

Rowan County Preschool/Gateway Head Start At-Risk Verification Form

2020 – 2021

DIRECTIONS: If your child will be FOUR years old by August 1, 2020, please complete this form and either mail it to the address below or drop off at the Rowan County Preschool M-F from 9:00 – 3:00.

1. Parent/Guardian first and Last Name: _____
2. Home telephone number: (____) _____
3. Work telephone number: (____) _____
4. Mailing address: _____
5. Child's first and last name: _____
6. Child's date of birth: _____
7. Please circle the one that applies: **natural parent** **foster parent**
 kinship care **other** _____
8. Does your family receive food stamps? Yes ____ No ____
9. Does your family receive K-Tap? Yes ____ No ____
10. Do you receive Temporary assistance for Needy Families (TANF) Yes ____ No ____
11. Does anyone in your home receive Supplemental Security Income (SSI)? Yes ____ No ____
12. **Please specify which program you prefer: _____ Rowan County Preschool**
 _____ Gateway Head Start

Name of Parents(s)/Guardian(s) Please circle "Y" if the parent/guardian resides in the home with the child and circle "N" if they do not	Gross Monthly Income	Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirements, Social Security	Any Other Monthly Income
_____ Y N Last First	_____	_____	_____	_____
_____ Y N Last First	_____	_____	_____	_____

Please list all other people living in your home:

Name	Date of Birth	Relationship to parent/guardian
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, you certify that the above information is accurate and all income has been reported. You understand that this information will be used to determine eligibility for Head Start/Preschool and before acceptance into either program you must complete additional paperwork and present proof of income that satisfies specific program requirements.

Signature of Parent/Guardian

Date

**MAIL OR DROP OFF AT ROWAN COUNTY PRESCHOOL
 455 W. SUN STREET, MOREHEAD, KY 40351**