

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, Hannah Brewer at (717) 830-0094 or via email hbrewer@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)	
<input type="checkbox"/> Hispanic	Primary Language
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spanish
	<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	(Select)
<input type="checkbox"/> Father	<input type="checkbox"/> Biological
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster
<input type="checkbox"/> Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
(please specify)	(please specify)

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 <i>Federal Poverty Level Guidelines</i> relative to family size (must be verified prior to enrollment).	

