

2012-2013 Van Buren GSRP Common Application
The information in this application is confidential.



Please turn in this completed application along with the required documents listed below. You may turn them in to the local school district in which you live or mail them to: VBISD Early Care & Education, 490 S. Paw Paw Street, Lawrence, MI 49079. For questions call (269) 539-5214.

- Required Forms to Apply**
- _____ Application _____ Proof of Residency (copy of rental agreement, mortgage statement, license, utility bill)
 - _____ Copy of Child's Birth Certificate _____ Physical (signed and dated by the doctor)
 - _____ Copy of Child's Immunization Record _____ Income Verification (see list on page 2)

Completion of this application does not guarantee enrollment. Placement is made using a required eligibility process and priority system. The process will be ongoing until early September. Every effort will be made to make a determination as soon as possible. Depending upon your child's priority level, you may not receive the determination until late summer or early September.

Which school district do you live in? Bangor Bloomingdale/Pullman Covert Decatur Gobles
 Hartford Lawrence Lawton Mattawan Paw Paw South Haven Unknown

Child's Legal Name: _____
Last *First* *Middle*

Name you want your child called at school or to see written: _____

Child's Date of Birth: _____ Male Female Home Phone: _____

Child's Address: _____
Street *City* *Zip* *P.O. Box*

Race/Ethnicity (optional)-Check all that apply: Black White Asian Native American
 Pacific Islander Hispanic Other _____

Child lives with: Mother Father Both Parents Joint Custody (Physical or Legal)
 Foster Care Legal Guardian Grandparent Other _____

Does child have a sibling in Head Start? Yes No

PARENT/LEGAL GUARDIAN		PARENT/LEGAL GUARDIAN	
Name:	Date of Birth	Name:	Date of Birth
Parent/Guardian Relationship to Child <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Other Caregiver		Parent/Guardian Relationship to Child <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Other Caregiver	
Address (if different from above):		Address (if different from above):	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Email Address:		Email Address:	
Employer:	Work Phone:	Employer:	Work Phone:
Highest Education Level Completed: <input type="checkbox"/> Less than 12 th Grade <input type="checkbox"/> GED <input type="checkbox"/> HS Graduate <input type="checkbox"/> Technical Training <input type="checkbox"/> College		Highest Education Level Completed: <input type="checkbox"/> Less than 12 th Grade <input type="checkbox"/> GED <input type="checkbox"/> HS Graduate <input type="checkbox"/> Technical Training <input type="checkbox"/> College	
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Remarried <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Living Together <input type="checkbox"/> Widowed		Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Remarried <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Living Together <input type="checkbox"/> Widowed	

Other household members		
Name	Age	Relationship to Child

FAMILY INCOME Include income of all family members who are legally responsible for the support of the child.

What sources of income do you have:

- Wages Child Support/Alimony Unemployment Disability SSI
- Public Assistance (Cash Assistance and/or Child Care Reimbursement) Retirement SSI Pension(s)

Total Income (before deductions): Monthly \$ _____ Annual \$ _____

Documents submitted for income verification:

- Copies of paystubs Previous year's tax form DHS child care verification form
- Subsidized meal form with income calculation Other: _____

ELIGIBILITY INFORMATION *This information is necessary to determine your child's eligibility for GSRP.*

RISK FACTOR	EXPLANATION/DEFINITION	YES
Diagnosed disability or identified developmental delay	<input type="checkbox"/> Special education services (IEP) <input type="checkbox"/> Child's developmental progress is less than expected <input type="checkbox"/> Chronic health issues causing development or learning problems <input type="checkbox"/> Physician referral, special education referral, developmental screening which may indicate delay.	
Severe or challenging behavior	<input type="checkbox"/> Child has been expelled from preschool or child care center <input type="checkbox"/> Child's behavior has prevented participation in another group setting <input type="checkbox"/> Mental health professional referral	
Primary home language other than English	<input type="checkbox"/> English is not spoken in the home <input type="checkbox"/> English is not the child's first language	
Parent(s) with low educational attainment	<input type="checkbox"/> Parent has not graduated from high school or is illiterate	
Abuse/neglect of child or parent	<input type="checkbox"/> Domestic, sexual, or physical abuse of child or parent <input type="checkbox"/> Child neglect issues <input type="checkbox"/> Abuse of alcohol, prescription drugs, etc. by family members or in the home	
Environmental risk	<input type="checkbox"/> Parental loss due to death, divorce, incarceration, military service or absence, chronic illness, frequent changes in custody, grandparents raising grandchildren, single parent, foster family or marital problems <input type="checkbox"/> Sibling issues (chronic illness, behavior issues, disability, death) <input type="checkbox"/> Teen parent (not yet age 20 when first child born) <input type="checkbox"/> Family is homeless or without stable housing (living with other families, in home foreclosure, or frequent changes of residence) <input type="checkbox"/> Residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to critical community services) <input type="checkbox"/> Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays (Fetal Alcohol Syndrome, children born addicted, environmentally-induced respiratory problems)	

CHILD HEALTH INFORMATION

Did the child's birth mother receive regular medical care during pregnancy? Yes No

Were there any problems at birth (mother or child)? Yes No If yes describe: _____

Does your child have any diagnosed allergies (food, bee stings, medicine) Yes No

If yes list: _____

Does your child have any limitations or conditions we should be aware of? Yes No

If yes describe: _____

FAMILY RESOURCE ASSESSMENT

This information is used to support the needs of your child and family. It is not used to determine your child's eligibility for the program. All information is confidential.

	<i>Currently Receiving</i>	<i>Have Received in the Past</i>	<i>Would Like Information on this Resource</i>
Adult Education			
English Language Classes			
Michigan Works! Job Services			
Child Care Resources			
Parenting Classes/Play Groups			
Special Education Services (speech, OT, PT etc.)			
Early On Services (birth to 3)			
WIC Supplemental Food Program			
Food Stamps/DHS Assistance Programs			
Housing Assistance SWMCAA			
Van Buren Transit Services			
State Supported Child Health Insurance			
Counseling/CMH Services			
Other (list):			
Other (list):			
Other (list):			

_____(parent initial) *I certify that the information, including income, provided in this application is accurate and truthful to the best of my knowledge. I understand that it is my responsibility to inform the program if I move, or if I have any other changes in my circumstances that could affect my child's enrollment or placement.*

_____(parent initial) *I give permission for this application and related information I have provided to be shared with other free preschool programs in the area for the purpose of placing my child.*

_____(parent initial) *I give permission for still/motion picture photographs of myself and/or my child for the purposes of education, public relations, and promotion of the GSRP program. Publication may be to print and/or electronic sources.*

Parent/Guardian Signature: _____ **Date:** _____

NOTICE OF NONDISCRIMINATION: It is the policy of the schools of the Van Buren Intermediate School District not to discriminate on the basis of race, color, national origin, gender, age, disability, religion, height, weight or marital status in its programs, services, employment, or any other activities. For information contact the office of the Superintendent of the Van Buren ISD, 490 S. Paw Paw Street, Lawrence, MI 49064 (269) 674-8091.