

Child Development Program Jumpstart State Preschool

Completion of this application does not guarantee your child's enrollment. We will enter the information on this questionnaire on an "eligibility list."

Admission into this program is based on state income guidelines and age priorities,

Eligibility List Questionnaire

Please circle the year this application is for: 2021/2022 and/or 2022/2023

ATLAS (Saticoy) **E.P. Foster** **Montalvo**
(AM class Two Way Immersion)

Pacific High **Portola** **Sheridan Way** **Will Rogers**
(Full Inclusion Program) (AM class Two Way Immersion)

NOTE: Incomplete Questionnaires CAN NOT BE PROCESSED and WILL BE RETURNED!

Family Information

Parent A: Name (parent-guardian-foster parent) _____ Parent B (only if spouse is residing at home) _____

Child's Name _____ Child's Date of Birth _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone (Parent A) _____ Work Phone (Parent B) _____

What are the sources of income? Check those that apply.

The following applies to Parent or Guardian A
Please list your average **monthly** gross income (before deductions)

1. _____ Family earnings (gross) \$ _____
2. _____ Unemployment insurance \$ _____
3. _____ Pensions/annuities \$ _____
4. _____ Family member in home on AFDC \$ _____
5. _____ Social security \$ _____
6. _____ Disability \$ _____
7. _____ Tips/commissions/self-employment \$ _____
8. _____ Child support/alimony \$ _____
9. _____ Other (Explain) _____ \$ _____
10. _____ TANF \$ _____

The following applies to Parent or Guardian B
Please list your average **monthly** gross income (before deductions)

1. _____ Family earnings (gross) \$ _____
2. _____ Unemployment insurance \$ _____
3. _____ Pensions/annuities \$ _____
4. _____ Family member in home on AFDC \$ _____
5. _____ Social security \$ _____
6. _____ Disability \$ _____
7. _____ Tips/commissions/self-employment \$ _____
8. _____ Child support/alimony \$ _____
9. _____ Other (Explain) _____ \$ _____
10. _____ TANF \$ _____

Total Family Income (Parents A and B) \$ _____

Do you pay court ordered child support for any child(ren) not living with you? Yes No If yes, how much per month? \$ _____

*** For Jumpstart Staff:** Eligibility/Rank #: _____ School Year: _____
 Waiting List: _____ Date Enrolled: _____ AM PM
 Family Size: _____ Income: _____

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Please list all dependents and/or children supported by you AND living in your household.

Name (First and Last)	Birthdate	Relationship
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Name (First and Last)	Birthdate	Relationship
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Name (First and Last)	Birthdate	Relationship
Name (First and Last)	Birthdate	Relationship
Name (First and Last)	Birthdate	Relationship

Please check those that apply to your child/children.

1. **Exceptional needs.** This applies to children who have been determined to be eligible for special education and related services. These children have an active Individualized Education Program (IEP) and are receiving special education services.
Name of Child(ren) receiving services: _____
2. **Severely handicapped.** Children with physical/emotional disorders.
Name of Child(ren): _____
Explanation: _____
3. **Child Protective Services.** Children receiving any support service from any county department or emergency shelter because children are at risk of abuse or neglect.
If yes, specify name of agency: _____
Name of Child(ren) receiving services: _____
Please attach referral letter from licensed agency.

Please list language(s) spoken by your child(ren) in the home: _____

Certification

I declare that, to the best of my knowledge and belief, the above information is true and correct. I agree to notify the agency immediately if there should be any changes to the information contained in this form. I understand that the information I have provided is confidential and will be used to determine my eligibility for child development services and establish my priority on the waiting list. **I further understand that all of the information I have provided will be verified before I may be approved for services.**

Signature of Applicant	Date	Relationship to child(ren)
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