

FOR OFFICE USE ONLY:
ELFI _____ LF _____
Head Start _____ GSRP _____



Jackson County Quality Preschool Partnership Intake Form 2014-2015



Child's Name _____ Date of Birth _____ M _____ F _____
Last First Middle

Child's Address _____ City _____ Zip Code _____

Mother/Guardian Name _____ Home Phone _____

Mother/Guardian Cell Phone _____ Email Address _____

Mother/Guardian Address _____ City _____ Zip Code _____

Mother/Guardian Employer _____ Work Phone _____

Father/Guardian Name _____ Home Phone _____

Father/Guardian Cell Phone _____ Email Address _____

Father/Guardian Address _____ City _____ Zip Code _____

Father/Guardian Employer _____ Work Phone _____

Child lives with: _____ County of Residence _____

Sibling(s)

Number of siblings _____ Ages _____

Preschool/Schools Attending _____

District of Residence _____

Preschool preference _____

Reason _____

In the 8 areas below, please check the boxes that apply to your child(ren) and your family.

1 & 2 – FAMILY INCOME

Monthly (before taxes) _____ Annual (before taxes) _____

Include all wages, child support, unemployment, SSI, Social Security, alimony, and all other income (include all household members).

How many people currently live in your household? _____

Are you receiving food assistance or cash assistance benefits through the Department of Human Services for this child?

Yes _____ No _____

3 – DIAGNOSIS DISABILITY OR IDENTIFIED DEVELOPMENTAL DELAY

- Low birth weight (5lbs 8oz or less)
- Concern about child's development
- Nutritionally deficient (diagnosed as failure to thrive)
- IEP (Individualized Education Plan)
- Received Early On services
- Child has a diagnosed disability
- Child has a long term or chronic illness
- Referral by Doctor, ISD, or parent to screen child for Special Education services.
- Speech difficulties, difficult to understand, difficulty expressing needs, does not speak in whole sentences.

Explanations of checked areas _____

4 – CHILD BEHAVIORS

- Child is destructive or violent
- Child is in counseling or therapy or referred
- Child has been asked to leave a Preschool or Childcare

Explanations of checked areas _____

5 – LANGUAGE

- English is not the primary language spoken in the home.

What language is spoken in your home? _____

6 – PARENT EDUCATIONAL ATTAINMENT

- Parent(s) or sibling(s) cannot read
- Parent(s) or older sibling(s) have dropped out of school
- Parent(s) or older sibling(s) struggled in school

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

7 – ABUSE, NEGLECT IN HOME

- Someone in our home was a victim of physical, sexual, or emotional abuse or neglect
- There's a history of substance abuse in our family (alcohol, drugs, prescription drugs, ect.)
- Someone in our home has a violent/destructive temperament.

Explanations of checked areas _____

8 – ENVIRONMENTAL FACTORS

- I am a single parent
- Someone in our home is/was in jail or prison
- My child has experienced the loss of a parent or sibling by death, divorce, military service, or parent is absent for long periods of time due to out-of-town employment, etc.
- My child has a chronically ill parent or sibling (emotional, mental, or physical)
- Teen parent (not yet twenty when first child was born)
- Child is in foster care or is living with a relative other than parent(s).
- There are _____ people living in our home.
- We have moved _____ times in the past two years
- My child has been exposed to prenatal or postnatal toxic substances known to cause learning or developmental delays (ex. Fetal Alcohol Syndrome)

Explanations of checked areas _____

