



**ON MY WAY PRE-K APPLICATION**  
 State Form 56212 (R / 8-17)  
 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. Funding is limited. Completing an application does not guarantee that your child will receive a grant. You will be notified by mail / phone if your child(ren) receives a grant. It is very important that your contact information on this application is correct. If your child's application is selected to receive a grant but we are unable to contact you, your grant will be given to the next child on the list. Applying more than once does not increase your child's chances of receiving a grant.**

**Parent/Guardian Information**

Parent Last Name	Parent First Name	Parent Date of Birth (month, day, year)	Language Spoken in Home
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? <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail <input type="checkbox"/> Other:			
Alternate Contact Person: (someone we can speak to about your application)		Alternate Contact Telephone: ( ) _____	
		Secondary Telephone: ( ) _____	
		E-mail: _____	
Family Size _____ (Include <b>only</b> 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.)			

**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.

Will my child(ren) be four (4) years old on August 1 of the current pre-k school year?  Yes  No

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.				YES / NO	YES / NO	YES / NO
2.				YES / NO	YES / NO	YES / NO
3.				YES / NO	YES / NO	YES / NO

Parent(s) living with children are working and/or attending an accredited or certified education / training program.  Yes  No

**Family Income** (Please list the amount of monthly income before taxes earned by each parent/guardian living in your home.) To be eligible for a grant, your family income must meet the Federal Poverty Guidelines listed online at: [http://www.in.gov/fssa/files/CCDFSlidingFeeSchedule\\_withCopay.pdf](http://www.in.gov/fssa/files/CCDFSlidingFeeSchedule_withCopay.pdf) . If your child receives a grant, you will be required to provide documentation, such as pay stubs, to verify your income.

**Parent / Guardian Income earned from work**  
 If either parent living in household is unemployed and enrolled in an accredited or certified education / training program, enter \$0 for the parent's income.  
 Are you a licensed foster parent to each of the child(ren) above?  Yes  No  
 (If you are a licensed foster parent to each of the child(ren) above, enter \$0 for the income.)

Parent / Guardian Monthly Income Before Taxes	\$ _____	(Line 1)
Second Parent Monthly Income Before Taxes (if this parent lives in the household)	\$ _____	(Line 2)
<b>Total Income from Both Parents (Line 1 + Line 2)</b>	<b>Total:</b>	

**Please continue to the back side to complete the application. Incomplete applications will not be considered.**

**Be sure to complete both sides of this application.**

<b>Monthly Unearned Income</b>	
<ul style="list-style-type: none"><li>Please list the total unearned income received by <u>parents / guardians living within the home and pre-K child(ren)</u> applying for a grant for each of the categories below. Enter \$0 if unearned income is not received.</li><li><b>Do not</b> include unearned income received by siblings of pre-K children or other adults who are not the child's parent.</li><li>Other unearned income includes income such as pension, other state funding, interest on accounts, trust funds, etc.</li></ul>	
1. Child Support Received	\$
2. TANF (Cash Assistance)	\$
3. Unemployment Income	\$
4. SSI / Disability Income	\$
5. Other Unearned Income	\$
6. <b>TOTAL Monthly Unearned Income (total of unearned income 1-5 above )</b>	\$
7. <b>TOTAL Monthly Income from Both Parents (total from front side)</b>	\$
<b>TOTAL MONTHLY INCOME (total of Line 6 + Line 7)</b>	\$

I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this application if my application is chosen. I also understand that providing incorrect or misleading information on any of the forms may result in immediate termination of my child's grant, repayment of any fees overpaid on behalf of my child, and criminal charges if applicable.

Signed: \_\_\_\_\_ Date (month, day, year): \_\_\_\_\_

Organization or individual providing help in completing application (if applicable): \_\_\_\_\_

How did you hear about this pre-k grant? \_\_\_\_\_



**Please submit applications within specific application periods for each prekindergarten school year.**

<p><b>Eligibility Verification (To qualify, families must meet income eligibility criteria and be working and/or attending an accredited or certified education / training program.)</b></p> <ul style="list-style-type: none"><li>Please <b>do not</b> submit pay stubs with the application.</li><li>Income will be verified if your child's application is selected.</li><li>Documentation of income, child's age and working or going to school will be required at intake appointment.</li></ul>
---

Current income guideline may be found at: <a href="http://www.in.gov/fssa/files/CCDFSlidingFeeSchedule_withCopay.pdf">http://www.in.gov/fssa/files/CCDFSlidingFeeSchedule_withCopay.pdf</a> .
---

**BE SURE TO READ, SIGN, AND DATE THE APPLICATION.  
BOTH SIDES OF THE APPLICATION MUST BE FAXED OR  
SCANNED and E-MAILED. If mailing by U.S. Mail, please allow  
additional days for delivery.**

**Return this form to the intake office for your county – please refer to [http://www.in.gov/fssa/files/CCDF\\_Intake\\_Map.pdf](http://www.in.gov/fssa/files/CCDF_Intake_Map.pdf) for e-mail address, fax and/or contact information.**