

More at Four Application 2009-2010

Date:		Interviewer:		Month	Day	Year
Mother/Guardian Name		Date of Birth:				
Father/Guardian Name		Date of Birth:				
Child's Name		Date of Birth:				
Child Resides with		Relationship:				
Child's Address/city/zip		Home Phone:				
Child's Sex <input type="checkbox"/> M <input type="checkbox"/> F		Alternate Phone:				
What is the current child care arrangement for (child's name)?	<input type="checkbox"/> No child care arrangement	<input type="checkbox"/> Part Time Child Care (<4 hours a day) Name of Provider:	<input type="checkbox"/> Full Time Child Care (4+ hours a day) Name of Provider:	Is this child a US citizen? (this question is not used to determine eligibility) <input type="checkbox"/> yes <input type="checkbox"/> no		
Do you receive subsidy for the cost of childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Please Explain _____ Concerning subsidy are you: <input type="checkbox"/> Eligible but not receiving <input type="checkbox"/> Ineligible <input type="checkbox"/> On a waiting list	If child is not in a program now, has your child ever been enrolled in child care or preschool? <input type="checkbox"/> Part Time Child Care (<4 hours a day) <input type="checkbox"/> Full Time Child Care (4+ hours a day) <input type="checkbox"/> Preschool or Head Start If so when did they attend? _____ / _____ month / year to _____ / _____ month / year	How many family members live in household? Check all that apply. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ <input type="checkbox"/> Number of Children # _____ Total Family Size: # _____	Which income source category fits your family? <input type="checkbox"/> Employment <input type="checkbox"/> Public Aid (Work First, Food stamps, etc) <input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Other _____ _____ _____	What is the race of the child? Check all that apply <input type="checkbox"/> White/European American <input type="checkbox"/> Black/African American <input type="checkbox"/> Spanish/Latino/Hispanic <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other		
What is your current marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deployed Spouse <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____ _____	Has (child's name) been diagnosed with a Special Need? <input type="checkbox"/> yes Please explain _____ _____ <input type="checkbox"/> Child receives services through the Early Intervention Services. (IEP) <input type="checkbox"/> Child has received services through an infant/toddler early intervention program (IFSP) <input type="checkbox"/> No special needs identified		Which of the following health concerns or problems does (child's name) have? Check all that apply. <input type="checkbox"/> Medically fragile <input type="checkbox"/> Developmental delay <input type="checkbox"/> Has chronic illness (asthma, allergies, diabetes, etc) Please explain _____ <input type="checkbox"/> Behavior/Emotional issues Please explain _____ <input type="checkbox"/> Obesity <input type="checkbox"/> Other _____ <input type="checkbox"/> No significant health concerns			
How many hours a week do you work? _____ If applicable, How many hours a week does your spouse work? _____	I make \$ _____ BEFORE taxes <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month My spouse makes \$ _____ BEFORE taxes <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		Do you receive: (if yes, How much per month) <input type="checkbox"/> Public Assistance \$ _____ <input type="checkbox"/> SSI or Retirement \$ _____ <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Any other income \$ _____			

More at Four Application (continued)

Indicate which special population each listed member belongs, if applicable. <i>Check all that apply.</i>	Primary Caregiver		Secondary Caregiver		
	<input type="checkbox"/> Migrant/Seasonal Farm Worker <input type="checkbox"/> Migrant/Seasonal Dependent <input type="checkbox"/> Non-English speaking <input type="checkbox"/> Homeless <input type="checkbox"/> Active Duty Military		<input type="checkbox"/> Migrant/Seasonal Farm Worker <input type="checkbox"/> Migrant/Seasonal Dependent <input type="checkbox"/> Non-English speaking <input type="checkbox"/> Homeless <input type="checkbox"/> Active Duty Military		
	Primary Caregiver		Secondary Caregiver		Child (4-year old)
What language(s) does each member listed speak regularly? <i>Check all that apply.</i>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____
Do you have any other concerns or special considerations for (<i>child's name</i>) or other family members?				Which extended services will be required for (<i>child's name</i>)? <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Holiday care <input type="checkbox"/> Summer care <input type="checkbox"/> None	
How do you plan to get your child to and from school?					

Please read carefully, initial each bullet, sign and date.

- ❖ _____ I certify that all of the given information is true and correct and that all income is reported accurately. I understand that this information is being given for the receipt of state funds. More at Four officials may verify the information on the application.
- ❖ _____ The information on this form will be used in the determination of eligibility for More at Four programs. I understand that I am releasing information so that my child may be considered for the More at Four program administered by the Rockingham County Partnership for Children.
- ❖ _____ I understand that if my child is selected to participate in the More at Four program, family involvement will be critical to the success of my child. I/We commit to participate as requested by More at Four sites.
- ❖ _____ I understand that if my child receives a space in a More at Four program, I will be required to provide immunization records and the Child Health Assessment Report completed by a physician. The child Health Assessment Report is a green physical form supplied by the Rockingham County Partnership for Children.
- ❖ _____ I give permission for my child to receive developmental, hearing, vision, dental, and or speech /language screening while attending the More at Four program.

I CERTIFY THAT I AM THE PARENT/GUARDIAN OF THE CHILD FOR WHOM THIS APPLICATION IS BEING MADE.

Primary Caregiver (required)

Date

Secondary Caregiver (if available)

Date