

EF-1 Family Income (Estimated annual income (last 12 mos.) before deductions, including overtime): \$ _____
 (**MUST** include income of all family members financially responsible for support of child: 1040, W2, most recent pay stubs, unemployment, child support, alimony, DHS, SSI)

EF-1 Does your family receive benefits from Department of Human Services (DHS), SSI? _____

If YES, please explain: _____

Parent/Guardian's Employment Status: Unemployed _____ Part Time _____ Full Time _____ Seasonal _____

Job Description: _____

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Job Description: _____

EF-2 Has your child been diagnosed with a disability or developmental delay? _____

If YES, please explain: _____

Parents **MUST** provide the most current IEP to the GSRP office during the application process.

EF-3 Has your child been expelled from preschool or a childcare center? _____

EF-4 Primary language spoken in the home: _____ Is the student's ethnicity Hispanic or Latino? _____

Which of the following is the student's race (if multi-racial, place a check mark for each that applies):

American Indian or Alaska Native _____ Black or African-American _____ White _____

Asian American _____ Native Hawaiian or other Pacific Islander _____ Hispanic or Latino _____

EF-5 Highest grade or degree completed: Parent/Guardian: _____ Parent/Guardian _____

EF-6 Has someone in your home ever been a victim of abuse and/or neglect? _____

EF-7 Who has legal custody of the child? Mother _____ Father _____ Foster Care _____ Legal Guardian _____ Grandparent _____

If guardian or foster parent (other than biological parent), please complete:

Legal Guardian's Name(s): _____ **Case Number:** _____

EF-7 Is there any other information you believe would qualify your child for our program?**

Please explain: _____

**Refer to Eligibility Factor Guidance Sheet for other qualifications.

By signing this application, you certify that the information given is true and accurate to the best of your knowledge.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ **Date:** _____

By signing this intake application, I certify that I completed this form with the parent/guardian and the information is correct to the best of my knowledge.

Staff Name (please print): _____

Staff Signature: _____ **Date:** _____