

2018-2019
Free Preschool Eligibility Determination (Child Intake Form)
 Please complete **ONE** per CHILD

In what Early Childhood program is your child currently enrolled?

How did you hear about Early Child Education in your community?

Child's Name: _____ Male/Female: _____ Date of Birth: _____

Parent/Legal Guardian(s): _____

Street Address: _____ City: _____

School District of Residence: _____

Phone #: _____ H C M W Alt. Phone #: _____ H C M W

Is there an IEP / IFSP currently in place for this child? Y N

What concerns do you have about your child's speech, language or development?

Annual Gross Income: _____ # of Family in the Home: _____

Foster Child? Y N Homeless? Y N

SSI Disability? Y N Cash Assistance? Y N

Language? English Spanish Other: _____

Notes / Special Instructions:

Referred to (Circle one): Head Start GSRP Other Early Childhood Agency
 Head Start referrals only: Did parents complete HS online intake? Y N
 In No, were parents provided the HS website/or phone number? Y N

Date: _____ Person taking info: _____

For HS Eligible only Fax ED form to: RESA Fax 269-473-1113 attention: Emily or Tia
 HS referrals: Parents need to complete an online intake at www.tricountyhs.org or call 1-800-792-0366