

NC Pre-K Eligibility Determination Information
Indian Gaming/Per Capita & GenWell Payment Record
2026 - 2027 Program Year

Child's Name: _____ DOB: _____

NC Pre-K Site: _____

Parent #1 Name: _____ Phone: _____

Check ONLY One of the Following:

I am scheduled to receive:

_____ A) Per Capita Indian Gaming Proceeds in 2026

_____ B) I have enrolled in the GenWell Program for 2026

Signature: _____ Date: _____



Parent #2 Name: _____ Phone: _____

Check ONLY One of the Following:

I am scheduled to receive:

_____ A) Per Capita Indian Gaming Proceeds in 2026

_____ B) I have enrolled in the GenWell Program for 2026

Signature: _____ Date: _____