



Highlands School District

1500 Pacific Avenue, PO Box 288
 Natrona Heights, PA 15065
 Phone: 724-226-2400 Fax: 724-226-8437
 www.goldenrams.com

2021 PA PRE-K COUNTS Income Verification

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed: ____ / ____ / ____
 MM DD YY

Last Name (Child)	First Name (Child)	Middle Initial
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Household/Family Size (required) check box:

<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7
<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 8
<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> _____

Household Income (required) check box:

<input type="checkbox"/> Less Than \$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$15,000
<input type="checkbox"/> \$15,001-\$20,000	<input type="checkbox"/> \$20,001-\$25,000	<input type="checkbox"/> \$25,001-\$30,000
<input type="checkbox"/> \$30,001-\$35,000	<input type="checkbox"/> \$35,001-\$40,000	<input type="checkbox"/> \$40,001-\$45,000
<input type="checkbox"/> \$45,001-\$50,000	<input type="checkbox"/> \$50,001-\$60,000	<input type="checkbox"/> \$60,001-\$70,000
<input type="checkbox"/> \$70,001-\$100,000	<input type="checkbox"/> More Than \$100,000	

2021 Federal Poverty Level Guidelines – 300%

Family Size	Annual	Monthly
1	\$38,640	\$3,220
2	\$52,260	\$4,355
3	\$65,880	\$5,490
4	\$79,500	\$6,625
5	\$93,120	\$7,760
6	\$106,740	\$8,895
7	\$120,360	\$10,030
8	\$133,980	\$11,165
Each additional	\$13,620	\$1,135

Actual Annual Verified Gross Household (Family) Income:

*Attach copies of documents used to verify income prior to enrollment \$ _____

- Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income. See **Federal Poverty Level Guidelines** relative to family size (must be verified prior to enrollment).

Please include the date and the signature of parent or guardian and the staff person to document that any family who is Head Start income eligible (**100% of FPL or below**) has been informed of their eligibility for Head Start.

Parent Signature		Date
Staff Signature	or	Date
	<input type="checkbox"/>	Check if not applicable

Other Child Eligibility Risk Factor Criterion (Must check all that apply):

<input type="checkbox"/>	Behavioral Supports: A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	English Language Learner: A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
<input type="checkbox"/>	Individualized Education Plan (IEP): A child currently enrolled in the Preschool Early Intervention program with an active IEP. Verification is a copy of the IEP or other source of documentation from the parent or Early Intervention provider.
<input type="checkbox"/>	Incarcerated Parent: A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: <ul style="list-style-type: none"> A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<input type="checkbox"/>	Migrant (Non-Immigrant)/Seasonal Student: A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.
<input type="checkbox"/>	Teen Mother: A child whose mother was under the age of 18 when the child was born.

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

Parent/Guardian (Signature)	Date
Parent/Guardian Name (Print Name)	
Staff Verifying Income and Risk Factors (Signature)	Date



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ZERO INCOME DECLARATION LETTER

PRE-K

Name of Parent _____

Name of Child _____

Pre-K Counts Program Year _____

Date _____

I am signing this letter to declare that I currently do not have any income from any source. My financial support comes from (please describe):

- I agree to notify the above program about changes in my income within 30 days of the change.

- I certify that the information submitted is accurate and true to the best of my knowledge. I understand that by completing, signing, and dating this form, I declare I have no household income and that the financial information I am providing is correct. I understand that providing false information may result in denial of services.

Parent Signature _____

Reviewer Name _____

Reviewer Signature _____

Date _____