



ON MY WAY PRE-K APPLICATION – LAKE COUNTY

State Form 56214 (1-17)

FAMILY AND SOCIAL SERVICES ADMINISTRATION



Instructions: Please complete both pages and all areas of this application to apply for an On My Way Pre-K Grant.

Funding is limited. Completing an application does not guarantee that your child will receive a grant. Grants will be awarded through a randomized lottery process. You will be notified by mail in April if your child(ren) receives a grant. It is very important that your contact information on this application is correct. If your child's application is selected to receive a grant but we are unable to contact you, your grant will be given to the next child on the list. Applying more than once does not increase your child's chances of receiving a grant.

Parent/Guardian Information

Parent Last Name	Parent First Name	Parent Date of Birth (month, day, year)	Language Spoken in Home
Address (number and street)		City	ZIP code
			County of Residence

Best telephone number to reach you: () Second telephone number: ()

E-mail: _____

Which way is the best way to contact you? ☐ Telephone ☐ E-mail ☐ Other:

Alternate Contact Person: (someone we can speak to about your application)

Alternate Contact Telephone: ()

Secondary Telephone: ()

E-mail: _____

Family Size _____ (Include **only** parents/guardians and dependent children who live in your house. Other adults and children over the age of seventeen (17) are not counted in family size.)

Pre-K Child Information List only four (4) year old children seeking a pre-K grant. To be eligible to receive an On My Way Pre-K Grant, your child must be four (4) years old, but not yet five (5) years old, by AUGUST 1, 2017.

Only enter information below for child(ren) for whom you can answer yes to **ALL** of the following questions:

- Will my child be four (4) years old on August 1, 2017? (a child's birthday must fall between August 2, 2012-August 1, 2013) ☐ Yes ☐ No
- Will my child attend kindergarten in the 2018-19 school year? ☐ Yes ☐ No
- Does my child currently live in Lake County? ☐ Yes ☐ No

Child's First Name	Child's Last Name	Date of Birth (month, day, year)	Child currently receives CCDF	Child currently receives Head Start	Child is a Foster Child
1.			YES / NO	YES / NO	YES / NO
2.			YES / NO	YES / NO	YES / NO
3.			YES / NO	YES / NO	YES / NO

Family Income (Please list the amount of monthly income before taxes earned by each parent/guardian living in your home.) To be eligible for a grant, your family income must meet the guidelines listed on the back side of this application. If your child receives a grant, you will be required to provide documentation, such as pay stubs or income tax returns, to verify your income.

Parent/Guardian Income earned from work

If you are unemployed, enter \$0 on line 1 below.

If the child's second parent lives in the home and is unemployed, enter \$0 on line 2 below for the second parent's income.

Are you a licensed foster parent to each of the child(ren) above? ☐ Yes ☐ No

If you are a licensed foster parent to each of the child(ren) above, enter \$0 for the total.

Parent/Guardian Monthly Income Before Taxes	\$	(Line 1)
Second Parent Monthly Income Before Taxes (if this parent lives in the household)	\$	(Line 2)
Total Income from Both Parents (Line 1 + Line 2)	Total:	

Please continue to the back side to complete the application. Incomplete applications will not be considered for the lottery.

Be sure to complete both sides of this application.

Monthly Unearned Income	
- Please list the total unearned income received by <u>parents/guardians living within the home and pre-K child(ren)</u> applying for a grant for each of the categories below. Enter \$0 if unearned income is not received. Do not include unearned income received by siblings of pre-K children or other adults who are not the child's parent. - Other unearned income includes income such as pension, other state funding, interest on accounts, trust funds, etc.	
1. Child Support Received	\$
2. TANF (Cash Assistance)	\$
3. Unemployment Income	\$
4. SSI/Disability Income	\$
5. Other Unearned Income	\$
6. TOTAL Monthly Unearned Income (total of unearned income 1-5 above)	\$
7. TOTAL Monthly Income from Both Parents (total from front side)	\$
TOTAL MONTHLY INCOME (total of Line 6 + Line 7)	\$

I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this application if my application is chosen in the lottery. I also understand that providing incorrect or misleading information on any of the forms may result in immediate termination of my child's grant, repayment of any fees overpaid on behalf of my child, and criminal charges if applicable.

Signed: _____

Date (month, day, year): _____

Organization or individual providing help in completing application (if applicable): _____



APPLICATIONS MUST BE RECEIVED BY MARCH 31, 2017
TO BE CONSIDERED FOR A PRE-K GRANT FOR THE 2017-18 SCHOOL YEAR.

This chart may be used as a guide to help determine eligibility.

Size of Family Unit	Monthly	Yearly
1	\$1,257.00	\$15,088.00
2	\$1,695.00	\$20,345.00
3	\$2,134.00	\$25,603.00
4	\$2,572.00	\$30,861.00
5	\$3,010.00	\$36,119.00
6	\$3,448.00	\$41,377.00
For each additional person add:	\$ 440.00	\$ 5,283.00

Income Eligibility Verification (To qualify, families must meet income eligibility criteria.)

- Please **do not submit pay stubs** with the application.
- Income will be verified if your child is selected in the lottery.
- Documentation of income will be required at intake appointment.

Return this form to the following:

Geminus

8400 Louisiana Street

Merrillville, IN 46410

E-mail: nwiprek@geminus.org

Telephone: 219-757-1957 Fax: 219-738-5283

BE SURE TO READ, SIGN, AND DATE THE APPLICATION
BOTH SIDES OF THE APPLICATION MUST BE FAXED OR SCANNED and
EMAILED BY MARCH 31, 2017.
(If mailing by U.S. Mail, please allow additional days for delivery.)