Warren Woods Early Childhood Center

GSRP/Title I Application

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Mother’s Name: | Father’s Name: |
| Mother’s Home Phone Number: | Father’s Home Phone Number: |
| Mother’s Work Phone Number: | Father’s Work Phone Number: |
| Mother’s Cell Phone Number:  | Father’s Cell Phone Number: |
| Mother’s Email: | Father’s Email:  |

|  |
| --- |
| **Name/Relationship of other persons living in household** |

|  |  |
| --- | --- |
| **Name** | **Relationship** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Family Income Eligibility Documentation**

**TOTAL NUMBER OF PERSONS IN HOUSEHOLD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Family Income: Include income of ALL family members who are responsible for support of the child.

Possible (current) income verification to be copies and kept on file:

* Copies of payroll check stubs
* Previous year’s tax forms
* DHS child care verification
* Unemployment document

|  |  |  |
| --- | --- | --- |
| **CHECK ALLTHAT APPLY** | **HOUSEHOLD INCOME SOURCES** | **MONTHLY AMOUNT RECEIVED****(Before Deductions)** |
|  | Employment |  |
|  | Unemployment |  |
|  | Child Support |  |
|  | Alimony |  |
|  | Pension(s) |  |
|  | Retirement SSI |  |
|  | Disability SSI |  |
|  | Cash Assistance |  |
|  | Other |  |
|  | **Total Gross Household Income** |  |

\*Families at or below 100% of poverty must be referred to Head Start. Enrollment in GSRP is deferred until the referral process is complete.

**HEAD START REFERRED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Please tell us anything else you would like us to know about your child and any additional comments/concerns you have that would help us understand your child:**

**PARENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return Application AND copies of your income documents to:**

**Warren Woods Early Childhood Center**

**12900 Frazho**

**Warren, MI 48089**

**(586) 439-4885**

**Macomb County Referral Form for the Great Start Readiness Program to Head Start**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Print) Child’s Last Name First Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Print) Parent/Guardian’s Last Name First Name**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrolling for School Year:\_\_\_\_\_\_\_\_\_\_\_**

**Have you previously applied for Head Start or been enrolled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand my child may be eligible for Head Start and that Head Start programs have a higher level of funding that may provide more services to my child/family. However, the Great Start Readiness Program best meets the needs for our family due to the following reasons:

**Check all that apply:**

\_\_\_\_Zero Available Slots \_\_\_\_Hours of Operation

\_\_\_\_Transportation/Distance \_\_\_\_Sibling Attends Same School

\_\_\_\_Schedule (parent working/ in school) \_\_\_\_Other: Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Sibling was in Program

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing I agree this information may be shared with appropriate early childhood agencies.

I have discussed this family’s eligibility for Head Start and the family services they provide. As indicated, the family chooses to be enrolled in GSRP.

**GSRP Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GSRP Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Head Start Use Only**

I have reviewed the above information, and/or parent’s documentation.

**\_\_\_\_\_ Head Start releases this child to be enrolled in GSRP \_\_\_\_\_Child is enrolled in Head Start for 2016-17 school year**

**Head Start Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**