



## Ready Region Southeastern Mixed Delivery Collaborative Application Preschool (3-year-olds) and PreK (4-year-olds)

Three and four-year old children in the cities Chesapeake, Franklin, Norfolk, Onancock, Portsmouth, Suffolk, and Virginia Beach who meet the qualifications for Virginia Preschool (VPI) Initiative and not currently enrolled in VPI or Head Start are eligible to participate in the Hampton Roads Mixed Delivery Preschool Collaborative. Please complete the following information to see if your child may be eligible to attend one of the high-quality child care centers listed below with free tuition.

Please indicate which of the following preschool settings you would like for your child to be considered for:

**Armed Services YMCA (children of military personnel only, 3 & 4 years old )**

**1465 Lakeside Road**

**Virginia Beach, VA 23455**

**Return applications to: Laura Baxter or Tessa Davis [lbaxter@asymca.org](mailto:lbaxter@asymca.org)  
[tdavis@asymca.org](mailto:tdavis@asymca.org)**

*Please return your completed application to the center indicated above. If your child qualifies for a Mixed Delivery slot, but the program's allocated slots have been filled, you will be referred to other programs that have been awarded Mixed Delivery slots. Please note: The number of Mixed Delivery slots at each participating center are limited and will be filled with eligible children as availability allows.*

Child's First, Middle and Last Name:	Child's Birthdate:	Mother or Legal Guardian Name:	Father or Legal Guardian Name:
Classroom:	Child Lives with:	Email Addresses:	Email Addresses:
<input type="checkbox"/> Preschool D.O.B anything prior to: 09/30/2019 <input type="checkbox"/> Pre-K D.O.B anything prior to: 09/30/2018			
Parental Status (Legal Custody of Child):	Custody:	Address:	Address:
<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Sole <input type="checkbox"/> Physical <input type="checkbox"/> Joint		
Race: (Check all that apply)	Ethnicity of child	Evening Phone Number(s):	Day Phone Number(s):

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Child's First, Middle and Last Name:	Child's Birthdate:	Mother or Legal Guardian Name:	Father or Legal Guardian Name:
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other		
	<b># Of Adults in household</b>	<b># Of Children in family:</b>	<b># Of members in household:</b>

**Is your family currently receiving any of the following forms of income and/or assistance? (Check all that apply).**

<input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> SSI (Supplemental Security Income)	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Child Support	<input type="checkbox"/> Daycare Assistance	<input type="checkbox"/> Food Stamps (SNAP)
<input type="checkbox"/> WIC (Women, Infants, & Children)	<input type="checkbox"/> Alimony/Spousal Support	<input type="checkbox"/> Disability
<input type="checkbox"/> Social Security	<input type="checkbox"/> Scholarships/Grants	<input type="checkbox"/> Section 8/Subsidized Housing
<input type="checkbox"/> Utility Assistance	<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Rental Income

**Do any of the following situations apply to your family? (Check all that apply).**

<input type="checkbox"/> Homeless or living in shelter	<input type="checkbox"/> Living with relatives or others due to loss of housing or economic hardship	<input type="checkbox"/> Living with relatives or others by choice
<input type="checkbox"/> Unsafe or unhealthy environment	<input type="checkbox"/> Abusive home	<input type="checkbox"/> Child's mother does not have high school diploma or GED
<input type="checkbox"/> Child's father does not have a high school diploma or GED	<input type="checkbox"/> Child's mother is currently incarcerated	<input type="checkbox"/> Child's father is currently incarcerated
<input type="checkbox"/> Active-duty military	<input type="checkbox"/> In need of emergency food/shelter	<input type="checkbox"/> Disabled parent/legal guardian

**Child History and Specific Information. (Check all that apply).**

<b>Child's First, Middle, and Last Name:</b>	
<input type="checkbox"/> Current IEP	<input type="checkbox"/> Referral by Pediatrician for Speech or Developmental Delay
<input type="checkbox"/> Evaluated or Child Find/Early Intervention or other agency	

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## Income Verification

(Virginia Preschool Initiative Income Guidelines Apply)

### CONFIDENTIAL INFORMATION (Only if submitted)

Include total gross annual income (before taxes) of the child's parent or parents (defined as parent, guardian, legal custodian, or other person having control or charge of the child – see VPI Income Criteria Guidelines)

**Parent/Guardian (P/G) #1:**

Weekly	X 52	= Annual Income
Every 2 weeks	X 26	=
Twice a month	X 24	=
Monthly	X 12	=
Other Income		=

**Parent/Guardian (P/G) #2:**

Weekly	X 52	= Annual Income
Every 2 weeks	X 26	=
Twice a month	X 24	=
Monthly	X 12	=
Other Income		=

**Total Household Income**

#1 P/G Income:	#2 P/G Income:	Other Income:	Total:
(+)	(+)	(=)	

### VERIFICATION OF INCOME

**Internal Use Only**

**Staff Member Income Verified by:** \_\_\_\_\_

(Please print)

**How Verified:**

- W-2 Form   
  Tax Forms   
  Pay Stubs (Salary)   
  SSI Verification   
  SNAP Verification   
  TANF Verification  
 Written statement from employer   
  Child Support   
  Social Security Benefits/Unemployment/Other

**Income Eligibility Criteria:**

- 130%   
  200%   
  350%   
  Locally Determined at risk criteria **(written authorization from Ready Region Southeastern required)**

**Foster Care:**  Yes  No

**Homelessness:**  Yes  No

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## Income Verification

(Virginia Preschool Initiative Income Guidelines Apply)

Number of people in household:

Children	Adults	Total

Are you currently working for the same employer as documented on the W-2/tax form?

- P/G #1:  Yes  No
- P/G #2:  Yes  No

(If either P/G answered "No" above, current income information is needed to determine income eligibility.)

Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc.?

- P/G #1:  Yes  No
- P/G #2:  Yes  No

### CERTIFICATION

I certify that all of the above information is true and correct and that all income is reported (if submitted). I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that the school/program will receive state funds based on the information I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program.

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Signature of Parent/Guardian (Required for Consideration)

Date

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I verify that I have examined ALL information (Staff Signature)

Date

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**STUDENT NAME**

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## Declaration of No Income or No Documentation of Income Form

Parent(s)/Guardian(s) Name(s)	
Child's Name:	
Address:	

Check which of the below applies to your current situation:

- I certify that I had no income of my own in the last 12 months.
- I certify that at this time I cannot produce evidence of my income.

Indicate how you provide for the following (savings, assistance from family, cash earned):

Housing:	
Food:	
Transportation:	

If you indicate that you have income but cannot verify the income with documentation, indicate the income source and the amount below:

Source of Income	\$ Amount
Social Security	\$
SSI	\$
TCA	\$
Child Support	\$
Other (cash earned, etc.)	\$
Total	\$

**All sections must be complete to determine your family's eligibility. All information will be kept confidential.**

**I certify that the information provided to support this information is accurate and truthful to the best of my knowledge. I understand that program staff will verify this information and that deliberate misrepresentation may result in withdrawal from this program.**

Parent Guardian Signature:		Date:	
Staff Signature/Title:		Date:	

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