

Randolph County NC Pre-Kindergarten Program

This program is designed to serve families in the Randolph County area who have children of preschool age and who otherwise may not have access to a quality pre-kindergarten program. Our hope is that the children in Randolph County will enter kindergarten better equipped with the tools they need to be successful. If you feel that you meet any of the following eligibility criteria, please complete an application online at randolphkids.org or come by the Partnership office at 349 Sunset Ave in Asheboro to complete one in person.

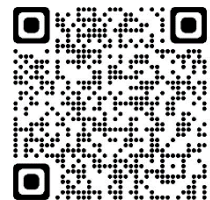
Eligibility Criteria:

- Child will turn 3 or 4 by August 31st (3-year-old slots are limited)
- Gross household income at or below 75% of the state median income for NCPK.
- Gross household income at or below federal poverty level for Head Start
- Receiving any of the following: WIC, Public Housing, TANF/WorkFirst, Medicaid, SSI, Food Stamps, or SNAP benefits.
- Parent deceased while in active military duty or who has been called to serve within the last or next 18 months.
- Child has an active IEP or is receiving services for a special need or disability.

**Please be sure to submit ALL of the following documents along with the application!
Only complete applications will be considered for approval.**

- Child's Birth Certificate
- Child's Immunization Record
- 2 Utility Bills showing name, date, and current date
 - Qualifying documents:
 - Power bill
 - Water bill
 - Gas bill
 - Cable/Internet bill
 - Lease agreement
 - Mortgage
- Verification of income
 - Qualifying documents:
 - 1 month's check stubs
 - Tax documents showing gross income
 - Employer statement on company letterhead
 - Documents showing that you receive any of the following:
 - WIC
 - Public Housing
 - TANF/Work First
 - Medicaid
 - SSI
 - Food Stamps
 - SNAP

Scan QR code for contact info.



- Parent's Photo ID
- Guardianship documents if applicable
- IEP or other documentation of services the child receives



Your answers to the following questions will help us to determine your child's eligibility and will be kept strictly confidential. **Please answer all questions** as accurately as possible.

1. Information of Members Living in House (ex: Mother, Father, (or Guardians) and Siblings under 18)

Name	Relationship to Child	Date of Birth	Annual Income of Parents
	Mother (or Guardian)		\$
	Father (if in the home)		\$
			XXX
			XXX
			XXX
			XXX
			XXX

2. Are the guardians in this family employed?

Guardian 1: **Employed** Where? _____ Phone #: _____
 Unemployed **Seeking Work** **Disabled**
 Guardian 1: **Employed** Where? _____ Phone #: _____
 Unemployed **Seeking Work** **Disabled**

NO INCOME STATEMENT: I, _____ have no income of any kind at this time.
 Signature: _____

3. Please circle the highest level of education completed:

Guardian 1: **6th grade or less** **6th-11th grade** **GED** **High School Diploma** **College Education** **Enrolled**
 Guardian 2: **6th grade or less** **6th-11th grade** **GED** **High School Diploma** **College Education** **Enrolled**

4. Where is your child currently in care?

Child Care Center/Home: Name of Center _____ Do you receive subsidy? **Y** **N**
 Head Start site name: _____
 Parent/Home
 Other – Please specify _____

5. Does your child have or has he/she ever had a chronic health condition? Yes No
 If yes, what is the health condition? _____

6. Does your child receive services for a special need or disability or in process of identifying or determining possible diagnosis? Yes, currently Yes, previously No Evaluation in progress

If yes, what was the child's diagnosis? _____

If yes, please specify (check all that applies) **Date services began:** _____

Speech Physical Therapy
 Educational Services Occupational Therapy
 Mental Health Other- Please specify _____

7. Has a parent/legal guardian been called to serve in the military in the last or next 18 months? Yes No

8. Has a parent/legal guardian been seriously injured or deceased while in active duty? Yes No

9. Are any siblings currently enrolled in an elementary school? _____ If so what school? _____

10. If available in your area, will your child need transportation? (**Note: Transportation is limited) Yes No

11. Randolph Health will be used in case of emergency unless otherwise listed: _____