

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:			Language:				
Relationship to the child (Mo	other, Foster Mother, Gra	ndmother, etc.):					
Father/Guardian's Name:			Language:				
Relationship to the child: (Fa	ather, Foster Father, Gran	dfather, etc.):					
Address (Rent, Own, Other): _							
Telephone (home, cell, work):		Email Address:					
School District:		Person Making Re	eferral:				
Do you currently receive ELF	RC funds (formally CCIS)?	□ Yes □ No Is there	e a custody agreement? □ Yes □ No				
Interested in applying for:	Infant/Toddler/Presch	iool Full Day 🛛 🗆 He	ead Start				
	PreK Counts	□ S	chool Age Before/After Care (PV ELC only)				
Ways to return this form:							
School District: Person Making Referral: Do you currently receive ELRC funds (formally CCIS)? Yes No Is there a custody agreement? Yes No Interested in applying for: Infant/Toddler/Preschool Full Day Head Start							
*Call the Enrollment Specialist at 299-7301, option 4 * 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 Eligibility</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 Eligibility</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	\$20,440	2	\$61,320
Young Toddler (l yr 2yr)	\$259	\$259	3	\$25,820	3	\$77,460
Older Toddlers (2yr - 3 yr.)	\$245	\$245	4	\$31,200	4	\$93,600
Preschool - Full Time	\$222	\$222	5	\$36,580	5	\$109,740
Preschool- Wrap Care (for before and after care for PKC & Head Start eligible Children that need fulltime care)	\$177	\$177	6	\$41,340	6	\$125,880
School Age Wrap Care	\$212	Not available	7	\$47,340	7	\$142,020