

PRESCHOOL TUITION APPLICATION - HAWC PARTNERSHIPS FOR CHILDREN

Part 1. Children in Preschool (Use a separate application for each foster child)

Names of all children in preschool (First, Middle Initial, Last)	Age (on 9/15/12)	Date of Birth	Sex M / F	Race	Health Insurance	Ethnic
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>

Race: (insert letter into Race column) More than one race: **M** **Health Insurance:** **Ethnic:**
 American Indian/Alaska Native: **I** Asian: **A** Check if child has health Check if
 Native Hawaiian/Other Pacific Islander: **P** White: **W** public or private health Hispanic or
 Black or African American: **B** Other/Unknown: **O** insurance Latino

Part 2. Total Household Gross Income - You must tell us how much and how often

1. Name (List everyone in household)	2. Gross income and how often it is received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pension, retirement social security	All other income	
<i>(Example) Jane Smith</i>	<i>\$200/weekly</i>	<i>\$150/weekly</i>	<i>\$100/monthly</i>	<i>\$ /</i>	<input type="checkbox"/>
1	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
2	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
3	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
4	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
5	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
6	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
7	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
8	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
9	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

Part 3. Other state or federal funding for preschool services

Do you receive other state or federal funding for preschool services?	Yes	No
1. State administered child care assistance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Special education funding?	<input type="checkbox"/>	<input type="checkbox"/>
3. School formula funding eligible (age 5 before 9/15/2012)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Eligible for Head Start or Shared Visions?	<input type="checkbox"/>	<input type="checkbox"/>
5. Eligible for free statewide voluntary preschool program (age 4 before 9/15/2012)?	<input type="checkbox"/>	<input type="checkbox"/>

Part 4. Signature (Adult must sign)

An adult household member must sign the application.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the preschool will get community empowerment funding based on the information I give. I understand that preschool officials may verify (check) the information. I understand that if I purposely give false information, my children may lose preschool tuition benefits, and I may be prosecuted.

Sign here: X _____ **Print name:** _____ **Date:** _____

Address: _____ **Phone number:** _____

Explanation of how we will use the information you give us. The HAWC Partnerships for Children Preschool Tuition for Low Income Families policy requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for preschool tuition assistance. We will use your information to determine if your child is eligible for preschool tuition assistance. We MAY share your eligibility information with education and health programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look in to violations of program rules.

Completed applications are due to your preschool center on or before September 1, 2010. Qualified applications received after September 1 will be placed on a waiting list pending determination of available funds.