP 2019-2020 File Record and Documentation Checklist

These materials were developed under a grant awarded by the Michigan Department of Education

Program Name: _____ Parent/Guardian's Name: _____

Child's Name: _____ Date of Birth: _____
Last First Middle

Staff should initial next to each document as it is received from parent/guardian

Enrollment <small>(First folder)</small>	Education <small>(Second folder)</small>
<p>_____ GSRP Application Date: _____</p> <p>_____ Birth Certificate or Alternative Type: _____ Date: _____</p> <p>_____ Parent ID Date: _____</p> <p>_____ Income Verification Form and Documentation Date: _____</p> <p>_____ Child Information Record Date: _____</p> <p>_____ Health Appraisal Date: _____</p> <p>_____ Immunizations Date: _____</p> <p>_____ Head Start Referral Document (if applicable) Date: _____</p> <p>_____ Written Information Packet Documentation Date: _____</p>	<p>_____ ASQ-3 Questionnaire Date: _____</p> <p>_____ COR or GOLD Reports Date 1: _____ Date 2: _____ Date 3: _____</p> <p>_____ Individual Development Plan/Home Visits/ Parent-Teacher Conferences</p> <p>_____ Partnering on Child Development</p> <p>_____ Family Contact Form</p>
	Optional Files <small>(Third folder)</small>
	<p>_____ Participant Enrollment Form (CACFP or NSLP)</p> <p>_____ McKinney-Vento Form</p> <p>_____ Additional Documents</p> <p>_____ Eligibility Factors <u> </u>1 <u> </u>2 <u> </u>3 <u> </u>4 <u> </u>5 <u> </u>6 <u> </u>7 EF Documentation: _____ EF Documentation: _____ EF Documentation: _____</p>

Total Number of Dependents Claimed _____	Annual Family Income (gross, before taxes; including overtime) \$ _____
Quintile 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	Qualifies for Head Start _____ Qualifies for GSRP _____
Head Start Referral was sent to _____ on _____ <small style="margin-left: 300px;">(Agency)</small> <small style="margin-left: 300px;">(Date)</small>	

GSRP Staff	Name	Signature	Date
I verify that this child has met the required criteria to be enrolled in GSRP:			
Director, Designee, or Teacher	Name	Signature	Date