



# Bullitt County Public Schools

## Preschool Department

10665 Highway 44 West  
West Point, KY 40177

Phone: 502-869-2615

School \_\_\_\_\_

Date \_\_\_\_\_

## 2018/2019 PRESCHOOL PACKET

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Dear Parent/Guardian:

Thank you for beginning the process for determining if your child is eligible to attend the state funded preschool program. The state funded preschool program is an intervention program, provided to families who meet income eligibility guidelines and/or whose child is identified with a developmental delay or disability. Each family interested in their child attending the state funded preschool program must complete a household income verification form.

1. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children and who pay a pro-rated share of expenses), do not include them.
2. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, **use your current income.**
3. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
4. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.
5. **WHAT DOCUMENTS CAN I PROVIDE TO VERIFY MY INCOME?** Individual Income Tax Form 1040, W-2 forms, pay stubs dated within the last month, written statements from employers, or documentation showing current status of recipients of public assistance.

If you have other questions or need help, call 502-869-2615.

Sincerely,  
Anne Marie Landry  
Preschool Coordinator

## INSTRUCTIONS FOR APPLYING

**Part 1:** All Household Members (**a household member is any child or adult living with you**): All applicants should complete this part. List the name of each household member, the name of the school each child attends and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

**IF YOUR CHILD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS.**

**Part 2:** Check the appropriate category.

**Part 3:** Skip this part.

**Part 4:** Sign the form.

**IF YOU HAVE FOSTER CHILD(REN) ONLY, FOLLOW THESE INSTRUCTIONS. YOU DO NOT NEED TO FILL OUT A SEPARATE FORM FOR EACH FOSTER CHILD IN YOUR HOUSEHOLD. (IF THERE ARE BOTH FOSTER CHILDREN AND NON-FOSTER CHILDREN IN YOUR HOUSEHOLD, FOLLOW THE INSTRUCTIONS BELOW FOR ALL OTHER HOUSEHOLDS).**

**If all children in the household are marked as foster children in Part 1:**

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form.

**ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:**

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from **this month or last month**.

- **Section 1—Name:** List all household members who have income.
- **Section 2—Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
  - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
  - **Welfare, Child Support, Alimony:** List the amount each person receives and check the box to tell us how often.
  - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits) and disability benefits.** List the amount each person receives and check the box to tell us how often they receive it.
  - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income received weekly, every other week, twice a month or monthly. **Do not** include income from KTAP, SNAP, WIC, federal education benefits and foster care payments received by your family from the placing agency.
  - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 4:** An adult household member must sign the form. Please include your address and phone number in the event the Preschool Coordinator has a question about your information.

## HOUSEHOLD INCOME VERIFICATION FORM

| PART 1. ALL HOUSEHOLD MEMBERS  |  |                |  |                          |
|--|--|----------------|--|--------------------------|
| Names of <u>all</u> people living in your household<br>(First, Middle Initial, Last) | School the child attends, or indicate "NA"<br>if household member is not in school | Grade<br>Level | Check if a foster child (legal<br>responsibility of welfare agency or court)<br>If <u>all</u> children listed below are foster<br>children, <b>skip to Part 4</b> to sign this form. | Check if<br>NO<br>income |
|  |  |                | <input type="checkbox"/>   | <input type="checkbox"/> |
|  |  |                | <input type="checkbox"/>   | <input type="checkbox"/> |
|  |  |                | <input type="checkbox"/>   | <input type="checkbox"/> |
|  |  |                | <input type="checkbox"/>   | <input type="checkbox"/> |
|  |  |                | <input type="checkbox"/>   | <input type="checkbox"/> |
|  |  |                | <input type="checkbox"/>   | <input type="checkbox"/> |
|  |  |                | <input type="checkbox"/>   | <input type="checkbox"/> |

| PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS  |
|--|
| IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT OR A RUNAWAY, CHECK THE APPROPRIATE BOX.<br>HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/> |

| PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE. |   |                                     |                          |                          |                          |                                 |                          |                                     |                          |                          |   |                          |                          |                          |                          |  |
|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. NAME<br>(List only household members with income)  | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED |                                     |                          |                          |                          |                                 |                          |                                     |                          |                          |   |                          |                          |                          |                          |  |
|   | Earnings from work before deductions.         | Weekly                              | Every 2 Weeks            | Twice Monthly            | Monthly                  | Welfare, child support, alimony | Weekly                   | Every 2 Weeks                       | Twice Monthly            | Monthly                  | Pensions, retirement, Social Security, SSI, VA benefits | Weekly                   | Every 2 Weeks            | Twice Monthly            | Monthly                  | All Other Income (indicate frequency, such as "weekly" "every 2 weeks", "monthly") |
| <i>(Example) Jane Smith</i>   | \$200   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$150                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$50 / <u>monthly</u>  |
| \$  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ / _____   |
| \$  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ / _____   |
| \$  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ / _____   |
| \$  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ / _____   |
| \$  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ / _____   |

| PART 4. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)   |
|--|
| An adult household member must sign the form.<br><i>I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.</i> |
| Sign here: _____ Print name: _____ Date: _____<br>Address: _____ City: _____ State: _____ Zip Code: _____<br>Home Phone Number: _____ Cell Phone Number: _____   |

**Privacy Notice**

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The State Funded Preschool Program is available to children who are 4 years old on or before August 1 and whose family income is 160% poverty or less; and children who are 3 or 4 years old with an identified disability. To determine income eligibility, please complete, sign and return this Packet to any Bullitt County Elementary School.

**CHECKLIST**

- Have you included all your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the application?

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

*Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12*

Total Income: \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice A Month  Month  Year Household size: \_\_\_\_\_

Eligibility: 160% poverty\_\_\_ Special Education\_\_\_ Head Start \_\_\_ Over Income \_\_\_

Reason (160% poverty; Special Education; Head Start (if applicable); Over Income): \_\_\_\_\_

Preschool Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Non-Discrimination Statement:** In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

**Legal Name of Student:**

18-19 Preschool Packet

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

**Student Information**

|                            |   |
|----------------------------|---|
| <b>Student Information</b> | Legal Name of Student:<br>(Last) _____ (Jr III, etc.) _____ (First) _____ (Middle) _____<br>_____ Male _____ Female Name child goes by _____  |
|                            | Date of Birth (Month) ____ (Day) ____ (Year) _____ Birthplace (City) _____ (State) _____  |
|                            | Race (check all that apply) : _____ White _____ Black/African American _____ Native Hawaiian/Other Pacific Islander<br>_____ Asian _____ American Indian/Alaskan Native Is your child Hispanic/Latino: _____ Yes _____ No |
|                            | What is the language most frequently spoken at home? _____  |
|                            | Student's Address: (Street) _____ (City) _____ (State) _____ (Zip) _____  |
|                            | Student's Mailing Address (if different): (Street) _____ (City) _____ (State) _____ (Zip) _____   |
|                            | <b>Housing Situation:</b> Are you and your children temporarily living: with relative or friend _____ in night time shelter _____<br>in emergency shelter _____ in hotel/motel _____                                      |
|                            | Does your child have special needs, or does he or she receive special education services? _____ Yes _____ No<br>If Yes, briefly describe: _____   |
|                            | Please list the name of the agency that did the evaluation: _____   |
|                            | Please check any of the following services that apply to your student:<br>_____ Individual Education Plan (IEP) _____ Speech Therapy _____ Other (please explain: _____)  |
|                            | First time enrolled in a Kentucky school? _____ Yes _____ No  |
|                            | Last School Attended: _____ Telephone # _____<br>School Address: _____ Fax # _____  |

**Parent/Guardian Living in Same Household as Student**

|                              |  |  |
|------------------------------|--|--|
| <b>Household Information</b> | Last Name _____ Suffix _____                                 | Last Name _____ Suffix _____                                 |
|                              | First Name _____ MI _____                                    | First Name _____ MI _____                                    |
|                              | Sex _____ Date of Birth (Month) ____ (Day) ____ (Year) _____ | Sex _____ Date of Birth (Month) ____ (Day) ____ (Year) _____ |
|                              | Relationship to Student _____                                | Relationship to Student _____                                |
|                              | Home/Cell # _____ Work # _____                               | Home/Cell # _____ Work # _____                               |
|                              | Place of Employment _____                                    | Place of Employment _____                                    |
|                              | E-mail Address _____   | E-mail Address _____   |

**Other Adults Living in the Home**

|                              |   |   |
|------------------------------|---|---|
| <b>Household Information</b> | Last Name _____ Suffix _____            | Last Name _____ Suffix _____            |
|                              | First Name _____ MI _____               | First Name _____ MI _____               |
|                              | Sex _____ Relationship to Student _____ | Sex _____ Relationship to Student _____ |
|                              | Home # _____ Work # _____               | Home # _____ Work # _____               |
|                              | Cell # _____                            | Cell # _____                            |
|                              | Place of Employment _____               | Place of Employment _____               |
|                              | E-mail Address _____                    | E-mail Address _____                    |

**Legal Name of Student:**

18-19 Preschool Packet

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Other Children Living Within Household**

|                                   |   |   |
|-----------------------------------|---|---|
| <b>Other Children Information</b> | Last Name _____ Suffix _____<br>First Name _____ MI _____<br>Birthdate ____/____/____ Sex ____ Grade _____<br>Relationship to Student _____<br>Name of School _____ | Last Name _____ Suffix _____<br>First Name _____ MI _____<br>Birthdate ____/____/____ Sex ____ Grade _____<br>Relationship to Student _____<br>Name of School _____ |
|                                   | Last Name _____ Suffix _____<br>First Name _____ MI _____<br>Birthdate ____/____/____ Sex ____ Grade _____<br>Relationship to Student _____<br>Name of School _____ | Last Name _____ Suffix _____<br>First Name _____ MI _____<br>Birthdate ____/____/____ Sex ____ Grade _____<br>Relationship to Student _____<br>Name of School _____ |
|                                   | Last Name _____ Suffix _____<br>First Name _____ MI _____<br>Birthdate ____/____/____ Sex ____ Grade _____<br>Relationship to Student _____<br>Name of School _____ | Last Name _____ Suffix _____<br>First Name _____ MI _____<br>Birthdate ____/____/____ Sex ____ Grade _____<br>Relationship to Student _____<br>Name of School _____ |

**Parent/Guardian Living in another Address**

|                                  |  |   |
|----------------------------------|--|---|
| <b>Non-Household Information</b> | Does this parent/guardian have joint custody?<br>___Yes ___No<br>Should this parent/guardian receive school mailings?<br>___Yes ___No<br>Last Name _____ Suffix _____<br>First Name _____ MI _____<br>Sex ____ Relationship to Student _____<br>Home # _____ Work # _____<br>Cell # _____<br>Place of Employment _____<br>E-mail Address _____<br>Is there a court order restricting this parent - guardian access to this student?<br>___Yes ___No<br>(If yes, a copy of the court order MUST be provided.) | Does this parent/guardian have joint custody?<br>___Yes ___No<br>Should this parent/guardian receive school mailings?<br>___Yes ___No<br>Last Name _____ Suffix _____<br>First Name _____ MI _____<br>Sex ____ Relationship to Student _____<br>Home # _____ Work # _____<br>Cell # _____<br>Place of Employment _____<br>E-mail Address _____<br>Is there a court order restricting this parent or guardian access to this student?<br>___Yes ___No<br>(If yes, a copy of the court order MUST be provided.) |
|----------------------------------|--|---|

**Legal Name of Student:**

18-19 Preschool Packet

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Transportation Information

|  |   |
|--|---|
| Household Information  | Primary Transportation to School: _____ Car Rider _____ School Bus _____ Childcare Pickup   |
|  | <i>If school bus, please check one:</i> ___ One Way ___ Both Ways ___ More than a Mile ___ Less than 1 Mile   |
|  | If child is to ride bus to/from address <b>different than home</b> , please list:<br><i>(please include name, address and phone number of <u>childcare provider</u>, if applicable)</i> |
|  | Name _____  |
|  | Address _____ Telephone # _____   |
| In case of <b>weather related early school dismissal</b> , I prefer:   |   |
| <input type="checkbox"/> My child will ride regular bus. <input type="checkbox"/> My child will ride bus to day care. <input type="checkbox"/> My child will be picked up. |   |

Medical Information

|                     |  |
|---------------------|--|
| Medical Information | Family Physician: _____ Telephone # _____  |
|                     | Dentist: _____ Telephone # _____   |
|                     | List and identify problems and/or medical conditions (such as asthma, allergies, diabetes, seizures, etc.) that should be known to school personnel _____<br>_____ |
|                     | List medications to be given during school day along with dosage _____<br>_____  |
|                     | <b><i>(An <u>Authorization to Give Medication Form</u> must be on file for any medication to be given to a student during the school day.)</i></b>                 |

Emergency Information

|                       |  |
|-----------------------|--|
| Emergency Information | Emergency Information:   |
|                       | In case of an accident or emergency of any kind, when parent/guardian cannot be contacted, please call and /or release my child to one of the following: |
|                       | Name _____ Relationship _____ Telephone # _____  |
|                       | Name _____ Relationship _____ Telephone # _____  |
|                       | Name _____ Relationship _____ Telephone # _____  |
|                       | Name _____ Relationship _____ Telephone # _____  |
|                       | Name _____ Relationship _____ Telephone # _____  |

**Legal Name of Student:**

18-19 Preschool Packet

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Household Income Information

|                         |   |                           |     |        |
|-------------------------|---|---------------------------|-----|--------|
| <b>Household Income</b> | Does either parent/guardian work on government property?      | No                        | Yes |        |
|                         | Does Child receive: SNAP (Food Stamps)?                       | No                        | Yes | Case # |
|                         | Medicaid/K-Chip/Passport Ins?                                 | No                        | Yes |        |
|                         | KTAP (Kentucky Transitional Assistance Program - Not K-Chip)? | No                        | Yes | Case # |
|                         | Does any household member receive SSI? Yes No                 | If yes, list person _____ |     |        |

Child Development

|  |  |     |    |       |
|--|--|-----|----|-------|
| <b>Child Development</b>   | Please mark the areas in which you have concerns:  |     |    |       |
|  |  | Yes | No | Maybe |
|  | Are you concerned about the general development of your child?   |     |    |       |
|  | Does your child have health issues that concern you?   |     |    |       |
|  | I am concerned about my child's gross motor skills. (Running, jumping, etc.)                             |     |    |       |
|  | I am concerned about my child's fine motor skills. (Holding pencil/crayon, picking up small items, etc.) |     |    |       |
|  | Are you concerned about your child's thinking/problem-solving skills?                                    |     |    |       |
|  | Does your child have difficulty understanding directions or ideas?                                       |     |    |       |
|  | I am concerned about my child language skills. (Limited vocabulary, doesn't talk much, etc.)             |     |    |       |
|  | I am concerned about the way my child pronounces words.  |     |    |       |
|  | Does your child have difficulty with self-care tasks such as dressing or feeding self?                   |     |    |       |
|  | I am concerned about my child's social skills.   |     |    |       |
|  | I am concerned about my child's emotional well-being.  |     |    |       |
| I have behavior concerns about my child.                               |  |     |    |       |
| Please describe any specific concerns you have about your child: _____ |  |     |    |       |
| _____  |  |     |    |       |
| _____  |  |     |    |       |
| _____  |  |     |    |       |

**IMPORTANT AUTHORIZATION AND CERTIFICATION - READ BEFORE SIGNING**

I understand that as a part of the guidelines for this program ALL children will be given a free screening to determine development in the areas of speech, eye-hand coordination, arm and leg coordination, general knowledge, behavior, vision and hearing. This information will be used to better assist the preschool staff as they work with each individual child.

I certify that all of the above information is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strictest confidence within the agency and is accessible to me during normal business hours.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_