

Our preschool programs help prepare your child for kindergarten

Eligibility

The family must live in St. Clair County, or live in a St. Clair County school district, and meet age and income requirements.

Age requirement

- **Head Start:** Ages 3–5. Children must be 3 years old by Sept. 1, 2022.
- **Great Start Readiness Program (GSRP):** Age 4. Children must be 4 years old by Sept. 1, 2022, but not yet 5 years old.

Federal income guidelines

You may be eligible if your family income is at or below the dollar amount in this chart:

| Persons in household | Annual income |
|--|---------------|
| 2 | \$45,775 |
| 3 | \$57,575 |
| 4 | \$69,375 |
| 5 | \$81,175 |
| 6 | \$92,975 |
| 7 | \$104,775 |
| 8 | \$116,575 |
| For families/households with more than 8 persons, add \$11,800 for each additional person. | |

How to apply

Required information can be mailed or delivered to:
Great Start Readiness Program/Marysville Public Schools
Attn: Michelle Nesbitt
495 E. Huron Blvd.
Marysville, MI 48040

We're here to help

If you have questions or need assistance with the registration process, contact Michelle Nesbitt at mnesebitt@marysvilleschools.us or 810-455-6007.

Application Checklist

The information below is required to help us determine your eligibility, and which program is the best fit for your child. Please contact us if you have problems obtaining any documentation, or you have questions about these requirements.

ELIGIBILITY

COMPLETED APPLICATION

Completely fill out the attached application.

PROOF OF AGE

Child's original state-certified birth certificate or other proof of age such as immunization records or baptismal record.

DOCUMENTATION OF PROGRAM ELIGIBILITY FACTORS

Documentation of eligibility factors checked "yes" on page 2 of the GSRP application.

PROOF OF INCOME

Verification/documentation of all family income (parents/guardians supporting child) such as last year's tax return or a year-to-date pay stub.

Proof of income includes, but is not limited to:

- 2021 Federal Tax Form
- 2021 W2s
- Current DHHS Cash Statement
- Current Social Security / SSI statement, or previous 12 months of paycheck stubs

PROOF OF RESIDENCY (Where you live)

A utility bill, mortgage statement, rental agreement, and city income tax return will be accepted as proof that you are a resident of the county. The document must show the address where the child lives. More than one may be required based on program.

PROGRAM REQUIREMENTS

VACCINATION RECORDS

Your child's vaccination/immunization record. A copy of your child's records can be obtained from the doctor's office or clinic where your child received the vaccination.

HEALTH APPRAISAL

2022-2023 St. Clair County Early Head Start, Head Start and Great Start Readiness Programs Application



Child MUST be: Under 3 or an expecting mother for the Early Head Start Program; 3 or 4 for the Head Start Preschool Program; 4 years old by Sept. 1, 2022 for the Great Start Readiness Program.

Return by mail, fax or email: Great Start Readiness Program/Marysville Public Schools
Attn: Michelle Nesbitt
495 E. Huron Blvd., Marysville, MI 48040

Phone: (810)455-6007
Fax: (810)364-3150
Email: mnesbitt@marysvilleschools.us

| APPLICANT | | | | |
|------------|-------------|-----------|-----------|---|
| First Name | Middle Name | Last Name | Birthdate | Gender |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address | | City | State | Zip |

| | |
|--|--|
| Race (not considered for eligibility) | Hispanic |
| Check all that apply: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| MOTHER/GUARDIAN NAME | | | |
|-----------------------------------|-------------|-----------|--------------|
| First Name | Middle Name | Last Name | Phone Number |
| Address (if different than child) | | City | State Zip |

Email Address

| Highest Grade Completed | Employment Status | Marital Status | Child's Relationship | Custody | Check all that apply: |
|---|--|--|--|---|--|
| <input type="checkbox"/> College <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Did not graduate Current college student <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | <input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial support <input type="checkbox"/> Child support order <input type="checkbox"/> Visitation <input type="checkbox"/> Pregnant Due Date: _____ |

| FATHER/GUARDIAN NAME | | | |
|-----------------------------------|-------------|-----------|--------------|
| First Name | Middle Name | Last Name | Phone Number |
| Address (if different than child) | | City | State Zip |

Email Address

| Highest Grade Completed | Employment Status | Marital Status | Child's Relationship | Custody | Check all that apply: |
|---|--|--|--|---|--|
| <input type="checkbox"/> College <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Did not graduate Current college student <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | <input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Lives with family <input type="checkbox"/> Provides financial support <input type="checkbox"/> Child support order <input type="checkbox"/> Visitation |

| ADDITIONAL INFORMATION | | | |
|---|---|--|---|
| School district in which child lives | Emergency contact number | Transportation needed? | Program preference (check all that apply): |
| <input type="checkbox"/> Anchor Bay <input type="checkbox"/> Marysville <input type="checkbox"/> Algonac <input type="checkbox"/> Memphis <input type="checkbox"/> Capac <input type="checkbox"/> Port Huron <input type="checkbox"/> East China <input type="checkbox"/> Yale Elementary school closest to home: _____ | How did you hear about Head Start / GSRP? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, bused from: <input type="checkbox"/> Home <input type="checkbox"/> Childcare (Not provided in all areas) | <input type="checkbox"/> Full Day (4-year-olds only) <input type="checkbox"/> Part Day <input type="checkbox"/> Home Based (Early Head Start only) Classroom location preference |

| | | | | | | |
|--------------------------------|---|--------------|-------------|-------------------|------------------|---------------------|
| Annual income (past 12 months) | Number of family members (A family includes all persons related by blood, marriage, or adoption living in the same household) | | | | | |
| \$ _____ | Children 0-2 | Children 3-4 | Children 5+ | Parents/Guardians | Other adults 18+ | Total in household: |

Proof of current income is required before final eligibility determination and must be turned in with this application. Proof of income includes: 2019 Federal Tax Form, 2019 W-2's, Child Support Reports, Current DHS Cash Statement, Current SSI Statement, previous 12 months of pay stubs, or college scholarships/grants.

| Staff use | Risk number | Program Eligibility Factors: Answer all of the following questions by placing an X in the Yes or No box | Yes | No |
|---|--|---|---|----|
| | CEHS | Is this child in Foster Care or a Ward of the Court? | | |
| | | Is this family homeless? (e.g., living in a shelter/hotel/car/campground or doubled-up with relatives or friends) | | |
| | | Is this family currently receiving Cash Assistance from DHS? | | |
| | | Does this family currently receive Supplemental Security Income? | | |
| Low or no earned income/income not adequate for meeting basic needs | | | If you mark yes for any of the above, call for income submission requirements | |
| Proof of current income is required before final eligibility determination and must be turned in with this application | | | | |
| | Annual family income below 100% of Federal Income Guidelines | | | |
| | Annual family income equal to or less than 250% of Federal Income Guidelines | | | |
| Diagnosed disability or identified developmental delay | | | | |
| * If you mark "Yes" to any of these areas, documentation must be submitted along with this application | | | | |
| | 2 | * Does your child have a referral or diagnosis from a physical or mental health system or provider, or other early childhood program? | | |
| | | * Does your child have an Early On transition referral at age three? | | |
| | | * Does your child have a Special Education referral; with developmental concerns, noted but not eligible for services? | | |
| | | * Does your child have an Individualized Education Plan from the school district (IEP) or an Individualized Family Service Plan from Early On (IFSP)? | | |
| | | * Does your child have a specific diagnosis on health form? | | |
| Severe or challenging behavior | | | | |
| | 3 | * Has your child been expelled from preschool or a child care center? | | |
| | | Does your child demonstrate intense anger or aggression, hit, pinch, bite or throw things when he/she is angry? | | |
| | | Has your family participated in Family Counseling or any other program to help deal with your child's behavior? | | |
| Primary home language other than English | | | | |
| | 4 | Is your child's native tongue a language other than English? | | |
| | | Is the primary language* used in your child's home or environment a language other than English? If yes, what is the language?: _____ <small>*"Primary language" means the dominant language used by a person for communication.</small> | | |
| Parent/Guardian with low educational attainment | | | | |
| | 5 | * Did either parent not graduate from high school or attend special/remedial classes in school? | | |
| | | * Does either parent have trouble reading to your child? | | |
| Physical/sexual abuse/neglect of child or parent/substance abuse/addiction | | | | |
| | 6 | * Is or has your child been abused physically or sexually? | | |
| | | * Is or has there been domestic or spousal abuse of a parent or sibling? | | |
| | | * Has your child been removed from home for neglect or has a parent been charged with neglect? | | |
| | | Has there been abuse of alcohol, prescription, or non-prescription drugs by family members who live in the home? | | |
| Environmental risk | | | | |
| | 7 | * Has the enrolling child lost a parent or sibling by death? | | |
| | | * Does this child have a parent in jail/prison? | | |
| | | * Is this child living with a relative or person other than the biological parent(s)? | | |
| | | * Has the enrolling child lost a parent to divorce? | | |
| | | * Does the enrolling child have a parent who is currently away due to active military service? | | |
| | | * Is this a single parent family? | | |
| | | * Is your child negatively affected by issues related to a sibling? (e.g., chronic illness, behavior issues, disability, death) | | |
| | | Does the child or family member(s) in the home suffer from mental illness? (i.e., Bipolar Mania, Schizophrenia, Clinical Depression, Personality Disorder, etc.) *Specific documentation from physical or mental health system or provider will be required* | | |
| | | Does the child or family member(s) in the home suffer from chronic illness or life threatening disease? (i.e., cancer, dialysis, heart failure, seizure, sickle cell anemia, etc.) *Specific diagnosis documentation from physical health system provider will be required* | | |
| | | * Were you a teenage parent? | | |
| | | Has the enrolling child ever been diagnosed as failure to thrive? | | |
| | | * Was the enrolling child exposed to toxic substances known to cause learning or developmental delays; such as Fetal Alcohol Syndrome, drugs, or exposure to lead? | | |
| | | * Is your family currently homeless or without stable housing? (home in foreclosure, living with another family because you have no other choice, or have you moved 3 or more times this year) | | |

I certify that all the information provided in this application is true to the best of my knowledge and hereby release this information to be shared with St. Clair County Early Head Start, Head Start and/or the Great Start Readiness Program.

Parent/Guardian signature _____

Date _____