



Instructions: Please complete both pages and all areas of this application to apply for an On My Way Pre-K Grant. Completing an application does not guarantee that your child will receive a grant. You will be notified by mail / phone once your application is received and reviewed.

It is very important that your contact information on this application is correct.

Parent / Guardian Information											
Parent / Guardian Last Name	Parent / Guardian First Name			Parent / Guardian Date of Birth (month, day, year)			r) Language	Language Spoken in Home			
Co- Applicant Last Name (living in household)	Co-Applicant First Name			Co-Applicant Date of Birth (month, day, year)			Relations	Relationship to Parent / Applicant			
Address (number and street)			-	City	ZIP code			County of Residence			
Best telephone number to reach you: () Second telephone number: () E-mail: E-mail:											
Are the parent(s) / guardian(s) of the child(ren) applying: (Please answer all four (4) questions.) 1. Working? Parent #1 Yes No Parent #1											
Co-Applicant Yes No Co-Applicant Yes No Co-Applicant Yes No Parent #1 Yes No / Co-Applicant Yes No Total 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.)											
Additional Questions:	Is family living in a Homeless Shelter or Domestic Violence Shelter? ☐ Yes ☐ No										
2. Is family living in a Car / Park or other public	3. Is family living in a residence with family and/or friends? ☐ Yes ☐ No										
4. Where is the family living?			5. Are any child(ren) in the household disabled?								
6. Are any household members active in the L Guard or Reserve?	7. Does the household assets exceed one (1) million dollars?										
<u>Pre-K Child Information</u> 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 of the pre-k school year for which you are applying.											
Child's First Name	Child's Last Name		Date of Birth (month, day, year,	County child lives in	Child currently CCDF		Child currently receives Head Start		Child is a Chi		
1.					☐ Yes ☐	□No	☐ Yes ☐	No	☐ Yes	□No	
2.					☐ Yes ☐	□No	☐ Yes ☐	No	☐ Yes	□No	
3.					☐ Yes ☐	□No	☐ Yes ☐	No	☐Yes	□No	

Be sure to complete both sides of this application.

Family Income Please list the amount of monthly income before taxes earned by each parent / guardian of child(ren) living in your home. You will be required to								
provide documentation, such as pay stubs, to verify your income.								
Your family income must meet the Federal Poverty Guidelines listed online at: http://www.in.gov/fssa/files/CCDFSlidingFeeSchedule_withCopay.pdf .								
Parent / Guardian Income earned from work		Gross Monthly Unearned Income						
Are you a licensed foster parent to any of the child(ren) above ?		Please list the total unearned income received by <u>all household members.</u> Enter						
		\$0 if unearned income is not received. Other unearned income includes income						
(If you are a <u>licensed</u> foster parent to any of the child(ren	above, enter \$0 for the income.)	such as pension, interest on accounts, trust funds, etc.						
Line 1- Parent / Guardian Gross Monthly Income	\$	Line 4 - Child Support Received	\$					
(before taxes)		Line 5 - TANF (Cash Assistance)	\$					
Line 2- Second Parent Gross Monthly Income	\$	Line 6 - Unemployment Income	\$					
before taxes (if this parent lives in the household)		Line 7 - SSI / Disability Income	\$					
Line 3-Total Gross Income from Both Parents	\$	Line 8 - Other Unearned Income	\$					
(Line 1 + Line 2)		Line 9 -TOTAL Gross Monthly Unearned Income	\$					
		(total of unearned income Lines 4-8 above)						
TOTAL GROSS MONTHLY INCOME (Earned fron	n work and monthly	¢						
unearned income <mark>Line 3 + Line 9</mark>)		~						
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. 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.								
9		did you hear about On My Way Pre-K?						
(Parent / Guardian)	(month/day/year)							



Please submit applications within specific application periods for each prekindergarten school year.

BE SURE TO READ, SIGN, AND DATE THE APPLICATION.

BOTH SIDES OF THE APPLICATION MUST BE FAXED OR

SCANNED and E-MAILED. If mailing by U.S. Mail, please allow additional days for delivery.

Return this form to the intake office for your county – please refer to http://www.in.gov/fssa/files/CCDF_Intake_Map.pdf for e-mail address, fax and/or contact information.