



On My Way Pre-K Application - Marion County



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. Grants will be awarded through a randomized lottery process. You will be notified by mail in April 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	Language Spoken in Home	
Address		City	Zip code	County of Residence

Best phone number to reach you: () _____ Second phone number: () _____

Email: _____

Which way is the best way to contact you? Phone Email Other:

Alternate Contact Person- (someone we can speak to about your application)	Alternate Contact Phone: () _____ Secondary Phone: () _____ Email: _____
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Family Size _____ (include **only** parents/guardians and dependent children that live in your house. Other adults and children over the age of 17 are not counted in family size)

Pre-K Child Information -list only 3 and 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 3-or 4-years old, but not yet 5-years old by AUGUST 1, 2016.

Only enter information below for child(ren) for whom you can answer yes to **ALL** of the following questions:

- Will my child be 3-or 4-years old on August 1, 2016?
(a child's birthday must fall between August 2, 2011-August 1, 2013) Yes No
- Will my child attend Kindergarten the year they turn 5? Yes No
- Does my child currently live in Marion County? Yes No

Child's First Name	Child's Last Name	Date of Birth	Child currently receives CCDF	Child currently receives Head Start	Child is your Foster Child
1.			YES / NO	YES / NO	YES / NO
2.			YES / NO	YES / NO	YES / NO
3.			YES / NO	YES / NO	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 guidelines listed on the back side of this application. If your child receives a grant, you will be required to provide documentation, such as pay stubs or income tax returns, to verify your income.

Parent/Guardian Income earned from work

If you are unemployed, enter \$0 on line 1 below.

If the child's second parent lives in the home and is unemployed, enter \$0 on line 2 below for the second parent's income.

Are you a licensed foster parent to each child(ren) above? Yes No

If you are a licensed foster parent to each child(ren) above, enter \$0 for the total.

Parent/Guardian Monthly Income Before Taxes	\$ _____	(Line 1)
Second Parent Monthly Income Before Taxes (if this parent lives in the household)	\$ _____	(Line 2)
Total Income for both parents (Line 1 + Line 2)	Total:	

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



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Be sure to complete both sides of this application

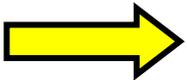
Monthly Unearned Income	
<ul style="list-style-type: none"> Please list the total unearned income received by <u>parents/guardians living within the home and pre-K child(ren)</u> applying for a grant for each of the categories below. Enter \$0 if unearned income is not received. Do not include unearned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

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 in the lottery. 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 _____

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



**APPLICATIONS MUST BE RECEIVED BY MARCH 25, 2016
TO BE CONSIDERED FOR A PRE-K GRANT FOR THE 2016-17 SCHOOL YEAR**

This chart may be used as a guide to help determine eligibility.

Size of Family Unit	Monthly	Yearly
1	\$1,245.66	\$14,947.90
2	\$1,685.93	\$20,231.10
3	\$2,126.19	\$25,514.30
4	\$2,566.46	\$30,797.50
5	\$3,006.73	\$36,080.70
6	\$3,446.99	\$41,363.90
For each add'l person add:	\$440.26	\$5,283.20

Income Eligibility Verification (to qualify, families must meet income eligibility criteria)

- Please **do not submit pay stubs** with the application.
- Income will be verified if your child is selected for a grant.
- Documentation of income will be required at intake appointment.

Return this form to the following:

Children's Bureau

3801 N. Temple Avenue

Indianapolis, IN 46205

Email: OnMyWayPrek@childrensbureau.org

Phone: 317-545-5281 ext.196 Fax: 317-545-1069

**BE SURE TO READ, SIGN, AND DATE THE APPLICATION
BOTH SIDES OF THE APPLICATION MUST BE FAXED OR SCANNED and
EMAILED BY MARCH 25, 2016
(If mailing by U.S. Mail, please allow additional days for delivery)**