



ON MY WAY PRE-K APPLICATION
State Form 56212 (R4 / 12-18)
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. 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)		Language Spoken in Home
Co-Applicant Last Name (living in household)	Co-Applicant First Name	Co-Applicant Date of Birth (month, day, year)		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: _____
Which way is the best way to contact you? ☐ Telephone ☐ E-mail ☐ Other:

Are the parent(s) / guardian(s) of the child(ren) applying: (Please answer all four (4) questions.)

1. Working? Parent #1 <input type="checkbox"/> Yes <input type="checkbox"/> No Co-Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Attending or enrolled in school? Parent #1 <input type="checkbox"/> Yes <input type="checkbox"/> No Co-Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Attending a training program? Parent #1 <input type="checkbox"/> Yes <input type="checkbox"/> No Co-Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Currently on maternity leave? (and plan to return to work/school after leave) Parent #1 <input type="checkbox"/> Yes <input type="checkbox"/> No / Co-Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No
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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:

1. Is family living in a Homeless Shelter or Domestic Violence Shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Is family living in a Car / Park or other public place? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is family living in a residence with family and/or friends? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Where is the family living?
5. Are any child(ren) in the household disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are any household members active in the US Military, National Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the household assets exceed one (1) million dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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 receives CCDF	Child currently receives Head Start	Child is a Foster Child
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Be sure to complete both sides of this application.

