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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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 | | | | |  | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | |
| State special need or family situation that would necessitate the child’s enrollment in the program. | | | | | | | | | | | | | | | | | | |  | | | |
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| 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** | |