

Buchanan County Preschool Partnership Application

Buchanan County Head Start and Buchanan County Public Schools

Buchanan County Head Start

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Buchanan County Public Schools Pre-K Program

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Eligible Buchanan County Public School Attendance Zone

☐ Council ☐ Hurley ☐ Riverview ☐ Twin Valley

Child's Information

Child's Full Name _____ Date of Birth ____/____/____ ☐ Male ☐ Female
(Last) (First) (Middle) (Month) (Day) (Year)

Social Security # ____ - ____ - ____ Birth Certificate # ____ Place of Birth _____
Date Issued: _____ (Town/County)

Ethnic Group: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian ☐ Other

Is English your primary language? ☐ Yes ☐ No If no, what is your preferred language? _____

Physical Address _____
(House Number and Street Name) (City) (State) (Zip Code)

Mailing Address _____
(P.O. Box or House Number and Street Name) (City) (State) (Zip Code)

Home Phone _____ Will child ride a bus? ☐ Yes ☐ No Number of Miles from School _____

Name of county and community in which child lives? _____

Directions to home: _____

Parent/Guardian #1 Information

☐ Father ☐ Stepfather ☐ Mother ☐ Stepmother ☐ Grandparent ☐ Foster Parent ☐ Legal Guardian

Name _____ Date of Birth ____/____/____ Place of Birth _____
(Last) (First) (Middle) (Month) (Day) (Year) (Town/County)

Lives with Child: ☐ Yes ☐ No If no, Address _____
(House Number and Street Name/P.O. Box) (City) (State) (Zip Code)

Phone Number _____ Cell Phone Number _____ Email _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Unemployed

Employer: _____ Employer Phone Number _____

Employer Address: _____
(House Number and Street Name) (City) (State) (Zip Code)

Parent/Guardian #2 Information

☐ Father ☐ Stepfather ☐ Mother ☐ Stepmother ☐ Grandparent ☐ Foster Parent ☐ Legal Guardian

Name _____ Date of Birth ____/____/____ Place of Birth _____
(Last) (First) (Middle) (Month) (Day) (Year) (Town/County)

Lives with Child: ☐ Yes ☐ No If no, Address _____
(House Number and Street Name/P.O. Box) (City) (State) (Zip Code)

Phone Number _____ Cell Phone Number _____ Email _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Unemployed

Employer: _____ Employer Phone Number _____

Employer Address: _____
(House Number and Street Name) (City) (State) (Zip Cod)

Family Information (List other children under 18 living in household.)

Name	Gender	Birth Date	School

Insurance Information

Type of Insurance:

☐ Medicaid - Number _____☐ FAMIS - Number _____☐ Other, Specify _____ Number _____**Income Information** (Verification required – Tax Return, W-2s, 3 most current pay stubs)

Total Number of Members in Household _____

Total Income (ALL sources) \$ _____

Income Tax Form 1040A or 1040 _____

Social Security Benefits _____ Please state amount of benefit, if applicable: _____

Social Security Implement (SSI) _____ Please state amount of benefit, if applicable: _____

W-2 Form _____ ☐ YES ☐ NO Pay Stubs _____ ☐ YES ☐ NO

Unemployment _____ Please state amount of benefit, if applicable: _____

Compensation _____ Please state amount of benefit, if applicable: _____

Child Support _____ Please state amount of benefit, if applicable: _____

Temporary Assistance for Needy Families (TANF) _____

Parents Declaration of Zero Income: _____ (See attached written statement from parent)

If zero income, state reason: _____

Parent or Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Emergency Contact Information (List two people other than parents who can be contacted in case of emergency)

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Child's Physician _____ Physician Phone Number _____

At Risk Information

Is your family currently receiving any forms of income and/or assistance? **Please check all that apply.**

- ☐ Medicaid/FAMIS
- ☐ TANF – Temporary Assistance for Needy Families (documentation required)
- ☐ Food Stamps (SNAP)
- ☐ Free or Reduced meals via USDA guidelines
- ☐ SSI (Supplemental Security Income)
- ☐ WIC (Women, Infants & Children)
- ☐ Disability
- ☐ Alimony/Spousal Support
- ☐ Child Support
- ☐ Veteran's Benefits
- ☐ None at this time

Do any of the following situations apply to your family? **Please check all that apply.**

- ☐ Child has chronic illness (i.e., diabetes, asthma, seizures, allergies requiring an EpiPen, etc.)
- ☐ Child was born prematurely/high-risk pregnancy
- ☐ Child is/was in foster care
- ☐ Child or family is in need of counseling
- ☐ Child has developmental delays
- ☐ Child has autism
- ☐ Child has a hearing impairment or speech impairment
- ☐ Child has anti-social behaviors
- ☐ Child has an active IEP or 504 Plan
- ☐ Child has ODD, OCD, ADHD
- ☐ Child has a visual impairment
- ☐ Child has an orthopedic impairment or physical limitations
- ☐ Child has incarcerated parent(s)
- ☐ Child has deceased parent(s)
- ☐ Child from single-parent family
- ☐ Teen mother or father at child's birth
- ☐ Parent deployed in military
- ☐ Single parent in school or job training
- ☐ Both parents in school or job training
- ☐ Parent has a diagnosed disability
- ☐ Chronic or terminal family illness
- ☐ Substance abuse in the household
- ☐ Domestic violence in the home
- ☐ Family uses English as a second language
- ☐ Family history of special education identification
- ☐ Parent/Guardian does not have high school diploma or GED
- ☐ Parent/Guardian currently unemployed
- ☐ Homeless family (living in/with: street, car, shelter, hotel, campground, friends, relatives due to loss of housing or economic hardship)

Highest Grade Completed:

- ☐ Grade Completed _____
- ☐ High School Graduate/GED
- ☐ Some College
- ☐ College Graduate

- ☐ Two Parent Family
- ☐ One Parent Family
- ☐ Lives with Relatives
- ☐ Foster Parent/Other

I have reviewed this information and certify that everything on this application is correct, to the best of my knowledge. I understand that deliberate misrepresentation of any of this information will disqualify my child from being considered for a preschool program. I understand that Buchanan County Public Schools and Buchanan County Head Start work in partnership. I give permission for the release of information regarding my child's screening, eligibility, and enrollment between Buchanan County Public Schools and Buchanan County Head Start. Information will be handled confidentially.



Parent/Legal Guardian Signature

Date

Required Documentation

- ☐ Birth Certificate
☐ Physical
☐ Immunization Record
☐ Proof of Residency
☐ Verification of Income
☐ Custody Papers (if necessary)

Pre-K Program

- ☐ CEMS
☐ HEMS
☐ JMBES
☐ REMS
☐ TVEMS

Poverty Thresholds

- ☐ At or Below 130%
☐ 131%-200%
☐ 201%-350%
☐ 351% and Above

☐ Title I Program ☐ VPI Program

Brigance Score _____
Minus (-) At-Risk Points _____

Total Income _____
Total Family Member in Home _____

Equals (=) Composite _____

Residency Verified _____

Age Verified _____

Name of Examiner _____ Date of Screening _____

BCHS Start Use Only

Child's Date of Entry _____

Head Start Center Enrolled in:

☐ Council ☐ Riverview #1

Total Annual Income _____

☐ Hurley #1 ☐ Twin Valley #2

Total Family Members in Home _____

☐ Hurley #2 ☐ Riverview #2

Poverty Guideline Percentile:

☐ Twin Valley #1 ☐ Home Base

100% & Below (IE) _____

101-130% (IE) _____ Waiting List _____

131+% (OI) _____ FPG _____