

# School Readiness Program Family Form

Parent/Guardian First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Would you like to receive occasional emails about upcoming child and family events? \_\_\_\_ Yes \_\_\_\_ No

**Please list the members of Immediate Family** (i.e. mother, father, step-parents and children)

Name	Relationship to child	Age	Monthly Income	Source of Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**You will need to provide proof of income (last 4 weeks of income information or last years tax return) for all working members of the family.**

Do you pay childcare expenses for other children in this family (for example: daycare costs, other preschool tuition)? \_\_\_\_ No \_\_\_\_ Yes  
If yes, please explain: \_\_\_\_\_

Do you or your spouse pay child support for children residing outside of this address? \_\_\_\_ No \_\_\_\_ Yes  
If yes, please explain: \_\_\_\_\_

Is everyone in the family covered by health insurance? \_\_\_\_ Yes \_\_\_\_ No  
Through Husky: \_\_\_\_\_ Through Employment: \_\_\_\_\_

Primary Care Physician of child: \_\_\_\_\_

Does your family receive SNAP benefits? \_\_\_\_ Yes \_\_\_\_ No Amount? \_\_\_\_\_

Do your children receive free or reduced lunch? \_\_\_\_\_

Do you receive energy assistance? \_\_\_\_\_

Does your family have access to transportation? \_\_\_\_\_

How will you transport your child to and from preschool? \_\_\_\_\_

Does your family own or rent housing? \_\_\_\_\_

Is your family on Section 8? \_\_\_\_\_ Does your family live with relatives? \_\_\_\_\_

Would you like to receive more information on how to be involved with community, social or religious organizations? \_\_\_\_\_

Are the adults in your family registered to vote? \_\_\_\_\_

Are your children in day care? \_\_\_\_\_ Where? \_\_\_\_\_

Does your family receive Care4Kids Subsidy? \_\_\_\_\_  
(If yes, you will need to bring your Care4Kids Certificate with you to the intake appointment)

Do you or any other family members want to pursue adult educational opportunities (such as English as a Second Language or GED) ? \_\_\_\_\_

Are there any other family needs: \_\_\_\_\_  
\_\_\_\_\_

**For program use only**

Date of intake: \_\_\_\_\_

Re-evaluation date: \_\_\_\_\_

Total Household income: \_\_\_\_\_

Total Household income: \_\_\_\_\_

Eligible \_\_\_\_\_ Not Eligible \_\_\_\_\_

Eligible: \_\_\_\_\_ Not Eligible: \_\_\_\_\_

%SMI: \_\_\_\_\_

%SMI: \_\_\_\_\_

Amount due for 1<sup>st</sup> half of year:

Amount due for 2<sup>nd</sup> half of year:

\_\_\_\_\_

\_\_\_\_\_