|  |  |
| --- | --- |
|  | **Applicant Of A Staff Person Referral**[ ]  HS [ ]  EHS-CB [ ]  EHS-HB [ ] MHS [ ] SHS |
|  |
| Last, First Middle Name |       |  Applicant’s DOB  |       | Site |       |
|  |
| Address |       |       |       |       |
|  Street City State Zip |
|  |
| Parent/Guardian |       |  |  |
|  | ChildPlus ID Number:       Selection Criteria Points       FPL%        |
| Phone (message phone) |       |  |
|  |
| Family annual income (past 12 months) | $       |  |
|  |
| Number in household |       |  Amount over-income  | $       | **\*will not be accepted without Selection Criteria Points or FPL%** |
|  |
| Is this a child/applicant [of] a staff person? Yes [ ]  No [ ]  |
|  |
| Does the child have a diagnosed disability? Yes [ ]  No [ ]  | Does the child have IFSP or IEP? Yes [ ]  No [ ]  |
|  | If yes, with what school district? |       |
|  |
| If yes, state disability |       |
|       |
|  |
| State special need or family situation that would necessitate the child’s enrollment in the program. |       |
|       |
|       |
|       |
|       |
| Name of FA/Staff completing Enrollment:       Date:       |
|  |
| Has the file been ERSEA reviewed and determined to be complete? Yes [ ]  No [ ]  By who:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Note***:* *Referral will not be accepted without proper documentation verifying disability or special need*.\*Please scan email this form to the Eligibility & Program Governance Content Specialist for initial approval. |
|  |
| Form was Scanned Emailed to EPGCS on (date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| \**EPGCS only*: Form was Received on (date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EPGCS/Designee initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| x |  |  |  |  |
| **1st year EPGC Specialist / Designee** | **2nd year EPGC Specialist/ Designee** |  | **1st year Date** | **2nd year Date** |
| x |  |  |  |  |
| **1st year Director Approval / Designee**  \*only needed for FPL 131%+ and/or Child/Applicant of a staff person | **2nd Director Approval / Designee**  \*only needed for FPL 131%+ and/or Child/Applicant of a staff person |  | **1st year Date** | **2nd year Date** |
| x |  |  |  |  |
| **1 year Center Manager / Assistant Center Manager**  | **2nd year Center Manager / Assistant Center Manager**  |  | **1st year Date** | **2nd year Date** |