

Referral Form

Please fill in the form completely, clearly, and accurately. All information will be kept confidential.

Child's Name:		Date of Birth:		Language:					
Mother/Guardian's Name:			Lang	guage:					
Relationship to the child (Mother, Foster Mother, Grandmother, etc.):									
Father/Guardian's Name:		Language:							
Relationship to the child: (Father, Foster Father, Grandfather, etc.):									
Address:									
Telephone (home, cell, work):Email Address:									
School District:	Person Making Referral:								
Do you currently receive ELRG	C funds (formally CCIS)? ☐ Yes	□ No	Is there a custody agree	ement? □ Yes □ No					
Interested in applying for:	□ Infant/Toddler/Preschool Fu	ll Day	□ Head Start						
	□ PreK Counts		☐ School Age Before	/After Care (PV ELC only)					
Ways to return this form:									
* Bring to the CAP office at 601 S. Queen Street, Lancaster * Email this information to thrivetofive@caplanc.org									
*Call the Enrollment Specialist at 299-7301 x 3012 or 717-344-7615 * Fax to 717-431-0406 Attn: Enrollment Specialist									

Head Start and PreK Counts is for children who are 3 by the kindergarten cut off date in the school district they reside until kindergarten age eligible.

<u>Head Start Eligiblity</u> – Foster children, children experiencing homelessness, families that receive SSI or TANF & families that have an annual gross income at or below 100% of the income guidelines on the back of this form are eligible.

<u>Prek Counts Eligiblity</u> – Families that have an annual gross income at or below 300% of the income guideline on the back of this form are eligible.

If applying for Head Start or PreK Counts you will be asked to provide your child's birth certificate, immunizations, and your families' proof of income for 12 months.

If you are interested in full day services for your infant, toddler, preschooler or for school age before/after school care, the weekly fees per child, if you are not receiving ELRC funds, can be found on the back of this form.

Thrive to Five Rate Sheet and Income Eligibility Guidelines

PV ELC		CAP, Grace ELC	Head Start Guidelines		PreK Counts Guidelines	
	Weekly Fee	Weekly Fee	Family Size	12 Month Gross Income	Family Size	12 Month Gross Income
Infants {6 weeks to 1 yr.)	\$282	\$282	2	\$19,720	2	\$59,160
Young Toddler s (1 yr 2yr)	\$259	\$259	3	\$24,860	3	\$74,580
Older Toddlers (2yr - 3 yr.)	\$245	\$245	4	\$30,000	4	\$90,000
Preschool - Full Time	\$222	\$222	5	\$35,140	5	\$105,420
Preschool - Wrap Care (for before and after care for PKC & Head Start eligible Children that need fulltimecare)	\$175	\$175	6	\$40,280	6	\$120,840
School Age - Wrap Care	\$212	Not Available	7	\$45,420	7	\$136,260