

BARBER NATIONAL INSTITUTE

2021 PA Pre-K Counts Eligibility for Enrollment Form

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed: / /
MM DD YY

Last Name (Child)	First Name (Child)	Middle Initial
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Street Address		County	
City	State PA	Zip Code	
School District of Residence			
Home Phone	Work Phone	Email Address	

Child's Date of Birth	Age <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race (optional)	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
Ethnicity (optional)	
<input type="checkbox"/> Hispanic	Primary Language
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other _____ (please specify)

Name of Parent or Guardian completing this application	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship to Child	(Select)
<input type="checkbox"/> Father	<input type="checkbox"/> Biological
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster
<input type="checkbox"/> Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Other _____ (please specify)	<input type="checkbox"/> Other _____ (please specify)

Role	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____ (please specify)

List Household Members below for determination of family size (required):

	<i>Relationship to Child</i>	<i>Age</i>
1	ENROLLING CHILD	
2		
3		
4		
5		
6		
7		
8		

Per PKC Statute, Regulations, and Guidance, the following members of the household are included in family size:

- Parent of the child (biological or adoptive mother or father, stepmother or stepfather, caretaker or spouse)
- A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated.
- A child who is 18 years of age or older but under 22 years of age who is enrolled in high school, a general educational development program, or a post-secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent on the income of the parent or caretaker or spouse of the parent or caretaker.
- Others supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program. ***If counted toward family size, any applicable income of these persons must also be counted for eligibility purposes.***

Note: A family size value of one (1) with an income of \$0 is entered when a foster child is applying for Pennsylvania Pre-K Counts.

DETERMINED FAMILY SIZE =

Employment Status of parent/guardian	Employment Status of 2nd parent/guardian (if applicable)
<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Employed Full-Time
<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Employed Part-Time
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Household Income Sources (Must check all that apply):

<input type="checkbox"/> Employment	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> TANF Cash payments
<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other

Other Child Eligibility Risk Factors/Enrollment Prioritization Criterion (*Must check all that apply*):

<input type="checkbox"/>	Behavioral Supports: A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	English Language Learner: A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
<input type="checkbox"/>	Individualized Education Plan (IEP): A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.
<input type="checkbox"/>	Incarcerated Parent: A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<p>Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <p>A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;</p> <p>B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;</p> <p>C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<input type="checkbox"/>	Migrant (Non-Immigrant)/Seasonal Student: A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.
<input type="checkbox"/>	Teen Mother: A child whose mother was under the age of 18 when the child was born.
<input type="checkbox"/>	Documented special needs of the parent/guardian caring for the child
<input type="checkbox"/>	Currently enrolled/having difficulty in another learning environment or program
<input type="checkbox"/>	Sibling currently attending Barber Institute program and income eligible
<input type="checkbox"/>	HEALTH concerns of the child – please specify:
<input type="checkbox"/>	Parent is currently an employee of BNI and income eligible
<input type="checkbox"/>	OTHER CONCERNS OR RISK FACTORS – please specify:

To the best of my knowledge, the information provided in this application and the associated income documentation is accurate. I understand that I may be asked to verify or substantiate information provided.

Parent/Guardian (Signature)

Date

Parent/Guardian Name (Print Name)

FOR OFFICE USE ONLY

Income Verification

Poverty Guidelines, 48 Contiguous States (all states except AK and HI)

2021 Annual Federal Poverty Guidelines

Household Family Size	100%	135%	200%	225%	250%	275%	300%
1	\$12,880	\$17,388	\$25,760	\$28,980	\$32,200	\$35,420	\$38,640
2	\$17,420	\$23,517	\$34,840	\$39,195	\$43,550	\$47,905	\$52,260
3	\$21,960	\$29,646	\$43,920	\$49,410	\$54,900	\$60,390	\$65,880
4	\$26,500	\$35,775	\$53,000	\$59,625	\$66,250	\$72,875	\$79,500
5	\$31,040	\$41,904	\$62,080	\$69,840	\$77,600	\$85,360	\$93,120
6	\$35,580	\$48,033	\$71,160	\$80,055	\$88,950	\$97,845	\$106,740
7	\$40,120	\$54,162	\$80,240	\$90,270	\$100,300	\$110,330	\$120,360
8	\$44,660	\$60,291	\$89,320	\$100,485	\$111,650	\$122,815	\$133,980
9	\$49,200	\$66,420	\$98,400	\$110,700	\$123,000	\$135,300	\$147,600
10	\$53,740	\$72,549	\$107,480	\$120,915	\$134,350	\$147,785	\$161,220
11	\$58,280	\$78,678	\$116,560	\$131,130	\$145,700	\$160,270	\$174,840
12	\$62,820	\$84,807	\$125,640	\$141,345	\$157,050	\$172,755	\$188,460
13	\$67,360	\$90,936	\$134,720	\$151,560	\$168,400	\$185,240	\$202,080
14	\$71,900	\$97,065	\$143,800	\$161,775	\$179,750	\$197,725	\$215,700

Actual Annual Verified Gross Household (Family) Income: \$ _____

*Attach copies of documents used to verify income prior to enrollment

Family Size (per PKC guidelines): _____

Family income is at or below 300% of federal poverty level relative to family size (required risk factor). Consider all sources of income. Must be verified prior to enrollment. *Documentation will be requested once enrollment offered.

Staff Verifying Income and Risk Factors Signature _____
Date

For Head Start Eligible families (100% of FPL or below) **Check if not applicable**

I have been informed of my child's eligibility for Head Start and given the following:

- Contact information for the following Head Start location _____
- Application and/or assistance with referral
- Brochure or website with information about Head Start

My signature below indicates that I have been informed about my options but may still choose to enroll in the Pre-K Counts program.

Parent/Guardian Signature _____
Date

Staff Signature _____
Date