

Thomaston Public Schools
Application for School Readiness Assistance
2017-2018 School Year

Please complete this application to the best of your ability

Child's Name _____ Date of Birth _____ Sex: M F
First Last month/day/year

Home Address _____ Phone Number _____
Street Apt.
 _____ e-mail address _____
City State Zip Code

Birth Father's Name _____ Date of Birth _____
First Last month/day/year

Home Address _____ Phone Number _____
(Unless same as child) Street/Apt City/State Zip Code

Birth Mother's Name _____ Date of Birth _____
First Last month/day/year

Home Address _____ Phone Number _____
(Unless same as child) Street/Apt City/State Zip Code

Current marital status (check one): single married separated divorced widowed
 other (please specify) _____

Child lives with: both parents mother only father only other (explain) _____

Who has legal custody of the child? _____

How many times has your family moved? _____

Please list other *child(ren)* in the household:

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Grade Level</u>
<small>First Last</small>		<small>month/day/year</small>	<small>to Child</small>	
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____

Is a baby expected? Yes No If so, when? _____

Please list *other adults* 18 years and older in the household:

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Relationship</u>
<small>First Last</small>		<small>month/day/year</small>	<small>to Child</small>	<small>to Self</small>
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____

What is your child's racial/ethnic background? (check one)

- White Asian Other
 Black/African/African American American Indian/Alaskan Native
 Hispanic or Latino

What language is spoken in the home? (check one)

- English Spanish French Italian Greek
 Other (please specify) _____

Does the child need an interpreter? Yes No Do the parents need an interpreter? Yes No

Father's Highest Level of Education completed (check one):

- 8th grade or less Some college or trade school Bachelor's Degree
 Some high school beyond high school Graduate or professional school degree
 High school diploma/GED Associate Degree Other

Father's Occupation _____

Work Phone _____ Name of Employer(s) _____

Usual work schedule (days & times) _____

Mother's Highest Level of Education completed (check one):

- 8th grade or less Some college or trade school Bachelor's Degree
 Some high school beyond high school Graduate or professional school degree
 High school diploma/GED Associate Degree Other

Mother's Occupation _____

Work Phone _____ Name of Employer(s) _____

Usual work schedule (days & times) _____

Is either parent currently attending school? Yes No



FINANCIAL INFORMATION

This information is used solely for the purpose of determining program eligibility and is otherwise held confidential.

Is your family receiving temporary family assistance (TFA)? Yes No

If yes, do you have any earned income? Yes No

b. Gross income: should be income received annually and reported on your IRS form 1040 at your previous year's tax return			
a. Name (List everyone in household including children listed above in section 1)	Income from employment (gross earnings from salaries, wages and tips including commissions, overtime and bonuses)	Income from self-employment (Income from business enterprises, including farming, remaining after the total cost of business expenses or cost of production of the income is deducted from the gross income as reported as net profit on schedule C of IRS form 1040 at your previous year's tax return)	All other income (gross income from whatever source derived. This includes but is not limited to: pensions, annuities, dividends, interest (if more than \$50, \$10 a month), rental income, income from boarders, estate or trust income, royalties, social security or supplemental compensation, alimony, foster care payments, cash gifts from friends and relatives, lottery winnings and cash assistance from federal, state and municipally funded assistance programs)
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
4	\$	\$	\$
5	\$	\$	\$
6	\$	\$	\$
7	\$	\$	\$

Proof of family income must include copies of any of the following: individual tax form 1040, W2 forms, pay stubs, written statements from employers verifying gross income, and/or documentation showing current receipt of food stamps, SSI and/or any other type of verification needed to support above data.

“Income Excluded” is defined as:

- a. TFA cash assistance benefits form DSS;
- b. child support payments;
- c. income paid by the Census Bureau to low-income temporary census workers;
- d. the value of Food Stamp benefits;
- e. the earnings of a family member who is under the age of eighteen who is not the parent of a child for whom assistance is requested;
- f. earned income credit payment, including advanced payments;
- g. cash contributions from non-profit charitable agencies or organizations;
- h. interest and dividends totaling less than six hundred dollars per calendar year;
- i. lump sum payments from unearned income sources totaling less than six hundred dollars per calendar year;
- j. income tax refunds;
- k. special need payments issued by the department on behalf of a cash assistance recipient that are paid to a vendor;
- l. income from the sponsor of a non-citizen;
- m. grants, loans and scholarships paid to students;
- n. Cash gifts received on an irregular basis, the aggregate of which does not exceed twelve hundred dollars per calendar year;
- o. the value of goods and services given as in-kind income rather than cash payments;
- p. reimbursements for expenditures that do not represent a benefit or gain to the recipient;
- q. disaster assistance paid under the Disaster Relief Act of 1974, as amended, including the Individual and Family Grant (IFG) program, and comparable disaster assistance provided by federal, states, and local governments, and private organizations, and any interest earned on funds from this source;
- r. payments made by the Department of Labor to meet the cost of pursuing employment;
- s. state or federal government rental subsidies;
- t. security deposits returned by a landlord to the family;
- u. payments made under means-tested energy assistance programs and utility subsidies; and
- v. payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
- w. payments received for day care services from state or federal funds.

The Care 4 Kids, the DSS Child Care Assistance Program (CCAP) may help with childcare costs for parents who work or attend school. Are you currently having child care paid through Child Care Assistance? Yes No

What is the name of your Child Care Assistance Caseworker? _____

Are there any special financial circumstances that make it difficult for you to meet your family's basic needs? (check all that apply)

- Loss of job
- Garnishment of wages
- High medical bills
- Bankruptcy
- Health or emotional disability of family member
- One or more family members without medical or dental insurance
- Other (please describe) _____

HEALTH INFORMATION

Do you have medical insurance for your child? Yes No Dental insurance? Yes No

If yes, what kind? Medical Assistance Other (specify) _____

Do you or your child's doctor have any special concerns about your child's hearing, vision, speech, language, development, or behavior? Yes No

If yes, what are those concerns? _____

Does any other family member have a special need? Yes No

If yes, please specify? _____

Has your child been **referred** to the Public School District because of concerns about health or development? Yes No

Is your child toilet trained during the day? Yes No *(Information needed for School Readiness Program only.)*

CHILD/FAMILY INFORMATION

This information is designed to help us know a little more about your child's and family's needs so we can make an appropriate placement.

1. Please share any changes, difficult circumstances, or stresses that have affected your family in the past year. _____

2. Are there any community workers assisting your family? (check all that apply)

- Financial worker Workforce Center case manager Social worker Probation officer
 IMAA caseworker Counselor Public health nurse Child protection worker
 Other (please specify) _____

3. Has your child had previous experience with other children in a group setting such as preschool or daycare?
 Yes No

4. Is your child in day care? Yes No If no, skip to Question 5.

4a. What is the name & address of the daycare? _____

4b. What is your child's daycare schedule? _____

5. Can you transport your child to and from school during school hours? Yes No

6. How did you find out about our programs? (check all that apply)

- Social or Human Service Agency Health Care Provider Early Childhood Screening
 Adult Basic Education and/or Adult Literacy Program Early Childhood Special ed
 Child Care Programs Word of Mouth Family or Friends
 Other (please specify) _____

7. Are there any resources/information regarding the following which we can provide you with that would benefit you, your child and/or family?

- Health (HUSKY Insurance, Health Services, Dental Services, Asthma and/or Allergy info)
 Nutrition (ie WIC, Nutrition Information)
 Emotional Health (counseling services)
 Financial Assistance for child care (Care4kids)
 Child Development
 Other _____

8. Do you need voter registration information? Yes No

Return completed application and proof of income to:

Aimee Turner, Director of Pupil Services
Black Rock School
57 Branch Road
Thomaston, CT 06787
(860) 283-3050

Thank you for filling out this application.

I hereby certify that all the information provided in this application is true and correct to the best of my knowledge. Agency officials may verify the information. I have read and removed my copy of the Data Privacy Rights of Applicants for Thomaston Public Schools school readiness program to retain for my records.

Parent/Guardian Signature _____ Date _____

*** PLEASE REMOVE AND KEEP FOR YOUR OWN RECORDS**

DATA PRIVACY RIGHTS OF APPLICANTS THOMASTON PUBLIC SCHOOLS

RIGHT TO KEEP INFORMATION ABOUT YOU PRIVATE (DATA PRIVACY)

Most of the information we collect about you will be classified as private. That means you and the agency collecting the data can see it; others cannot. Occasionally, statistics and other anonymous data will be taken from the information we collect about you or your family. This is public and open to anyone, but it will not identify you in any way.

In a few cases, information we collect is classified confidential. Confidential data is not open to anyone (not even you) except the government agencies that need it. Data in this category deals with civil or criminal investigation, some medical data, and the names of persons who report child or vulnerable adult abuse.

Purpose of Information

The information you are asked to provide will be used to determine program eligibility, to coordinate services between programs, to verify program services being provided, and to provide us with a mailing list. This list will be used to update you on upcoming programs and program changes and to inform you of eligibility for all programs within school readiness program. Only staff and funding source employees, whose jobs require access to this information, as well as Federal or State Auditors, may have access to your information.

If you are enrolled in a school readiness program and want to receive services from another program, the needed family information and income eligibility needed may be shared.

If you are enrolled in 2 or more school readiness programs, data may be shared which could change the status of your eligibility.

- ◆ You are not legally required to provide any information and may refuse to do so.
- ◆ If you choose to give information, it will be used for the purposes listed above.
- ◆ If you choose not to give information, you will probably not be able to receive the services for which you are applying.

RIGHT TO ACCESS YOUR RECORDS

Access by you. You can see all public and private records about yourself and your children. To see your file, call the program director during agency hours and make a request to review your files within five working days by contacting the program from which you are receiving service. Review will take place on site during working hours.

Access by agency. Employees of this agency will have access to information about you any time their work requires it. By law, some other government and contractor agencies will also have access to certain information about you if they provide a service to you or if they provide a service to this agency that affects you and requires access to your records. They may include school districts, public health, social services and financial assistance.