

Lewis County Pre-K Program
Application/Intake Form: 2021 – 2022

Primary Adult Information: Demographic

Adult Last Name: _____ First Name: _____ MI: _____

SS#: ____ - ____ - _____ Date of Birth: __/__/19__ Sex: Female Male

Marital Status: Single Married Divorced

Current, Individual Income: \$ _____ /year **Current Family** Annual Income: \$ _____ /year
Proof of Income must be submitted.

Race (Check one, only): White Black Hispanic Asian Mixed Other

Relationship to Child: Parent Teen Parent Grandparent Relative Guardian Other: _____

Total Number of: Individuals in Household: _____

Participating **Child** (DOB: _____) Last Name: _____ First: _____

How did Family become aware of the Pre-K Program? _____

Labor Force Status: Employed (Full-time) Employed (Part-time)
 Unemployed Not in Labor Force (Never Worked/Unavailable)

Name of employer: _____

Is Spouse Employed? No Yes, Where? _____

Are you or your spouse active in the Military? No Yes Deployment Date: _____

Have you been a resident of Lewis County for at least five years? Yes No

Street Address: _____ Phone: (____) _____

_____ Cell #: (____) _____
_____ e-mail: _____

Emergency Contact Name: _____ Phone: (____) _____ Relationship: _____
Emergency Contact Name: _____ Phone: (____) _____ Relationship: _____

Receiving Services: Aid to blind Families First Food Stamps Housing SS Disability
 SSI WIC Teen Parent Other: _____

★ Does your child already have an IEP (Individual Education Plan), with special programs? Yes No

Are you currently increasing your education level? No Yes Where? _____

What is your primary educational goal? _____

Enrollment Date: ____ / ____ /20 Family Name: _____

If there is ANY other information you could give us, please do so. This program is based upon need:

Disability Dislocated Worker Domestic Violence Survivor Homeless ESL Incarceration
 Mental Health/Illness Substance Abuse/Addiction Issues Other

Explain: _____