

Region A Partnership for Children  
NC Pre-K Program Eligibility Info Sheet  
2026-2027 School Year

1) CHECK OFF THE FORMS OF ASSISTANCE YOUR CHILD/HOUSEHOLD IS RECEIVING.  
2) TAKE THIS FORM to an agency that provides one of the forms of public assistance you have checked. Have an agency representative complete, sign and date this form, verifying that your child or household is receiving this assistance.

Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Type of Eligible Services (check all that apply):

- \_\_\_\_\_ Experiencing Homelessness
- \_\_\_\_\_ Receiving Refugee Services
- \_\_\_\_\_ WIC
- \_\_\_\_\_ Medicaid
- \_\_\_\_\_ Public Housing
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Foster Care
- \_\_\_\_\_ Food & Nutrition Services and/or SNAP
- \_\_\_\_\_ TANF/Workforce
- \_\_\_\_\_ Other

Printed Name of Person Verifying Services: \_\_\_\_\_

Signature of Person Verifying Services: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_