



**FAMILY INFORMATION**Living Address: \_\_\_\_\_ City \_\_\_\_\_ State: MI Zip Code: \_\_\_\_\_

**Current Living Situation:**    Own/rent/share by choice    Hotel/motel/car    Sharing due to loss of housing/hardship  
 Shelter    Home in foreclosure/getting evicted    Other: \_\_\_\_\_

**Current Teen Parent** (under 20 yrs of age):    Yes    No      **Active Military:**    Yes    No      **Military Veteran:**    Yes    No

**How did you hear about our programs? (Check all that apply)**

Child Welfare Agency (DHHS)    Doctor/Social Worker    Early On (EO)    WIC    EHS/Preschool Staff  
 Family/Friend    Another child in Preschool    Community Event    Other \_\_\_\_\_

**Does your family receive public assistance?**

**SNAP**  
(food stamps)  
 Yes    No

**SSI**  
(Supplemental Security Income)  
 Yes    No

**TANF**  
(FIP)  
 Yes    No

**WIC**  
 Yes    No

**RISK FACTOR ASSESSMENT (Check all that apply)**

| ✓ | RISK FACTOR                              | DEFINITION                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | Severe or challenging behavior           | Child has been expelled from preschool or child care center.                                                                                                                                                                                                                                                                                                                                                                             |
|   | Primary home language other than English | English is not spoken in the child's home; English is not the child's first language.                                                                                                                                                                                                                                                                                                                                                    |
|   | Parent/s with low educational attainment | Parent has not graduated from high school or is illiterate.                                                                                                                                                                                                                                                                                                                                                                              |
|   | Abuse/neglect of child or parent.        | Domestic, sexual, or physical abuse of child or parent; child neglect issues.                                                                                                                                                                                                                                                                                                                                                            |
|   | Environmental risk.                      | Parental loss due to death, divorce, incarceration, military service, or absence; sibling issues; teen parent (not yet age 20 when first child born); family is homeless or without stable housing; residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to critical community services); or prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays. |

**PARENT/GUARDIAN SIGNATURE**

*I certify that the information, including income, provided in this application is accurate and truthful to the best of my knowledge.*

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Second Year Participation**

*I have reviewed and updated (if necessary) this application for my child's second year participation in the program.*

**Initials:** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR PROGRAM USE ONLY (OPTIONAL)**

Additional comments to assist with Eligibility:

Type of eligibility interview conducted:    In-Person    Audio or Video Call

Explain why the interview was not in-person:

Staff Signature:

Date: