

Applying Child: _____ DOB: _____

This section is intended to address the homeless needs by McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the applicant may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No

2. **If no**, please skip the rest of this section.

If yes, please answer the questions below.

Is this temporary living arrangement due to loss of housing or economic hardship?

Yes No

Where is the child presently living? (Check one box)

- In a motel Moving from place to place
 In a shelter With more than one family in a house or apartment
 In a place not designed for ordinary sleeping accommodations, such as a car,

I certify that the above information on pages 1 and 2 is true and accurate. I understand that should verification determine that any part of the application is false, it may hinder the application process. I also understand that the information contained will be held in confidence and used to determine eligibility and program planning.

Applicant's Signature: _____ Date: _____

*Please mail
or return this
application
to this
address*

EUP Intermediate School District
Attn: EUP Early Learning Collaborative
315 Armory Place
Sault Ste. Marie, MI 49783
Phone: 906-632-3373

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For Staff use only: Distributed by: _____ Tracking # _____

Date Received in Data: _____

Early Childhood Risk Factors

Please complete only if applying for Head Start or GSRP Programs

- Yes No –Child has active IEP and is receiving special education services
If yes, then list providing school/agency? _____
- Yes No –Child has an IFSP and receives Early On Services
- Yes No –Child has health issues that could result in a developmental delay or learning difficulty.
Specialist or Medical Provider name: _____
- Yes No –Physician has referred for special education services
- Yes No –Child has received a low score on a developmental screening

- Yes No –Child's behavior has repeatedly prevented him/her from participating in a group setting (for example: preschool, church, or day care)
- Yes No –A mental health professional has referred child for services.

- Yes No –Your child is entering school not able to speak English and must learn the language.
- Yes No –English is your child's second language.

- Yes No –One or both parents did not graduate from high school
- Yes No –One or both parents have difficulty with reading or cannot read.

- Yes No –Child has been abused/neglected or there has been domestic/spousal abuse of parent/sibling.
- Yes No –There has been abuse of alcohol, prescription or non-prescription drugs by family members or in the home.

- Yes No –Parent deployed in the military
- Yes No –Parent incarcerated
- Yes No –Parent suffers from chronic illness/disability (physical, emotional, mental)
- Yes No –Frequent changes in custody of child.
- Yes No –Grandparent is raising grandchild
- Yes No –Single parent or parents have divorced or separated
- Yes No –Child is in foster care.
- Yes No –Child's situation is negatively affected by issues related to a sibling (chronic illness, behavior issues, disability, death)
- Yes No –Child experiences daily exposure to environmental pollutants (lead exposure, rodents, insect infestations).
- Yes No –Neighborhood has a high crime rate, violence, injury, drug abuse or death rates
- Yes No –Home is unsafe or crowded
- Yes No –Home has lack of utilities or no space for children's play.
- Yes No –Child born with Fetal Alcohol Syndrome
- Yes No –Child born addicted to drugs
- Yes No –Child suffers from respiratory problems because of environment
_____ yrs. –Age of parent at birth of first child.

Your response is voluntary and the information provided about your child is confidential.