

SF Pre-K Counts

Thanks to continuing state funding, the Pre-K Counts program in Southern Fulton School District is accepting applications for the 2020-2021 school year! SFSD has partnered with Fulton County Family Partnership to offer this valuable program to families in the Southern Fulton area.

Applications are currently being accepted for this program. Eligible families are encouraged to apply as soon as possible to avoid missing out on this educational opportunity!

SFSD residents who meet the required criteria will be considered for this program. **All families must meet the income guidelines in order to be considered for the program. Please look over the guidelines below before applying. If you are income eligible, continue to the application.**

Families who qualify financially and *also* have secondary at-risk factors (for example: English as a second language, Foster Care, Early Intervention Services, etc.) will be given priority consideration for the program.

To apply for the SF Pre-K Counts program, complete the application on the last two pages. **To save yourself time and the hassle of filling out unnecessary paperwork, please only apply if you believe you meet the income guidelines that are listed below.** Only applicants that meet the income guidelines will be considered for the program. Please note that the guidelines are listed as **gross income**. Please see the following two pages for guidance regarding income.

Please submit completed applications to the Southern Fulton District Office.

Thank you for your interest in the PA Pre-K Counts Program at Southern Fulton!

If you have questions regarding the application process, please contact our Family Engagement Advocate, Amanda Flagle at (717) 830-0094 or via email aflagle@fcfpinc.org

2019 Annual Federal Poverty Guidelines (300%)

Retrieved from Department of Health & Human Services

Family Size	Annual	Monthly	Weekly
1	\$37,470	\$3,123	\$721
2	\$50,730	\$4,228	\$976
3	\$63,990	\$5,333	\$1,231
4	\$77,250	\$6,438	\$1,486
5	\$90,510	\$7,543	\$1,741
6	\$103,770	\$8,648	\$1,996
7	\$117,030	\$9,753	\$2,251
8	\$130,290	\$10,858	\$2,506
9	\$143,550	\$11,963	\$2,761
10	\$156,810	\$13,068	\$3,016
11	\$170,070	\$14,173	\$3,271
12	\$183,330	\$15,278	\$3,526

2020-21 SF Pre-K Counts Application

Date Form Completed: ____ / ____ / ____
MM DD YY

Last Name (Child)	First Name (Child)	Middle Initial
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Street Address		County	
City	State PA	Zip Code	
School District of Residence			
Home Phone	Work Phone	Email Address	

Child's Date of Birth	Age <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race (optional)	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
Ethnicity (optional)	Primary Language
<input type="checkbox"/> Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Spanish
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other _____ (please specify)

Last Name (Legal Guardian)	First Name (Legal Guardian)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Relationship to Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ (please specify)	(Select) <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ (please specify)
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Role	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____
(please specify)	

Household/Family Size (required) check box:		
<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7
<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 8
<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> _____

Household Income (required) check box:		
<input type="checkbox"/> Less Than \$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$15,000
<input type="checkbox"/> \$15,001-\$20,000	<input type="checkbox"/> \$20,001-\$25,000	<input type="checkbox"/> \$25,001-\$30,000
<input type="checkbox"/> \$30,001-\$35,000	<input type="checkbox"/> \$35,001-\$40,000	<input type="checkbox"/> \$40,001-\$45,000
<input type="checkbox"/> \$45,001-\$50,000	<input type="checkbox"/> \$50,001-\$60,000	<input type="checkbox"/> \$60,001-\$70,000
<input type="checkbox"/> \$70,001-\$100,000	<input type="checkbox"/> More Than \$100,000	

2019 Federal Poverty Level Guidelines

300%			
Family Size	Annual	Monthly	Weekly
1	\$37,470	\$3,123	\$721
2	\$50,730	\$4,228	\$976
3	\$63,990	\$5,333	\$1,231
4	\$77,250	\$6,438	\$1,486
5	\$90,510	\$7,543	\$1,741
6	\$103,770	\$8,648	\$1,996
7	\$117,030	\$9,753	\$2,251
8	\$130,290	\$10,858	\$2,506
Each Additional	\$13,260	\$1,105	\$255

For Office Use Only:	
Actual Annual Verified Gross Household (Family) Income:	\$ _____
*Attach copies of documents used to verify income prior to enrollment	
<input type="checkbox"/> Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income. See Federal Poverty Level Guidelines relative to family size (must be verified prior to enrollment).	

Please include the date and the signature of parent or guardian and the staff person to document that any family who is Head Start income eligible (**100% of FPL or below**) has been informed of their eligibility for Head Start.

Parent Signature		Date			
Staff Signature		Date	or	<input type="checkbox"/>	Check if not applicable

Other Child Eligibility Risk Factor Criterion (*Must check all that apply*):

<input type="checkbox"/>	Behavioral Supports: A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	English Language Learner: A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
<input type="checkbox"/>	Individualized Education Plan (IEP): A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.
<input type="checkbox"/>	Incarcerated Parent: A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<p>Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <p>A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;</p> <p>B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;</p> <p>C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<input type="checkbox"/>	Migrant (Non-Immigrant)/Seasonal Student: A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.
<input type="checkbox"/>	Teen Mother: A child whose mother was under the age of 18 when the child was born.

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

Parent/Guardian (Signature)	Date
Parent/Guardian Name (Print Name)	
Staff Verifying Income and Risk Factors (Signature)	Date